



## NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

### EVIDENCE

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**Witness 9: Mallory Flank**

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[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. We apologize: the internet has gone down now, I think, three times in the last half hour, so please be patient with us. Hopefully things will go okay from here on.

Our next witness is Mallory Flank. Mallory, I can see you. Can you hear me?

**Mallory Flank**

I can hear you.

**Shawn Buckley**

And I can hear you also. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

**Mallory Flank**

It's Mallory Flank: Mike, Alpha, Lima, Lima, Oscar, Romeo, Yankee, and then Foxtrot, Lima, Alpha, November, Kilo.

**Shawn Buckley**

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

**Mallory Flank**

I do, yes.

**Shawn Buckley**

Now, Mallory, you're here to share about your experience with the vaccine. I'd like to start by asking why you chose to get vaccinated.

**Mallory Flank**

I was actually mandated for the vaccine in Alberta. It was required for all healthcare professionals. So in order to work, I had to be vaccinated.

**Shawn Buckley**

And I'll just back up. I forgot to introduce that. So you were a critical care paramedic deployed overseas. You were also a medical student.

**Mallory Flank**

Yes.

**Shawn Buckley**

Yeah, so when you say it was mandated, you mean as a health care worker it was mandated for you.

**Mallory Flank**

Yes, it was mandated for me.

**Shawn Buckley**

Okay, so that's why you chose to get vaccinated. Can you tell us when? Or I can lead you on that if you want. I know it's May 14th, 2021.

**Mallory Flank**

It's been just over two years now. It was definitely May 14th 2021.

**Shawn Buckley**

Tell us what happened.

**Mallory Flank**

Within ten minutes of getting the vaccine, I had an anaphylactic reaction to the vaccine. I started off with hives, hoarse voice, started coughing, had some stridor, which is that nice high-pitched squeal that comes out when your throat starts to swell. My tongue was swollen, face was swollen.

Thankfully, we had some medication and stuff with us, so we were able to mitigate most of the reaction right away. Following that point, I ended up having more reactions. The following day, I ended up going into the ER, utilizing epinephrine.

**Shawn Buckley**

I'm just going to slow you down. So the first day you're having these reactions. What, in addition, started happening the second day?

**Mallory Flank**

The second day the reaction was worse, so in that sense— We kind of weren't really expecting it to go like that but the reaction was infinitely worse, to the point where I had to use an EpiPen. After that happened, we went to the hospital.

Upon getting into the hospital—I was kind of rushed in on that one—I was given more epinephrine, a bunch of antihistamines, some steroids, and then watched for a bit and then sent home.

**Shawn Buckley**

Okay, so you end up in the hospital that day, so that's May 15th. Now my understanding is basically you were in the hospital every day until you were admitted, like May 15th to May 20th. Can you kind of walk us through those days and tell us what happened?

**Mallory Flank**

For sure. So essentially the same things was happening, except they were just randomly coming on. We weren't really understanding what was going on. On a daily basis, I was ending up having to use EpiPens. Because of course I was sent home with epinephrine from the first time I went to the hospital. So the Sunday, same thing happened again, ended up back in the hospital, ended up getting kind of the same roll, with the steroids, the antihistamines, more epinephrine, sent home. That happened every single day.

And then we switched up hospitals because we were told to avoid our community hospital because they weren't well-equipped for airway issues. So they said if there are any airway issues, try to go past and go to a bigger facility. So that's what we did. And on that one, I think it was three EpiPens on the way into the hospital.

**Shawn Buckley**

So I'm just going to slow you down. Prior to being vaccinated, would you be using EpiPens?

**Mallory Flank**

No.

**Shawn Buckley**

Did you even have EpiPens?

**Mallory Flank**

No.

**Shawn Buckley**

Okay, so the hospital is sending you home with a lot of EpiPens.

**Mallory Flank**

A prescription for unlimited.

**Shawn Buckley**

Okay. Just for those that would be watching your testimony that aren't familiar with what an EpiPen is, can you explain to them what an EpiPen is and why it's so important?

**Mallory Flank**

For sure. So this is what it looks like.

[00:05:00]

But the EpiPens are set with a specific dose amount of epinephrine. The epinephrine is designed to kind of help take down the swelling. That way your airway—like, if you can't breathe, it should take it away enough that you're able to get some air in. It's not an end-all-be-all, though. Like, I've had to use upwards of six plus. There was one day I think it had ten. So it's equipped to stop reactions but at the same time, it is a very limited time frame that it does it in.

**Shawn Buckley**

I'm just going to slow you down again. Like, if somebody— We hear about people that are allergic to bees, where they're going to die if they get— That's what they have to carry with them every day in case they get stung. And if they don't get that in, they're not going to be able to breathe.

**Mallory Flank**

Yes, that's exactly it.

**Shawn Buckley**

You were experiencing this up to ten times a day, where you wouldn't be able to breathe unless you used an EpiPen?

**Mallory Flank**

Yes.

**Shawn Buckley**

Yes, okay. I just wanted people to understand how serious what you're going through is. I'm sorry, I'll let you carry on, but I think it's important that people understand. This is actually life and death if you don't have an EpiPen.

**Mallory Flank**

Yeah, I would have died if I hadn't had an EpiPen with me. Even now, I have to carry six with me at any given time. So it's very important to have around. In that first week, we ended up bypassing and going to a different facility. Same thing kind of happened there. Same medications given, several rounds of Epi, discharged again. I went back the next day,

actually by ambulance—because I had a massive reaction trying to get a prescription for antihistamines that was given to me the previous day. And when we went in there, the poor pharmacist: she was actually on the phone with the GP that was assisting with what was going on with me, and getting orders, and then throwing us medication that could be injected. So like, injectable Benadryl, several EpiPens, then called EMS, went in by EMS; they gave, I think, two rounds of Epi in the ambulance, went back once we got to the hospital, another round of epinephrine, more IV antihistamines.

And then at that point, I had a scope that was done about three hours past being treated. So of course, they just saw redness and whatnot in there, but I was supposed to be admitted on that one. I was told by the ER physician, who was the same one as the previous day: unfortunately, this time when he saw me when I came in, he's like, "Oh, it's you again." And kind of rolled his eyes and then didn't treat the situation as seriously as the previous day. Which I don't understand what happened, with this change in mentality for it. However, in there again, the nurses were advocating for me. I kind of hung out in there. Reactions happened a couple of times. I was treated for two of them and then another one happened and they were kind of hemming and hawing about actually doing any treatment. We ended up being treated for it eventually, but again, then discharged afterwards. He changed his mind, so he discharged me again. And then finally on the Friday, I was admitted to the University Hospital.

**Shawn Buckley**

So that that would be May 21st by my count.

**Mallory Flank**

Yes.

**Shawn Buckley**

And your vaccination was on May 14th. So basically, for seven days you were having to go to the hospital every single day and then finally they just admit you.

**Mallory Flank**

Yeah, my partner injected me with Epi in the middle of the night because I didn't wake up to my airway being compromised. The high-pitched squeal from the stridor woke him up.

**Shawn Buckley**

How long were you in the hospital before you were released?

**Mallory Flank**

I was in the hospital for seven days, five of which were in the ICU.

**Shawn Buckley**

Okay, so tell us about that. I mean, ICU, that means you're on death's door with like a one-on-one nurse.

**Mallory Flank**

Yes. I had initially been put into what they call iCare, which is like an intermediate version of it where I'm completely monitored, but the nurses aren't one-to-one. But I had so many calls with the medical emergency team because I needed epinephrine and immediate intervention for reactions that it got to the point where I was too unstable to be able to sit there in that area. Because that team was called, I think, six times prior to me being put into the ICU.

So they brought me down to the ICU so that I could have that close monitoring. So when a reaction happened, they could be right there and they had everything available to them instead of being locked up in cabinets.

[00:10:00]

My partner did have to come and treat me a couple of times. He had medication with him. Because in ICU they don't have the stuff immediately available. And because of that, any delay of course causes bigger issues. When they weren't able to source the medication, they weren't giving me the medication I required on time, that kind of stuff: it all kind of compounded and then reactions would start to happen. And then of course, the med team would be called, the team would come in, and then they would treat according to what they had; or just watch, whichever, because most of the time we had it treated with Epi by the time they got there. And then finally, after having to tell one of the physicians exactly what our background was and what my background was, he finally went, "Oh, she's like me, just without the certificate." And this is coming from an ICU physician. And he said, okay.

**Shawn Buckley**

I'm just going to slow you down there for a second. So what are you reacting to? Because it's your throat that's swelling, am I right?

**Mallory Flank**

Yeah.

**Shawn Buckley**

What are you reacting to where you're needing this constant epinephrine?

**Mallory Flank**

We did find out a couple of months later that I do have a severe allergy to the S1 protein. That is what was causing the reactions.

**Shawn Buckley**

I'm going to slow you down. This protein is in the vaccine, right?

**Mallory Flank**

It is. And it's what is developed by the mRNA vaccine so that you can create the antibodies to attack it, which means your antibodies also have a component of it. So as long as there is even a tiny version of the S1 protein in my body, I will react to it.

**Shawn Buckley**

So for two weeks, you could die at any time, except you're getting these EpiPens. And it's death by suffocation. What was that experience like for you emotionally and mentally?

**Mallory Flank**

It's scary. I mean, I've transported really sick patients. I've been a part of people with anaphylactic reactions and that kind of stuff. But I was not ever anticipating to be someone to experience something like this. To have it happen so frequently, on a daily basis, is scary. I don't know what's going to happen. Even now, I don't know what's going to happen. When it does happen, you fear for your life. I hate to say this: I've kind of gotten used to it a little bit. It's not as right in your face, but that initial phase is so scary. I didn't think I would ever see my children grow up. I thought the last time that I spoke to them, prior to going into the ICU, was the last time I would ever see them again.

It's just, it's a horrible, horrible experience. It's so incredibly difficult to put into words what it's like. I guess, to showcase it would be the equivalent of, you know, in the movies where mobsters and stuff like that, they'll put a plastic bag over somebody's face and then you can see them trying to suck in the air and there's nothing there and they're panicking and scratching at their neck? That's what it's like. Even now, I have to do this to pull my shirt and stuff away from my neck as it swells. Like, you can probably see now my neck has actually swollen a little bit. But it's very, very scary. And it's scary for people around you that know you too, especially when your hands are tied and you can't do anything to help.

**Shawn Buckley**

Do you mind us discussing the email you sent me earlier today?

**Mallory Flank**

Not at all.

**Shawn Buckley**

Okay, so basically, you knew you were going to be testifying. And you basically were communicating that you're having a bad day and you might actually have an attack while you're testifying, which is why you have an EpiPen right there. It's just because otherwise, you could die in front of us.

**Mallory Flank**

So yeah, I thought I would give you the heads up just in case. You hear my voice is changing a little bit. I've got an EpiPen, I've got even IV Benadryl and I have half bag of fluid that's behind me that's still running.

**Shawn Buckley**

I'm sorry, I didn't even notice. So you have an IV bag behind you that's running, so it's dripping into you. What's in the bag?

**Mallory Flank**

It's just a saline at the moment, but I have drawn up medication, Benadryl—

[00:15:00]

the injectable version—because I have a central line still in.

**Shawn Buckley**

Okay, so can you just show us that again for the camera? So this is normal for you, right? To have an IV line into your arm so that you can inject Benadryl directly into your system rather than have to ingest it because your throat will be constricting.

**Mallory Flank**

Yes, and to provide fluids and whatnot. After a reaction, most often I'm not able to eat or digest stuff. And the more reactions that happen, the worse that gets. I can't break down pill capsules, I drink a lot of the medication. The IV stuff works infinitely faster as well, because I don't have time with some of them where I've gone unconscious in less than thirty seconds. Even the other day, somebody was smoking outside and the door was partially open, and the smoke came in. I ran to the door to close it, managed to close the door, and then just collapsed down because I was so dizzy. My dog had brought me an EpiPen and helped me with its administration. So it is dangerous. Like, it's scary and dangerous and little things set it off. So it's difficult to live with.

I'm thankful for having the central line in right now because it's what is saving my life when it comes to having to administer medication quickly.

**Shawn Buckley**

And I just want people to understand: it has been a full two years since your single shot.

**Mallory Flank**

Yes, two years. Now it caused autoimmune disorders. So essentially, it's a secondary mast cell activation syndrome where my body attacks itself. It also causes me to be reactive to pretty much everything in my environment. They call it being allergic to life. Prior to this, I had three allergies to medications. Now—

**Shawn Buckley**

Right, okay. So when you say three allergies, you mean you were allergic to three drugs?

**Mallory Flank**

Yes.

**Shawn Buckley**

So you weren't allergic to cats or dogs or pollen or anything like that. You were able to go out and do whatever you wanted?

**Mallory Flank**

Yes.



**Shawn Buckley**

Until May 14th, 2021.

**Mallory Flank**

Yes.

**Shawn Buckley**

And then you haven't had a single day off?

**Mallory Flank**

That single day. And now, every single day, I have reactions. It doesn't stop. I'm on a lot of high-dose antihistamines and medications to try to suppress the mast cell response; lots of supplements, specialized diet. I get exercise-induced anaphylaxis, so I have to be careful. My heart rate can't go above 110, otherwise it causes a reaction. Stress will cause it, environmental stuff. Like, the smoke right now is predominantly what the issue is. And even yesterday, the smoke in general has been pretty bad. But it causes, again, reactions that require epinephrine and Benadryl.

**Shawn Buckley**

I'll just slow you down. Because you live in Alberta and people here in Ottawa and people online may not understand that there are forest fires happening in Alberta, and so there's smoke in the city you live in?

**Mallory Flank**

Yes, almost the whole province is on fire. We're well coated in smoke and ash across the province. It's pretty bad here at this point. I think we're on, "very severe" is the risk level for us. It's a ten plus.

**Shawn Buckley**

Now, you've told us that you've got mast cell activation syndrome, which basically makes you allergic to life. I wanted to just, before we go on: you had an episode where you actually became allergic to your own hair?

**Mallory Flank**

Yes.

**Shawn Buckley**

Can you tell us about that and then I'm going to pull up some photos from your website.

**Mallory Flank**

For sure. It was August 2021. I had been progressively becoming more allergic to stuff as we went along, so I would all of a sudden have reactions to random things that I had never been allergic to ever in my life. And then at one point, something weird was going on. I was

developing, like, sores and stuff on my head around my hair follicle. And it turned out that the mast cells were actually attacking my hair follicle,

[00:20:00]

so I still have some bald spots from it. But because of that my hair would fall out. We just kind of went to the point where, like, “Well, we’ll just shave your head and see what happens,” which helped exponentially because even my hair touching my neck or my face would cause swelling in that area. It was completely out of the blue. Now I use shampoo that has Benadryl in it to kind of mitigate that aspect, but it was, again, something that we didn’t even consider and something that’s so odd, right; it’s the epitome of your body attacking itself.

**Shawn Buckley**

Okay, I’m going to pull up some pictures. David, if you want to put the exhibit up that I have on the computer at the lawyers table up. So now you have a website because you want to share your story with people. And we’ve entered your web page as Exhibit OT-12. And can you just explain to us these two pictures here? And then I’ll scroll down to the next two pictures.

**Mallory Flank**

For sure. The first picture is my daughter and I. This is before getting the vaccine, so it is in early 2021. And the following picture is partially of a reaction. So that’s some of the swelling that’s from a reaction. And it is after my head was shaved. From the looks at the back, I was in the hospital at that time. So that is a photo of me in the hospital having a reaction with my face swelling up completely.

**Shawn Buckley**

Okay.

**Mallory Flank**

And at this time frame, my weight can fluctuate up to 30 pounds in 24 hours from just swelling alone. This is, again, one of those incidents that— I had been put on steroids as well, so it didn’t help. This actually makes that part infinitely worse. So that is—yes, just a lot of swelling.

**Shawn Buckley**

Okay, so I’m going to scroll down. And I’m thankful that you had sense of humour, even doing the Dr. Evil pose.

**Mallory Flank**

I had to.

**Shawn Buckley**

So share with us these two pictures.

**Mallory Flank**

The first one is a picture towards the end of my time frame when I was working overseas, so that is late 2020.

**Shawn Buckley**

And that's when you're working basically as an emergency paramedic overseas.

**Mallory Flank**

Yes.

**Shawn Buckley**

A critical care paramedic.

**Mallory Flank**

Yes. And then, the next picture is two days after we had shaved my head, when all the swelling had gone down out of my face. So we had taken a picture that just had a "before" and "after" of what had happened. We're joking around because, I mean, it's weird having a shaved head when you've never had one before.

**Shawn Buckley**

Right. And so for the swelling, I'll just scroll up so people can compare. So everyone, just have a look at the Dr. Evil shot, and again, it's important to have a sense of humour. So you see the difference there in swelling. That's why you put those pictures on your website, as you wanted us to understand—or just anyone to understand—what you were experiencing. So David, you can take that down so we can see Mallory again.

So Mallory, you told us about mast cell activation syndrome. My understanding is you also have POTS, and can you tell us about that and what that stands for?

**Mallory Flank**

Sure. So POTS is, again, an autoimmune disorder. It is a disorder where your nervous system, its automatic functions don't function as well. So it's Postural Orthostatic Tachycardia Syndrome. So postural, meaning changes in position make my heart rate go extremely high. If I go from laying down to sitting or standing, my heart rate could go, say, from fifty to one hundred and thirty. The blood doesn't return as easily back to my heart to be able to get to my brain. So then of course, it causes a lot of dizziness. You get a lot of kind of pressure in your head. Sometimes I've passed out from it. You get, like, a tinnitus sound afterwards. So you get that high-pitched, like, whistle for quite a while in your ears. It can cause extreme pain in your head with that pressure. And then finally, say, if I were to sit down or return to the previous position, it would go away within about thirty seconds.

[00:25:00]

But again, each time I have to get up I now have to get into a position and wait in that position in order to be able to get up into another position. So if I'm laying in bed, I have to sit up and wait, and then I have to stand up and wait, and then I can go and walk around. So it's very frustrating, but—

**Shawn Buckley**

Okay. I want to now talk about your interaction with the Alberta health care system. Because my understanding is that for the first time in your life, you got calls from AHS, which stands for Alberta Health Services. They never call you for any other purpose, but they call you for the purpose of your vaccination. And can you tell us about those calls? And then I also want you to tell us about doctors filling out reports and whether you found those reports to be veracious.

**Mallory Flank**

Okay. So the calls that I got, the first two were from a nurse who was calling in regards to the vaccine reaction. So she got all the information down. She found out that I was still having reactions on a daily basis and that we were kind of trying to find help to deal with it. She called a second time just to see if I was still having reactions and then to see if anything else had progressed. She was lovely. She did say that the immunologist would potentially call if they thought it was an important aspect for them to make contact on.

The immunologist did call several months later. And at the time, I was in really bad condition. I was having multiple reactions per day. Even when she called, I had just had a reaction, so I was exhausted in speaking with her. And on that phone call, she, as I was speaking, she'd be like, "mm-hmm, mm-hmm, mm-hmm," and then I would get interrupted and she would say— One of the comments was, "Well, there was a woman in ICU that had a reaction to the first shot, but she received her second shot successfully." Which to me, at that time, that didn't really pertain to the situation. Also, everybody's different. Chances are that woman and I do not have the same physiology or had the same response. We don't know why she was in ICU, the whole nine yards.

**Shawn Buckley**

Right. So just to be clear: she actually told you to get the second shot, didn't she?

**Mallory Flank**

She did, yeah. She told me that I needed to get the second shot. She wanted me to schedule a second shot with her right there. She said, "Well, if you are that so scared about this, I can have the pharmacist split the dose in half and I can stand there and watch while they give it."

**Shawn Buckley**

I just want to make sure that I understand what you're telling us: so you've basically become completely disabled, where you're only alive on a daily basis because you're jabbing EpiPens into yourself, and the immunologist is telling you to go and get a second shot?

**Mallory Flank**

Yes.

**Shawn Buckley**

Had this immunologist ever seen you as a patient?

**Mallory Flank**

No.

**Shawn Buckley**

Just phoning from AHS and telling you to get a second shot?

**Mallory Flank**

Yes, and then she phoned my GP at the time as well.

**Shawn Buckley**

To tell your GP to tell you to get a second shot?

**Mallory Flank**

Yeah.

**Shawn Buckley**

Now, my understanding is that you have concerns about some of the reports the doctors have written. Can you share with us that?

**Mallory Flank**

Yes, so when I was admitted into the hospital for a month, the majority of the time, the physicians wouldn't be around when reactions happened. However, the reports that went in said that, "Oh, yeah, she had all these reactions. We didn't see anything happen on our full assessment. So we think that, we don't know exactly what's going on and she's administering EPI three times a day all of the time. She's administering Benadryl all of the time. So we think that she has an addiction to Benadryl. We have concerns that this is psychiatric in nature." And essentially, it was a lot of, "We saw nothing happen."

Now, when you look at the nurses' notes, the nurses' notes document all of the swelling and documents that they were unable to get a hold of the physicians. It was documented that they were not able to get medication orders because the doctors refused to give them. There were times that it was documented that I didn't have a reaction,

[00:30:00]

and yet because medication was withheld for so long for the reaction, I was out—vomiting everywhere in the room, not able to breathe, and just everything is coming out. It was ridiculous. Completely swollen, my eyes swollen shut.

The reports that went, those are the progress notes that the physicians do. And those are the notes that go to the specialists. Those were sent to the specialists. They didn't include the fact that psychiatric evaluations had been done and we had been told that everything was fine, that the reactions were actually happening, that they couldn't have been induced in any other manner. Like, it's not psychiatric in nature. So it was really frustrating to see that they had actually changed everything, hadn't assessed me.

None of the physicians actually did a full assessment, barring one: one out of the nine did a head-to-toe assessment. The others, even if they came up to talk to me and they would document that they did a full assessment and what they found, but there was no assessment actually completed.

**Shawn Buckley**

We're getting a little short on time. But I want a full answer on this next question, and then I'm going to lead you on some financial stuff. I want you to take your time on explaining the impact on your children and on you because it's affected your ability to care for them, and I want you to share that with us.

**Mallory Flank**

Yes. So my daughters— Starting off, we didn't really know what was going on. I unfortunately was unable to look after them because of how sick I was, so I lost a lot of parenting time. Plus, some of the reactions happened in front of my kids. One was because my daughters had cats at the time and I, all of a sudden, was a little bit deathly allergic to cats. And her jacket was in the bathroom and I had gone into the washroom for maybe ten seconds and had a massive reaction, came out, and I was having a hard time breathing, I was turning grey, my lips were blue, and my daughters were right there in front of me. So my partner of course explained what was going on. He put an IV and treated me and we asked them to go in the other room and then he went and he spoke to them afterwards.

We've had to try to normalize what's going on with me because of the number of times I've had reactions. So they're very well-versed now with EpiPens and stuff like that. And that's just— I mean, general knowledge-wise, it's wonderful. But I have been kind of pushed on by the court system and by my ex—in the sense that me being the way that I am, they don't want to deem it as being normal—that if I have to treat something, the kids can't ever see anything that's happening. I can't show them when I'm sick. I can't show them that I'm having a reaction, all because it shouldn't ever be normalized that this is happening.

These are permanent issues.

**Shawn Buckley**

I just want to stop. So you're in family court and the family court's basically telling you: you can't live the life that you have now been dealt in front of your kids?

**Mallory Flank**

And if I have to go away for treatment if it's for an extended period of time, I would have to reapply for things like parenting and whatnot when I come back.

I've lost so much time with them, the more I react, the sicker I get, and then I can't look after them. It's horrible to know that they're so close yet I can't be with them because I'm too sick to be able to facilitate what they need.

**Shawn Buckley**

Just hang on a second. We've lost sound, so just hang on a second. Can you talk again? I think we've got it back. There we go.

**Mallory Flank**

Like even this week, I've had to give up parenting time because of the smoke and I can't leave the house, so I can't facilitate anything for them. If people come in and out,

[00:35:00]

it brings smoke into the house and then I have anaphylactic reactions, so it's a very difficult balance. My daughters want, like, to bring friends over and they love animals and whatnot. Of course, we have parameters in place for safety purposes. We're able to mitigate a lot of the stuff so that they have some normalcy for everything.

But again, at the same time, things like wildfires and stuff like that, things that I can't predict, I end up losing parenting time because of it because I can't facilitate being a parent. I miss that time. I can't advocate for what they need. And then it goes into the court system as, "She's too sick to do this and do that, is she well enough to make decisions, is she well enough to actually be a parent?" And it's hard to hear that because this isn't something that I asked for to begin with. Like, nobody would ask for something like that. But it came off of me doing what I thought was right at the time I'm mandated so that I could facilitate bringing income to support our family.

And then all of this stuff happening and me not being able to see my daughters, having to go and stay with my parents in a different province, having to seek out-of-province care—again, time frame away from my kids. And my partner has lost jobs; my parents have had difficulty with this as well. And then to see what happens on top of that? Like, my daughters saw me almost die a couple of times. They're eleven and thirteen, so they were nine and eleven at the time that this started. And that's not something a kid should ever have to see. They should never have to see their parents go through something like that in front of them over and over again.

At that time, of course, we didn't have control over it. The reactions were much worse and we couldn't anticipate when they were coming. Now it's easier and it's trackable. But to have them see that and have to deal with that and not know. When I talk to them on the phone, they can see one of the reactions happening or, if I'm not feeling well, have them worried. Because they don't know if they get to see me again even in the hospital. There was one really bad reaction that wasn't treated properly to begin with. I thought that was the last one that I was going to have. I thought that the conversation I had with them three days prior to that was the last one I would ever have. It's horrible.

**Shawn Buckley**

I'm just going to rush through the financial stuff, just so that it makes it into the record. But you had been employed by the U.S. government in casualty evacuations for a special evacuations medical team—basically, you know, war zone stuff. And you were also a medical student. And because of this you can't work and you couldn't be a medical student. Your parents have basically used up an enormous amount of their savings to help you out. You've paid over \$200,000 out-of-pocket for treatments and you're still extremely sick. And it's really too expensive for you to live on the small disability pension that you're now on. So this has just been a financial disaster for you and your family.

**Mallory Flank**

Yes, absolutely. It's destroyed everything; we've lost all that we have. We used all of my pension that I had built for years, used all of that to pay for medical. Like you said, my

parents' retirement fund, again, used all that for medical. I still have to pay out-of-pocket for stuff; like I need to see a specialist in the States, that again comes out of pocket. Nothing has really been covered. Only recently— So it's only been a few weeks that I was actually approved for the provincial disability. Then this is two years later and it's off of course, the diagnosis overarching being post-vaccine reaction syndrome. And like,

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how do you expect to function? My costs for medication alone: we're sitting over \$8,000 a month.

Now of course, a lot of it is covered. It's not all covered. But I require specialized purification systems, specialized water treatment systems, all of the stuff that can be used in the house for cleaning: that stuff has to be specially ordered. When it comes to clothing, shampoo, conditioner, that kind of stuff, personal care items: all has to be specially ordered. There's nothing in our life that I can use that is commercial. And we've tried and tried over and over again to be able to find ways around it that were cheaper, easier, that kind of stuff, and we can't, so life—

**Shawn Buckley**

And Mallory, I'm just going to, for time, cut that short. And I'm going to ask the commissioners if they have any questions for you. And they do.

**Commissioner Massie**

Good afternoon, Ms. Flank. Thank you very much for sharing with us your very touching horror story with a touch of humour. I mean, I appreciate that you still struggle to keep up with that.

My first question is: Did I understand well from your testimony that they were asking you to get a second shot? Does that imply that they didn't appreciate the seriousness of the side effect from the first shot? Did they acknowledge it at all?

**Mallory Flank**

There is no acknowledgement whatsoever on what I said and what was documented for what was going on. It was just a blatant "uh-huh, uh-huh." You could hear kind of writing down a few things. And then, "Okay, so we're going to schedule your second shot." And there was no ask or no follow-up of, "Hey, maybe we need to get you in to see her," whoever, as an immunologist, to kind of nail down what was going on; or go to one of the adverse vaccine reaction clinics. There was none of that. After that conversation with her my report was removed from the provincial system. And that's when nobody can find it anymore. No physicians have been able to access it since that point. It was like I didn't exist. So the reaction didn't exist. Moderna didn't find out, actually, until a couple of months ago when I contacted them.

It was a blatant, "You're getting the second shot." And any way to get it done was how it was going to happen.



**Commissioner Massie**

So does that follow that the healthcare system will never compensate for vaccine injury in your case?

**Mallory Flank**

I'm not sure. I mean, vaccine reactions happen all the time. They've happened with every vaccine. We should have been learning from this one, not just blockading what was going on with it. There was a huge stigma attached to it. There still is. It's not as bad as it was before but during that time frame, as soon as anyone found out that this came from the vaccine, I wouldn't get treated or I would be treated completely differently. And it became really frustrating. And the fact that we couldn't actually get proper treatment was also a big component of it. It has, I guess, assisted in making me permanently like this.

But the Alberta government, of course, is who approves the disability stuff. And when my application went into H, which is the disability component, it went in as post-vaccine reaction syndrome, and that is what I was approved on. So I think the acceptance is there from that side of things. But it'll be a matter of still working through and it's practitioner-dependent. So it's a little bit difficult, it's hit or miss if I end up going into the hospital. But now I carry out a wad of paperwork and assigned protocol and stuff like that so I'm treated properly. Versus having to explain everything over and over again and then getting the dodgy, "Oh, maybe we'll get psych down and we'll get them to talk to her first" and whatnot.

But yeah, I don't know if it'll change anybody's mind. I'm hoping that the province takes it into consideration as to what's going on, that there are a lot of people that have had issues. So that recognition, I'm hoping, will come fully—like come full loop—but it is up to those who are in charge and those who want to encompass and learn.

[00:45:00]

But you can't learn unless you accept and acknowledge, so—

**Commissioner Massie**

What's the prognostic for your current situation? Is there any hope that this will improve over time with any specific treatment? Or is it something that is completely, for the time being, not well-understood?

**Mallory Flank**

Right now, they're saying it's not well-understood because I have a kind of an off-variant of mast cell. It's a very multi-level immune response, so they don't really know what's going to happen. They do know: now that it's been like this for two years, we haven't really seen improvement unless I can live completely free of any type of allergen or trigger. Not exacerbated in any way, the symptoms can kind of resolve. I still have reactions, but they don't escalate as quickly.

But then if I'm exposed over and over again, it starts getting back to the way it was right at the beginning. So it's very hit or miss right now. There are treatments. If I had actually been treated in hospital properly in the first month, I would have been completely fine. This wouldn't have escalated to the point that it is right now and become permanent. There are treatments that will suppress my immune system. I still haven't been able to get access to them because no one will take my case.

It's a little hard when you can't get someone who's actually willing to look at the fact that it did come from the vaccine. And that it is a huge problem and that there are tons and tons of symptoms and it's dangerous. Still waiting on that fact to be able to access the proper testing and the treatment to go with it. With that treatment, it could potentially allow me to come off of some of the medications, live a little bit more normally. I still have to be well aware of the allergens and triggers and still have a lot of safety mechanisms in place, but it could have a better effect for me. Outside of that, there isn't anything else. I will be like this for the rest of my life. And we don't know how long that actually is.

**Commissioner Massie**

I'm wondering: When you took the decision to get vaccinated because of your work that you didn't want to lose, but you had already allergy conditions before the vaccination. So were you specifically warned that under those conditions, you might experience more side effects because of your previous condition?

**Mallory Flank**

No, not at all. There is no warning of it. We did a ton of research on the vaccines. The reason I used Moderna was because Pfizer couldn't guarantee that there wasn't penicillin or sulfonamides in their vaccine. And I had allergies to both of those. So we stepped away from that one and utilized Moderna.

But not once was anything ever said that that would cause any extra reactivity. We did find a study afterwards that showcased people with those types of allergies. Especially female had a higher incidence of severe reactions to the vaccine, which would have been nice to know ahead of time. But again, it was a small group of individuals off of one of the primary studies. But nobody said anything here. It was actually, in the U.K., it was part of their algorithm where it was one of those, "Yeah, you need to see somebody before you get it." Here it was just, "Get vaccinated."

**Commissioner Massie**

Thank you very much.

**Mallory Flank**

Thank you.

**Shawn Buckley**

So Mallory, there being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story today. It's been very valuable.

**Mallory Flank**

Thank you very much. I appreciate your time.

[00:49:19]

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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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