



NATIONAL CITIZENS INQUIRY

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EVIDENCE

Witness 2: Natasha Gonek

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Shawn Buckley

So our next witness today is attending virtually, Natasha Gonek. Natasha, can you hear me?

Natasha Gonek

Yes, I can hear you. Can you hear me?

Shawn Buckley

Yes, we can hear you fine. I know that you have a slide presentation that also introduces you. But I want to, after I swear you in, introduce you a little bit. But can we start just by having you state your full name for the record, spelling your first and last name?

Natasha Gonek

My name is Natasha Marie Gonek. First name is N-A-T-A-S-H-A. Last name is Gonek, G-O-N-E-K.

Shawn Buckley

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

Natasha Gonek

I do.

Shawn Buckley

So my understanding is you have a lot of experience in investigation and regulatory colleges. You have been a workplace health and safety advisor. You have worked at the Office of the Chief Medical Examiner as an investigator. You have worked at the Alberta

College of Paramedics as a senior advisor, complaints, and investigations person. You have worked at the College of Registered Nurses of Alberta as an investigations officer [Exhibit OT-6].

You are currently a consultant, advisor, and advocate, and you are here to share with us some of your thoughts and findings concerning colleges and changes in their disciplinary procedures. So I think I will just ask you to start explaining that to us.

Natasha Gonek

Great. Thank you very much. All right, so I'm going to share my presentation [Exhibit OT-6q], and I do have some additional appendices, so hopefully they'll move smoothly as I go through them. Can you see my screen now?

Shawn Buckley

We can see your screen, although— Yes, now we see your slide.

Natasha Gonek

So you went through some of my background. And I'd just like to add a little bit to what I've been doing since the end of my employment, for not consenting to providing my personal medical information, as an investigations officer.

I have been consulting, advising, and advocating for professionals, patients, and their families. You know, this has included advising in relation to regulatory complaints, union issues, patient care concerns, and other employment-related issues. The level of harm that I'm witnessing due to everything from the COVID measures— It ranges from patient death, neglect, refusal of care for not submitting to either testing or masking. You know, it's abuse. There are suicides, alienation, inappropriate care from regulated professionals, and refusal of care because of vaccine injury. And then disciplinary action by employers and regulators, and this is what I want to get into today.

Okay, so like many others have testified here, I've been gathering information and evidence since COVID came into the picture. As an investigations officer at the time, I really looked at what our role in the investigation is—

Shawn Buckley

Natasha, can I just stop for a second? Can you turn your volume down a little bit on your side? Because we're getting an echo coming back.

Natasha Gonek

Sure. Hopefully that helps.

Shawn Buckley

No, I think we wanted your volume turned down a little bit.

Natasha Gonek

Yeah, I did turn it down on here.

Shawn Buckley

That is a little better, I'm sorry to interrupt.

Natasha Gonek

No, that's quite all right.

The first thing I want to talk about is the actual role of a regulator because I'm not sure that the public is well aware of what these regulatory colleges are. So just a brief little outline of what the colleges do.

So the colleges are private, not-for-profit corporations. It does vary with the setup a little bit, province to province. I'm just going to speak in some generalities. They are designated to self-govern the profession in their province. In Alberta we have the *Health Professions Act*. And the very number one mandate and role of the college,

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probably the most important thing for people to understand as I share information, is that "the college must carry out activities and govern its regulated members in a manner that protects and serves the public interest." It's for this purpose that the colleges are 100 per cent membership funded. They do not receive any government funding, and the regulators are to be independent from the employers in the industry, any stakeholders, and are not to operate as an extension of the government. They are actually there to provide the oversight of the professionals that they regulate.

And so the oversight during the pandemic as this started to roll out, when, as an investigator, I looked at it: we had more obligation to protect the public at that time and even more obligation to ensure that the public was properly informed and that members were properly instructed to continue with open discussions—to discuss what they were seeing on the front lines. And number one, to make sure they were still acting in the best interests of their patients no matter what direction they were being given.

So I have a slide here to bring up first, and it is from the Canadian Nurses Association. In Canada, the Canadian Nurses Association sets the code of ethics and standards of practice. And these are adopted across Canada by most of the provinces to ensure consistency. This organization has put out a document called "Nurses' Ethical Considerations During a Pandemic." And for the purposes of this presentation, I have just cut and pasted page eight of this, and I have highlighted some sections on it that are extremely important.

I want people to keep in mind some of the previous testimony that they have heard, especially from nurses who are being disciplined by their college, when I read these highlighted sections.

The Canadian Nurses Association code of ethics establishes dignity as a primary nursing value. They go on to say here:

While nurses and nursing students are the primary whistleblowers in the healthcare system, too often they face negative consequences for speaking up about ethical issues in their practice. This potential for negative reprisal has a silencing effect on nurses' voices.

And yet, when we look further, there was a final report after the Ontario SARS Commission and they stated that:

Ethical practice is supported when health system administrators and governments listen to and act on the concerns raised by nurses, other care providers, and the unions that represent them. Nurses' voices are an essential resource in preventing and mitigating the harms a pandemic will cause to the dignity of people in their care.

We've heard a lot about the actions and the harm of vulnerable people and this ethical consideration actually addresses this as well. It says:

Vulnerable people, such as residents in long-term care, do not lose their right to be treated with dignity and respect, even in pandemic circumstances. In all situations, especially during a pandemic, it's essential that the health-care environments encourage nurses to use their voice. Such an environment "sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns."

They specifically identified the COVID-19 pandemic and said that "some nurses are speaking out through the media."

Nurses must not be made to fear using their voice in this way. Because nursing is one of society's most trusted professions, nursing administrators, regulators, and professional associations all share the responsibility to support nurses in speaking the truth about what's happening at the forefront of the pandemic response.

I think that document probably echoes quite heavily with a lot of the people listening who've heard the stories and witnessed,

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even in their own groups of people, the practitioners that are being disciplined for following the guidelines of those who write their code of ethics for their profession.

So the big question is: Why are the regulators choosing to operate in a manner that actually questions their ability to self-govern the profession in accordance with their legislative requirements? I've been asking this question from the beginning: Where's the direction coming from? And why are they just going along with that instead of properly advising the profession?

So when looking at the regulatory structure, the thing I'm actually going to address right now is some information that hasn't been presented, as far as I'm aware, before. I haven't seen it in any other testimony. And it's related to fees. The regulatory structure specifically keeps the colleges and the regulators out of setting fees. They must not set fees and negotiate for any of those treatments for service or act as an agent for that.

And so at this point, we're going to move into the first of the examples that I have on that.

This was a document put out by the Alberta Healthcare Insurance Program [Exhibit OT-6c]. So just a little bit of a background: healthcare professionals in many fields have billing codes and they're able to charge fees and that's how they're reimbursed for their services. Nobody's saying that there's anything wrong with that. These professionals, however, are

very aware of their obligation to ensure that they're only performing and billing for care that the patient requires and has consented to.

So the regulatory bodies in this case are responsible for ensuring that the regulated members are following proper billing practices and that they're investigating complaints related to improper billing or fraudulent billing. And the regulatory bodies would also be responsible for cautioning their members should the government put out a fee for service that may put their members into a position of a potential ethics or practice violation.

And there's an overarching principle that we look at when doing an investigation when there's a fee for service involved: Just because you have a billing code, just because one is provided and you can charge a fee for that service, does this mean you should? Does this mean they should have? And so when we look at, from an investigative standpoint, that being provided, it does raise flags here in relation to the fees I'm putting up now.

The Alberta Health Care Insurance Plan put out this COVID-19 Vaccine Awareness Program. Now, just prior to this coming out, our Chief Medical Officer of Health had publicly discussed the need to identify low vaccine uptake areas. And also, please remember: The Alberta government was offering in June of 2021, \$3 million in a lottery, so three prizes of \$1 million to uptake more vaccines into people. Later, in September of '21, it offered a \$100 gift certificate for anybody who took the shots. So there was a lot of incentivization going on at the time.

This bulletin went out to physicians. Hopefully it's easy for people to read, but this came out July 2nd, 2021. And I would like to scroll down to the "Physicians in Targeted Areas." So this is where local geographical areas were identified by the Alberta Health Care Plan and the officials. And I'd like people to take note of who was being targeted directly with this billing code.

And I'll go into what the criteria was for the physicians. So the detailed notes of this were: "telephone advice and counselling to a patient or their agent regarding COVID-19 vaccine."

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And the billing code allowed them to bill \$20 for that telephone advice. It was a temporary code to support COVID-19 vaccine uptake in local geographical areas where vaccine uptake is lower than 50 per cent. And those are those previously identified in the table above.

There were some criteria that the physicians had to follow: that this [fee] could only be claimed for a patient who had not yet received a first dose of the COVID-19 vaccine; and it could only be claimed when the physician provided the counselling or education to the patient or their agent regarding COVID-19 vaccine, and that the physician or a qualified health care professional determined the eligibility of patients for the COVID-19 vaccine by accessing their immunization status, and that would be on Netcare.

Now, when I saw this information come out—and it's not easy to find—it raised a significant flag in the process that was involved in being able to access and call these patients. So this is a position already where there's an imbalance of power between a physician and a patient. These are patients who are not asking to have their doctor look into their COVID vaccination record; they're not consenting to that. They're not consenting to the nurse accessing that record, or whoever that other agent might be with access permissions to determine their eligibility.

And then the phone call from the physician, where the patient hasn't asked for that to occur. Those are all very significant patient/doctor issues that really could lead to some pretty heavy coercion or the inability for a patient to feel like they can say no. It really does damage that physician/patient relationship if that individual did not want that consultation and did not want to be assessed in that manner.

Shawn Buckley

Can I just stop you for a second, Natasha? So this billing code is also for promoting the vaccination, not for giving advice as to whether or not you should be vaccinated. Am I right about that?

Natasha Gonek

That's correct—and this was not for providing the vaccination. This was simply for calling and providing education. It was their awareness program. It was for them to call and provide education to that patient.

Shawn Buckley

Okay, thank you. Go on.

Natasha Gonek

Then there were two other bulletins that came out from Alberta Health Care. One was July 16th [Exhibit OT-6a], opening it up, and it was also relaying information, and opened it up to all physicians in the province. These were also allowed to be retroactively claimed. And then I did find one more bulletin, August 17th, 2021, again related to the same program. And then they were allowing an extended time to be able to bill for that service. So the criteria did not change.

Now, the other billing code that I want to address is in relation to pharmacists. I'm not sure if pharmacists themselves actually had a code for calling people. However, I have spoken to many seniors who did inform me that they received a call from their pharmacy. They were told they were eligible to book their COVID-19 vaccine, and they had said they didn't ask for that phone call.

It would be interesting to be able to go in and see all the billing codes that were provided. And in that, it would probably be the easiest investigation to complete because anybody who was participating in doing this would be tracked based on all their billing, plus all their access to the system,

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where they're inappropriately looking into a patient's medical record without being asked for that assessment.

In relation to the pharmacies, the pharmacies had a program set up. And I will apologize for the look of this document [Exhibit OT-6j], but every time I open it, the document seems to degrade more. I'm not sure what that's about, but I've tried saving it about six times now.

This is a bulletin put out by Alberta Blue Cross. And there was a program set up in Alberta, Alberta COVID-19 Pharmacy Immunization Program. And there were a bunch of bulletins

coming out. And this one was from March of 2021, where the pharmacies could enroll to participate in this program. And they actually had to fill out a form and sign up, and there was some training involved for them and their staff to be able to be considered for expansion into providing vaccines. This document did not talk about any of the fees involved; however, when we moved forward into April of 2021, the next bulletin did indicate the fees that were coming [OT-6g].

And I'll just briefly say that pharmacies do administer publicly-funded vaccines and they are compensated for that. So that's not uncommon, that's not inappropriate; it is part of what they do. In Alberta, the publicly funded vaccines are influenza, pneumococcal, and DTaP, and the fees for those had just been increased to \$15. There was a ministerial order in March 22nd of 2022 for the increase—a couple dollar increase for those vaccines. However, when we roll out to this pharmacy immunization program, we now go down and there's codes for everything, for every age group eventually, that were added. But here's the claims process. And it's first mentioned in this April publication that claims for COVID-19 immunization will be eligible for a \$25 per service fee. There's a question here as to why, when pharmacies are already provided with the ability to provide these publicly-funded vaccinations, and they already had a fee schedule in place: Why was there a \$25 fee added for pharmacies that actually provided the COVID vaccine? And only related to the COVID vaccine, there wasn't an increase across the board.

In May of 2021, there was an update to this [Exhibit OT-6p] and this update is quite interesting. Because here, they announced that Alberta Health has applied a premium of \$10 per dose, increasing the fee from \$25 to \$35 for COVID-19 vaccination administration on a Saturday, Sunday, or statutory holiday. And they were able to retroactively bill for that increased fee. And you can see that these are Blue Cross documents.

Again, I haven't edited them; they're degrading on me for some reason. So there's not an issue with being reimbursed when they're providing care. But when you're looking at fees, you're looking at incentivization. And when you're personally witnessing advertising in your community and on social media for clinics: "this weekend we're going to have a clinic related to COVID-19 vaccine at such-and-such pharmacy." There were signs all over our neighbourhoods, there were signs on our social media pages, and there really needs to be a fulsome look at why. Why was this occurring? Why was the incentivization there? And why was there no oversight on this?

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And doctors and nurses and pharmacists who were giving vaccinations: What other incentives were they potentially receiving? I think that's also something that needs to be looked at quite heavily. When healthcare providers are given a code by the government, when a professional is given that opportunity to charge for their service, they are then knowingly making a choice to participate and follow whatever the steps are in order to obtain that.

I want to make that really clear: these aren't people doing this without the knowledge of what they're doing; without knowing that they should be considering whether what they're doing to access patient records and cold-call patients, or put in for those extra fees and run extra clinics on a weekend. They have knowledge of what they're doing. So I believe that there really does need to be an investigation that traces that flow of money.

And we didn't just see that in healthcare; we saw it with governments, with service providers, with foundations, institutes, employers. Were the professionals actually cautioned over their ethical violations by their regulators?

There's a federal document I'm going to share that actually links into some of this [OT-6t]. And I encourage everybody to go to their regulator's website and look at the communications that went out. There were very specific communications going out, directing physicians, directing patients, telling them there's very few exemptions for any of these mandates, and really giving inappropriate communication about what should be discussed, and that other members should report somebody if they see that they're discussing something outside of the given speaking points of their health agencies.

Now, this fund actually gives some overarching look at where some of this information and where some of these programs might have come from. And I'm not sure if anybody's ever looked at this page, but it was actually kind of stomach-turning to go through and see all of the agencies, the institutions, the educational institutes, and who they're targeting.

I wanted to bring this in because it might close some of the gap on what we're seeing here. And I'm going to identify just a couple of lines out of here: "Through the Immunization Partnership Fund [IPF], the Government of Canada is helping close the gap among populations with lower vaccine uptake by enabling informed vaccination choices." So that's the purpose of this fund. And I'm only going to highlight the first point on here because it states that "This funding is designed to protect Canadians from COVID-19 and other vaccine preventable diseases by supporting our health partners in three [priority] areas." And again, the first one is the most significant. It says to: "Build capacity of healthcare providers as vaccinators and vaccination promoters."

Now, let that sink in for a minute. I mean, this directly undermines the duty of care that healthcare providers have when handling their patients. This type of statement looks to the grooming, the funding of education programs for professionals, so that they're pushing pharmaceuticals and government messaging. And again, I encourage every Canadian to go look and see where their \$45.5 million in funding went to. And I mean, you can just look at some of the first ones: Alberta International Medical Graduates Association. And they were targeting improving COVID-19 vaccine literacy acceptance among newcomers.

There are specific groups identified in here: native communities, black individuals. They have newcomers, they have long-term care targeted. They have youth targeted, pregnant women. The list goes on for pages and pages. Please go and look at your regulator's site

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and to some of these documents that I'm pointing out. I'm not sharing anything that isn't publicly available. Some of it's just really, really hard to find.

When we look at all of this, the biggest part here is: How did our regulators fail? The biggest part, the biggest question, and the biggest thing that I've seen in the people I've been helping, the patients that I've been helping, and helping guide in the system is: Whose interest did these regulators act on when they were directing their members to only convey the government and health authorities' messaging? And that is very clear on the regulator site.

And there are a few that didn't put out communications to their members. Well, your silence as a regulator there, if you weren't saying anything and thought that that was okay as well, it's not.

Shawn Buckley

Natasha we're getting a little tight on time. I'm just going to ask you to focus as we move along.

Natasha Gonek

Yeah, most definitely. So you know, there was interference in the physicians and in their ability to treat their patients and direct their care—as well as in other caregivers. These regulated colleges have a check and balance [function] for our system and that completely failed here.

The disciplinary processes have been compromised, and there hasn't been procedural fairness awarded to those who have complaints against them—and I've been a direct witness to that. So every complaint that comes into a college needs to be addressed. But it needs to be addressed from the merit of the complaint, the risks to the public, and the violations of that professional's obligations.

But the regulator's role really must come before the parroting of the health authorities, those medical officers, the government, and media messaging. Because if they're not providing a check and balance, who then is watching over and making sure that they're following their first mandate: to protect the public?

I'd like to just close by saying that government regulators and health officials as well as the media “armed” medical professionals—and professionals in other fields and employers as well—with messaging that convinced them that it was acceptable for them to violate their code of ethics, standards of practice, and the laws of our province and our country. And they did it all under the guise of public safety.

Those people then used their free will to choose to act as agents to inflict that harm—whether it was mental, physical, social, psychological, or financial—on their patients, families, employees, customers, or their friends.

The level of harm that I've witnessed in our population could and should have been stopped, had the governance part been doing their job. I think the public should really seek to have some independent multidisciplinary investigation teams assigned to conduct some audits and to conduct in-full, wholesome investigations. You know, if we're going to hold some accountability. And everybody's seeking accountability—

Shawn Buckley

Natasha, I'm just going to ask you to focus again, just because we're tight on time. Can I turn you over to the commissioners for questions?

Natasha Gonek

Most definitely.

Shawn Buckley

And the commissioners do have some questions.

Commissioner Drysdale

Good morning, how are you?

Natasha Gonek

Not too bad, how are you.

Commissioner Drysdale

I want to make sure that I understood what you said. Did you say that a normal vaccine, like when they give you something that wasn't the COVID vaccine, they get about \$15, \$14, \$15 for that?

Natasha Gonek

Yes, that's correct. It was \$13 and that was changed, in Alberta, to \$15.

Commissioner Drysdale

Okay, so if a doctor was to give us whatever vaccine apart from the COVID, it was \$15.

Now if I understood you correctly that in Alberta, if they gave you a COVID-19 vaccine on a Sunday, they got \$35. And if they phoned you the day before, they got another \$20. So they were making \$55 a vax in Alberta under that program. Is that correct?

Natasha Gonek

So the \$35 was for the pharmacy fee. That \$20: there may be a fee for the pharmacist. I have yet to be able to find any fee schedules,

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they're really hard to find. However, that \$20 fee was for the physician to contact a patient in relation to going for their first shot.

Commissioner Drysdale

So the doctor gets paid something for giving a vax, we just don't know what it is. And the \$20 for the phone call is above and beyond that, is that correct?

Natasha Gonek

That is correct.

Commissioner Drysdale

You also talked about this federal program, and you showed one organization in Alberta—at least when I was looking at the slide—they got, whatever it was, \$499,000. Did you look into the ownership of those organizations that were receiving the money?

Natasha Gonek

I have very briefly. But if you go to that site, you can see it's pages and pages and pages of organizations. And that's, again, one of those things as an investigator that I know I'm going to deep dive on when I have a few moments to do it. There's a very important link that, once I start diving into some of these documents, you see some of the organizations that are linked to it or people that are linked to it. And you see where that funding goes, you get that "COVID-19 to zero" kind of group. And you see there's pretty consistent funding when you start looking at the agencies. So yes, I haven't looked at it, but it is on my list to do.

Commissioner Drysdale

You also talked about programs. Generally speaking, we're talking about programs that were either from the Alberta government or the federal government, which were focused on promoting the vaccine. Did you find any programs, financing for doctors, to educate themselves about what was in the vaccine, what were the side effects of the vaccine, so that they could properly inform their patients, so they could make an informed consent?

Natasha Gonek

No, I did not see that. The only thing that I have found is, often on the regulator's websites or the associations' websites, they are linking back to Canadian government forms and documents. And it'll be deeply embedded in there.

Some of them are actually providing that link to the adverse event reporting system within Canada. I know the surveillance in Alberta has significant lists. I mean, it's probably 20 plus pages of adverse events that they're looking at, but nothing specific that educated doctors that I've found so far. It really is bumping them back to the Canadian guides that have been put out by Health Canada.

Commissioner Drysdale

In your words then, they were promoting— They were spending lots of money to promote it. They were spending money to inject it, but they weren't really promoting the—I don't know what you would call it—the owner's manual about the vaccine?

Natasha Gonek

Not that I've seen.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much for your presentation. I'd like to summarize what I think I've heard from your talk, which is to some extent: If one agreed on the premise that we were in a very dangerous pandemic that needed to be contained using this unique approach, which is the massive vaccination, if one puts the right incentive in place—both positive to reward people that are going to engage in vaccination and to some extent negative for people that would do anything to undermine the vaccination—you end up with pretty good scores in terms of numbers of people being vaccinated.

My question is: To what extent does the regulatory framework call people to question the premise of this major social engineering that took place? And that to some extent on the positive side can show that a good collaboration between government and private sector can actually yield some very, I would say, positive results if your goal is really to deploy the vaccine rolled out?

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But on the other hand, at the get-go, what's the countermeasure that could actually question the premise of the whole enterprise? Is it something in the framework of the regulator or in the culture of people that are working in these environments that could or should actually question the premise?

Natasha Gonek

Well, in the regulatory framework, these regulators had the responsibility to question what was coming out from government, right? Their mandate to protect the public and regulate their members isn't just to adopt the government message and adopt the government programs and to push the implementation of them.

The only way that the regulatory framework works is if those regulators are able to critique and criticize and push back when there is, number one, the potential for harm, or if the messaging puts their members into the position where it may create harm. So, you know, the regulatory function in this case just completely imploded.

Commissioner Massie

Thank you.

Shawn Buckley

And Natasha, that being all the questions from the commissioners on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving evidence today.

Natasha Gonek

Thank you for having me.

[00:41:59]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

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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