NATIONAL CITIZENS INQUIRY

Ottawa, ON **Day 2**

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EVIDENCE

Witness 7: Dr. Edward Leyton
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Shawn Buckley
Our next witness is Dr. Edward Leyton, and Dr. Leyton, I thank you for your patience. You were scheduled this morning, and we kept bumping you back.

Dr. Edward Leyton
I think I can get into my doctor sooner than that. I've had to wait.

Shawn Buckley
I'm sorry?

Dr. Edward Leyton
That's a joke.

Shawn Buckley
Yeah, can I ask you to start by stating your full name for the record, spelling your first and last name?

Dr. Edward Leyton
Edward Leyton, E-D-W-A-R-D L-E-Y-T-O-N.

Shawn Buckley
Dr. Leyton do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Edward Leyton
I do.

Shawn Buckley
Now I want to introduce you a little bit, and then I'm going to let you tell the evidence that you've come to share with us today.

You had practised for a full 40 years as a complementary and alternative medicine physician. You graduated from medical school in 1975. You practised medicine. You focused on chronic illness and psychotherapy; you're practised in those areas also. You actually retired just before COVID hit, back in 2018. And then when this global pandemic starts, you thought, okay, I better renew my licence and go and help because we're facing a crisis. Since you renewed your licence, I want you to start from there and share with us then what was your experience like going back and where did that lead you?

Dr. Edward Leyton
Okay, thank you. Thank you for the opportunity, Commissioners, and thank you for doing this. Good afternoon to the audience.

So yes, I decided to go back in 2020. It was mainly to help out with COVID stress-related illness, and I did that for about the first eight months. I was treating people with psychotherapy, which was my focus. And that went on for that length of time.

I do want to make a little disclaimer before I start. That this is my personal experience that I'm talking about today, and it doesn't in any way represent an official corporate response of the Canadian COVID TeleHealth (CCTH) group of which I was a part. I was a director for a number of months. So I just want to make sure that that's the case. I guess I'm ready with slides.

Shawn Buckley
Yes, please start your slideshow. They'll show up on your computer screen and that will tell you they're on the screen behind you also.

Dr. Edward Leyton
Yeah, the screen is up. Okay, great, thank you.

So I'm going to talk about why I treated COVID-19 and long COVID and what was the response to treatment. And also, how did the media and the CPSO—which is the College of Physicians and Surgeons of Ontario, which is the regulating body of physicians that acts under the RHPA, which is the Regulated Health Practitioners Act [sic] [*Regulated Health Professions Act*].

So I'm going to be talking about all of those things.

You've got most of my resume already outlined. I want to take you back for a moment to before the College even started. The reason I'm doing this is some people might think that the College and the way they've behaved towards practitioners who are trying to treat COVID is something that started with COVID.

But in fact, physicians have been operating under the shroud of a College which is extremely detrimental towards physicians who are practising alternative kinds of medicine. And this has been going on for a long time.

So this quote here from 1859 will show you that. It's from the York County medical practitioners meeting minutes. And it says, "that the members of the Medical Profession, considering themselves the best, [as] . . . the only true judges of the requisite qualifications of the Art of Medicine claim the power of regulating the amount of those to be possessed by candidates for practice and of granting licences accordingly."

So that paragraph, I think, demonstrates the arrogance, I guess, of the medical profession,

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thinking that they're the best and that nobody else can come close to them. That was prevalent even in the 1850s when, in fact, medical treatments were pretty primitive. Blistering and arsenicals, and all kinds of things were being used. The germ theory hadn't even been introduced into medicine at that point.

It was clear also that when the College was eventually formed that even legally qualified physicians who wanted to practise what was called heterodox medicine or alternative kinds of practices—that would be chiropractic manual therapies, naturopathy, homeopathy, that kind of thing—they were actually denounced by their colleagues and regulating bodies as violating the terms of their licence.

So this is the shroud of secrecy under which we practise. All doctors practise under this, and many people don't realize that. The College has been investigated on a couple of occasions, two or three occasions actually. I'm going to quote now from an investigation that was initiated by patients and physicians back in around 1998, finished in 2001, and became known as the Glasnost Report—referring to transparency is needed in medicine.

This investigation was headed by a lawyer, now Justice Michael Code, who was a former attorney general, and he investigated the practice of six physicians who had been treating for chronic pain and other difficult situations.

He came to the following conclusion: "These are College-driven fishing expeditions, which are initiated under Section 75"—that's the *Regulated Health [Professions] Act*, section 75—"they can be misused in such a way that they do not serve the public or the evolution of medicine.

"They can ruin the life of the doctor involved and have done so in several cases. It is highly unusual that even people under criminal investigation in prison attempt suicide, yet we know of four doctors who committed suicide while under CPSO investigation. None had patient complaints against them." These are all College-driven issues.

Mr. Code refers to a particular case, saying that this case allowed Mr. Code to assert that it provides "*prima facie* evidence that CPSO officials may have committed the criminal offence of obstructing justice by repeatedly misleading the Executive Committee as to the true state of the evidence in this case."

This is our College—the College that is supposed to regulate practitioners involved possibly in criminal offences, a very serious charge. It's almost impossible to launch a complaint against the College of Physicians and Surgeons. I tried to do that in 1998 around the time of this investigation and was told that I couldn't really launch a complaint against them unless I launched it with the actual prosecution.

So there's no recourse; there's no way of launching a complaint against the College at all. So given that, it wouldn't perhaps surprise us to see the edict that came out in May 2021. I'll just read it because it's probably not terribly clear:

> The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding those physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements

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> and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.
>
> Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be reported by available evidence and science.

It's an interesting wording because they use "a position of trust": we have a position of trust with the public and a responsibility not to communicate these things. Do we have trust in the CPSO who are supposed to protect the public and guide physicians? No, we don't. There've been at least two demonstrations by physicians and patients outside of the College in this pandemic, maybe three, and those demonstrations have been met with silence by the College.

In fact, the College has vacated the premises for a number of months during the pandemic because they were afraid that their safety was in danger. So that's the position that we were working under during the pandemic.

This is the position of the CPSO on vaccine anxiety. It's an interesting concept that having anxiety about a new drug—or in this case, quotes "a vaccine"—can be considered an illness, but in this case, it is. Here's one of those statements from their website: "It is [also] important that physicians work with their patients to manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of prescription medications and/or referral to psychotherapy are available options."

So if I offer you a high blood pressure medication in my office, and I say, "I want you to take this," I would obviously go through whatever is important about the side effects, the positive effects, the negative effects of this medication. And if the patient said, "Well, I'm anxious about that," according to this—and a vaccine is kind of like that—I would have to say, "Well, take five milligrams of Valium and come and see me tomorrow, and you'll feel better about the whole thing." That's what they're suggesting.

In November 2022, they added for some reason, I'm not sure why, the "extreme fear of needles, (trypanophobia)," it's called, or other areas of concern—I don't know what that means—and that we should be treating that with medication or with psychotherapy. Well,

first of all, you can't get a psychotherapist for love, nor money. And second of all, the prescription medications that would be used for that—I'm not sure how I would treat trypanophobia other than by giving a sedative of some kind so that you are half asleep when you have your vaccination. It's really an outrageous suggestion.

And then there is the circumstances of the pandemic which "support physicians declining to write notes or complete forms when the patient is making a request." Usually that's a natural thing that we would do if a patient came with a request to have medical forms completed. They're saying, in this case, you don't have to do that. So you don't have to write prescriptions for exemptions and so on. You have to "sensitively explain to your patient that you can't provide them" with that.

Shawn Buckley
Dr. Layton, can I just ask— Because you practise psychotherapy, I imagine that some patients will legitimately, not just for a vaccine like this, but legitimately have anxiety that reaches a medical condition, a mental health condition,

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and that it would be reasonable in some situations to exempt people. Is that a fair comment?

Dr. Edward Leyton
To accept people?

Shawn Buckley
No, to exempt somebody. If they legitimately are anxious about it, that could be a valid ground for an exemption, actually having undue anxiety about a treatment.

Dr. Edward Leyton
Yes.

Shawn Buckley
Yeah, but physicians are basically being told no, not for this one.

Dr. Edward Leyton
Right.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
So we weren't allowed to write exemptions unless there was anaphylactic shock. I wrote a couple of exemptions during the first year or two, and it was because of very significant

side effects that I figured might happen as a result of genetic thromboembolic disorders and so on. But I wasn't supposed to do that.

So the other thing about the RHPA in section 75 that's important to know is that section 75 allows the College to investigate our practice completely and to remove files, that is to remove patient files. This has been challenged in the last six months by a couple of challenges.

If you refer to the second paragraph, second bullet point: "about 100 patients of Dr. Sonja Kustka, under investigation for writing two mask exemptions"—that's apparently enough for an investigation—"during COVID, unsuccessfully filed their motion to stop CPSO investigators from gaining access to their private medical records."

I want you to go down to the fourth paragraph, and this reflects the attitude of the College, which I brought up at the beginning, which says—this was the lead counsel for the College. She stated: "Patients should not have any say about their own medical records or how the CPSO wishes to use them when a physician is under investigation for potentially putting a patient at risk of harm."

So to come back to my story. After 2020, when I was practising mainly psychotherapy, I joined a Facebook group in February of 2021. That was just when the vaccines were starting to come in. And the Facebook group was a professional group with, I think, nurse practitioners and physicians. I noticed two things happening. I noticed that physicians and nurses who were actually starting to give vaccines were starting to see side effects, even at that early stage. They would come back with reports of aches and pains, orthopedic issues, arthritic issues, swelling of joints, brain fog, musculoskeletal symptoms, and so on.

Also at that time, ivermectin was being touted as a useful tool in the treatment of COVID, because there was no treatment given. Doctors were told to send their patients home with Tylenol, and they should go to the hospital if they couldn't breathe anymore. That was the only treatment that was on.

So I started to bring up questions on this Facebook page about ivermectin and also about the fact that vaccines seem to be detrimental in some cases. I was immediately pounced upon by a number of people in that group saying, "You cannot talk about this because this is a public health recommendation, and they are our colleagues, and we shouldn't be criticizing them." So naturally, I went on to criticize them and, eventually, I was ousted from the group; I was removed.

So then I joined the Canadian COVID TeleHealth organization. I came to know about it because I started to look into what was going on. I found a group that was definitely on my side and was open to different opinions about things.

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I also started looking into ivermectin. And several people in the CCCA [Canadian COVID Care Alliance] talked to me about the possibility of prescribing ivermectin, and so I looked at that. And I thought, there's a lot of evidence to show that ivermectin is very useful. One of the people in the group said, "Well, why don't you prescribe it?" So I said, "Well, I'm a psychotherapist. That's my focus."

But I was a family physician at one time, and so I thought about it a lot and I researched it. And so in the summer of 2021, I decided to start prescribing ivermectin. I was fortunate at

that time to be able to be in touch with Dr. Ira Bernstein, who some of you may know was a prominent physician who had been treating COVID quite successfully for some period of time with ivermectin and other treatments. And in fact, he attended the first international conference in Rome and was very up to date on COVID treatment.

So I began to use ivermectin in my private practice and found excellent results. I used it for prevention for simple COVID, which is COVID which we treat in the first few days or one week, and then for more complex COVID, which lasts longer than a week. Eventually, we decided that it would be good to form a clinic.

So a number of us got together and we formed Canadian COVID TeleHealth. This was a telehealth group: We had at that time about half a dozen physicians and an equal number of nurse practitioners and nurses. We operated throughout Canada and we saw patients in every province except Manitoba, which didn't allow us to do telemedicine without a licence. But we could in other provinces.

That went on, well, it still goes on; I'm still prescribing ivermectin. But it went on at a fairly good clip because that was right in the middle, if you'll recall, of the Delta variant, which was probably the worst variant that we've seen. People were getting really quite sick with that. And one of the things that was very noticeable about our patient population is that people were terrified of COVID. They had been completely propagandized, if you like, to believe that COVID was a terrible disease and a lot of people wanted prevention.

Most of our patients called up wanting ivermectin prevention, and we had at that time about half a dozen pharmacies in Ontario and a few out west that were dispensing ivermectin freely. They were compounding pharmacies. They weren't using the Merck product. Merck didn't want us to use their product, so they pretty much stopped making it. But the raw materials were available to pharmacies and pharmacies were dispensing it freely. So we were very busy at that time. And we saw a lot of patients. I myself personally prescribed, I think, around 800, 900 prescriptions for ivermectin over that period of time and on into 2022.

But there was a problem. We had a hit piece in the Global News and also in the *Toronto Star*. The reporter from the *Toronto Star* had impersonated a patient and called our clinic asking for ivermectin. And of course, our physician responded appropriately. And she then proceeded to write about us in the *Toronto Star* and denigrate us as a clinic, saying it was all misinformation and we shouldn't be doing that.

As a result of that,

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or maybe it was happening anyway, the College decided to raid the office of Dr. Ira Bernstein and that contained the electronic medical records of our clinic. The CPSO went in without asking, without Dr. Bernstein being there, being present. They took all the information, information that they had no business taking. And they used that information to target all of our physicians. They did that over a period of time so that we lost all of our physicians, except myself, over a period of about six months. We also lost nurse practitioners and nurses.

I have to tell you, we had an amazing team of people. We did full assessments on everybody; we did full histories. We couldn't do physicals, of course. But we made every attempt to follow up, and nurses spent hours on the phone, often with patients who were

anxious, and either sick and anxious or anxious about getting sick. We treated them all. It wasn't just ivermectin. I'll come in a moment to how we treated them. But we treated them all.

Then in 2022, of course, Omicron came along, and we actually had a decrease in the number of patients because Omicron was much less—although it was more infectious, it was much less serious. And so people started to accept that they had COVID and they would get over it on their own.

I don't know if there are any questions up until this point and how much time I have. But I'd like to go into some of the treatments that we did and how those worked and didn't work.

Shawn Buckley
I just wanted to ask, how did you guys lose the doctors and nurses after the CPSO? So the CPSO raided, and you said you've lost all of the doctors except yourself. What was the cause of losing the doctors? How did that happen?

Dr. Edward Leyton
Some of the doctors had privileges at hospitals and worked at hospitals. Often the hospitals made complaints to the CPSO that the doctors were either unvaccinated and shouldn't be working or they were prescribing ivermectin. The College took it from there: they either de-licensed them completely or they restricted their licence.

Dr. Bernstein, for example, had his licence restricted. He wasn't able to treat COVID anymore. He wasn't able to use ivermectin, and he had to put a notice up in his office saying, "I do not treat COVID."

Shawn Buckley
So these are medical doctors.

Dr. Edward Leyton
Yes.

Shawn Buckley
That are fully licenced.

Dr. Edward Leyton
Yes.

Shawn Buckley
There are not complaints against them by patients.

Dr. Edward Leyton
No.

Shawn Buckley
And basically, their right to practise is either fully or largely restricted.

Dr. Edward Leyton
Correct.

Shawn Buckley
Just because they are treating COVID patients in this clinic.

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
The other thing, for example, I don't know if Dr. Patrick Phillips testified. I think he did. For example, he and Dr. Hoffe out west both reported side effects from vaccines because they were both emergency physicians, reported that to public health. As a result of that, they lost their jobs and couldn't work. So it was either the hospitals complaining or it was the CPSO saying that they couldn't prescribe ivermectin.

Shawn Buckley
Now, just so that it's clear—especially for people that are participating online to watch your evidence—my understanding, though, is that it's federal law that a physician is to report a suspected vaccine injury.

Dr. Edward Leyton
That is correct.

Shawn Buckley
You just cited the names of two physicians that were disciplined for following the law?

Dr. Edward Leyton
Yes.

Shawn Buckley
Okay, thank you.

Dr. Edward Leyton
Who should really be disciplined is the CPSO for not following the law.

[00:30:00]

So we treated COVID using the Frontline COVID Critical Care Alliance protocols. Now, the Frontline Critical COVID Care. You've heard from Peter McCullough. You're probably aware of Dr. Pierre Kory and Dr. Paul Marik: these physicians were ICU physicians, intensivists, boots on the ground people, who saw that something was wrong and wanted a primary treatment for COVID, found out about ivermectin and did very thorough research into that. We're extremely grateful to them for putting together protocols that we could use. These protocols came from physicians all over the world who were communicating with Dr. Kory and Dr. Marik. They were very thorough, and they worked well.

So you can see that we divided treatments into prevention, early treatment, and complex COVID. I'm not going to go over those treatments. And I don't expect you to read the protocols, but we used to send the protocol to the patient after each consultation so they knew exactly what to do and how to manage it.

We treated viral entry points because there was some research that showed that this was very important. Because the virus starts in the nasal passages and that's where you need to treat it first of all. So we used simple things like povidone-iodine sprays and cetylpyridinium chloride, which is in things like Scope and Act.

We also had a cocktail of immune modulators. I don't like to use the word booster because you don't always need to boost your immune system. But what you do is you give the body the orthomolecular ability to correct whatever is wrong with the immune system by using these kinds of things, and they would include, of course, vitamin D, zinc, quercetin, sometimes melatonin. We also sent patients home—sent patients home, I think I'm seeing them in my office. We also gave patients over the internet things like this: this was a home treatment put out by the World Council for Health, which was a really good home treatment that people could follow.

So we made sure that not only they got the treatments; they knew how to take care of themselves and that we followed up with them. Some of the nurses were on the phone with them two, three times a week reassuring them that they were doing okay. And of course, in the more advanced cases, we had to measure oxygen uptake, and sometimes, we even had to give IV fluids. And this was all through home care that we had to arrange for them because we weren't physically present in the same city as them.

As I mentioned, the patient volume dropped with Omicron, and that was a good thing in some ways. And now, we don't even actually give ivermectin for prevention anymore because the virus is pretty mild.

So in October of 2022, I got the dreaded section 75 from the College of Physicians and Surgeons. They started an investigation into my practice. There was no patient complaint: I've practised for 40 years without a complaint. There was no patient complaint in this case. They sent me 400 pages of documents to read, most of which were propaganda from Health Canada about ivermectin. They didn't really send me anything substantial in terms of research. The complaint was that I was prescribing hydroxychloroquine and ivermectin. That was it. They were correct; that's what I was doing. But it's not illegal to do that. It's what's called off-label prescribing. Happens all the time.

Example: Metoprolol is a blood pressure medication.

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It's often used for stage fright. Doctors do that all the time; they prescribe off-label because there are indications that it might help other conditions. That is exactly what ivermectin is: ivermectin is a safe, widely used drug that's been used for many, many years, particularly in the tropics for river blindness and, sometimes, here in the west for scabies. Very safe and very available.

When Omicron came along, we also started to see a number of patients who were vaccine-injured. The Front Line Covid Care Alliance, once again, started to put out protocols. Now you have to remember that vaccine injury is something we knew nothing about. Until a vaccine came along, it didn't exist. So here we are, faced with an illness that nobody knows anything about.

It has extraordinary breadth of spread in terms of what it does to the body, and we didn't know really how to treat it. So again, we relied on the Front Line COVID Care people to gather information again from the rest of the world about vaccine injury. And they put together some protocols.

It turns out that ivermectin also binds spike protein. The spike protein is the protein that the body makes as a result of the vaccine.

Of course, we were told that the spike protein was short-lived: it didn't live in the body; it just stimulated the immune system, stayed in the shoulder, as did the mRNA. Neither of those things were true. The spike protein goes into every tissue in the body, including the brain. It's been found there in pathology and histology slides. You can stain for it. We know it does that.

That's why we see so many symptoms throughout the whole body. We get brain fog; we get things like POTS, which is orthostatic hypertension. It affects the autonomic nervous system. The spike protein can affect the neurological system. It's all over the place. So these are some of the things that we used for treating that.

I want to give you a couple of case histories just to finish up here. I don't want you to get the impression that this is easy to treat. Acute COVID was relatively easy to treat because it worked really quickly, and you knew when you were over it.

Vaccine injury is completely different. It's a complex illness about which we knew very little. I would say that in my experience, treating vaccine injury, probably 50 per cent of people respond to treatments. It often takes a long time and a lot of work on the part of the patient, as well as the practitioner.

[Case #3—Vax Injury]
This is the case of a 40-year-old mother breastfeeding a 19-month-old child. She had an immediate reaction to a mandated Pfizer vaccine in January 2022. These are some of the symptoms. You can see them there. The main ones were chest pressure and facial rash, cold extremities, twitching all over the body.

These are symptoms that we generally don't see as physicians. If you saw this as a physician and you had no knowledge of the fact that they had a vaccine, you would say, "What kind of illness is this that does this?" Completely new.

A lot of those symptoms are neurological. They affect a nervous system—shooting pains, paresis, weakness of the limbs, difficulty getting up and moving around. And the tests are often normal. This lady's vitamin D was low and her nutrition wasn't that great.

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She says after three and a half months, she was left with “intermittent pressure, tightness and numbness in face, head, neck and soft tissues inside the mouth. Chest pressure feels like squeezing and a push [outwards that made] me dry cough. “

Can you imagine having chest pressure and going to the emergency, thinking you’re having a heart attack and being told, “No, it’s not a heart attack. We don’t know what it is, but just go home, take some Advil.” Now it could be myocarditis. It’s possible; sometimes it’s not. But it would terrify you, and especially, it would terrify you not knowing what that is.

[Video from patient]
So this patient had some changes in her extremities. I’ll just demonstrate for you. Normally when you hold your hand, for example, at heart level, your veins are not filled because that’s the blood going back to your heart. When you drop your hand down below heart level, your veins will fill up. But you’ll watch this video; you’ll see that her veins and her skin and the swelling in her hands develops as she drops her hand. So there you see the normal hand and now you’ll see the veins filling. Some of this is normal; veins will fill up. But you see how engorged they become and then the swelling and the redness of the knuckles. Very bizarre symptoms that you might not see, that don’t fit any disease category at all.

So we treated her with ivermectin. Now some people respond to ivermectin very well, and she happened to be one of the fortunate ones. We increased her vitamin D to 5,000 units a day, put her on an anti-inflammatory diet and started her on some gentle exercise. She had 30 per cent improvement within two weeks and 60 per cent in three months.

[MSQ Totals]
How do we know this? We do a very careful, what’s called functional inquiry. We question people about every organ system in the body. So you can see them all there: head, eyes, ears, nose, mouth, throat and so on. The patient scores them as to how much problem a symptom is within that particular group. You can see that she scored 154 at the beginning. And then after her treatment, a couple of months later, she was scoring 65.

So we’re measuring change. We’re trying to be objective about it and measure how much improvement people are getting. It’s helpful for the patient to see this, that they are improving.

[Case #5—Vax Injury]
Another case of a vaccine injury was a 51-year-old female, former athlete, actually, a very athletic person. She, after the second vaccine, had significant symptoms that developed less than a month later. You might say, “Well, how do you know it’s the vaccine that’s doing this?” Skeptics will say that. You can ask that question. It’s important. From a temporal point of view, if I’m working in my workshop and I hit a nail and then I hit my finger, I can be pretty sure the pain is due to the fact that I hit my finger with a hammer.

So the closer the temporal relationship, the closer the cause is likely to be something. If somebody has a vaccine in a pharmacy and drops dead, which has happened, you can be pretty sure it was probably the vaccine, not a coincidence.

The longer between the vaccine and when you have symptoms, the more difficult it is to assess. But you can tell, in a sense, because the symptoms are so unusual and they’re so varied.

Now, her D-dimer was elevated, and she had blood clots. She knew that something was wrong and she had chest pain as well. Again, an MRI and colonoscopy and stress test, they were all normal. By the time we see these patients, sometimes they'd had a lot of tests.

So I said, she gave some very typical symptoms

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of post-vax inflammation and injury, on-set within a month—probably the vaccine, given the kinds of symptoms that she was having. Headaches too, helmet-like headaches that can last for hours, shooting nerve pain, extreme fatigue—that's a very common symptom—increased brain fog.

When the spike protein gets into the brain, it creates inflammation. And then, of course, increased anxiety as a result of all of this. So again, we treated her with ivermectin and we started her on an antihistamine. Sometimes these people get what's called mast cell activation: so their mast cells are producing a lot of histamine, which produce symptoms. So we give an antihistamine and that helps, that it's a non-drowsy antihistamine.

[Symptom Scores]
And she, after this treatment, could actually bike five kilometres without being short of breath. So she was very pleased about that. Again, looking at the scores, you can see the scores going down over a period of time. So we know we're having an impact with our treatments.

[LH—VI-Treatment]
Now, she had a drooping of the face, sometimes known as Bell's palsy. She's given us permission to show this. Next slide. So on the left, you can see that the right side of her face, she's trying to smile. And she can't smile because the facial muscle is paralyzed on the right side. But she can smile on the left. You can see the crease. You can see the facial crease on the right side is almost non-existent. But then after treatment, her facial smile is almost normal. You might say, "Well, Bell's palsy is self-limiting." True. But she'd had this for, I think, over a year. And then suddenly, it gets better. Well, could be a coincidence.

So in summary: We've had a disease with a 99.5 per cent survival rate. We've had poor testing: our speaker showed a diagnosis of PCR with false positives. Rushed vaccine development; absence of treatment until hospitalized; lack of recognition of vaccine injury; and persecution of doctors and other health care practitioners by regulating bodies with their loss of licences. I'll stop there.

Shawn Buckley
Before I turn you over to the commissioners, I just wanted to clarify, you had practised a full 40 years. Longer now, right? Because you got your licence back in 2020. So how many years have you practised medicine in total?

Dr. Edward Leyton
Well, I graduated in '75, so '78 to 2018. So that's 40 years.

Shawn Buckley
Right, and then, now, for a couple more years.

Dr. Edward Leyton
Two years now and I'm now into my third year.

Shawn Buckley
Right, so 42 and a half years. You have never had a patient complaint in that 42 and a half years. Am I right that in the next month or so, you might lose your licence to practise because of the activities that you've just shared, where you're trying to help people with vaccine injuries and in preventing and treating COVID?

Dr. Edward Leyton
Possibly. It's ironic that when I renewed my licence in 2020, the College gave me a free licence for a year because they wanted doctors to come back. And I've been rewarded with an investigation. So I might lose my licence. I might be restricted. I have no idea. I might retire, too. I think it's a race.

Shawn Buckley
Right. I think I can speak for pretty well everyone that we're thankful for people like you that are willing to do what you think is ethically correct—actually being a doctor and using your discretion to help your patients.

I will turn you over to the commissioners for questions.

Dr. Edward Leyton
Thank you.

Commissioner Massie
Thank you very much, Doctor.

[00:50:00]

I have a couple of questions. This is not a medical consultation but close.

I'd like to know—given that we've heard from many other doctors and patients that during COVID, the people that were more likely to be affected by the disease were, in general, people affected by other conditions that would somewhat compromise their ability to build a strong immune reaction to the infection.

So it could be because they are old and their immune system is not as active. Or it could be because they have other immune suppression of some sort. So these so-called frail people, or more fragile people, were initially targeted to be vaccinated to protect them from the disease.

Dr. Edward Leyton
Right.

Commissioner Massie
So it's my understanding, based on my research, that the vaccinations should work by triggering the immune response in order to protect against the infection. But if the reason why you're mainly susceptible to the infection is because your immune system is not properly functioning, how come vaccination will solve that?

I'm asking that to a practising doctor.

Dr. Edward Leyton
Well, vaccination doesn't solve it.

First of all, this isn't a vaccine in the true sense of the word. We think that it actually makes the immune system worse, and in fact, you're more likely to get COVID the more vaccines you have.

That's a Cleveland Clinic study that, I think, has already been reported on in the Inquiry. The more people are vaccinated, the more likely they are to get COVID, which is kind of weird. I don't know if that answers your question or not.

Commissioner Massie
Yeah, it does.

My other question has to do with the CPSO, which we have the equivalent in Quebec. We've heard from other doctors that testified recently in Quebec that they went to interrogate the Collège des médecins and asked them a number of questions about the scientific rationale to promote vaccination of children and pregnant women.

These doctors had several questions that were never answered, ultimately, by the College. And the Collège de médecins said, "We're not a society that generates new knowledge. This is not our role. You should consult with the official society and SPQ and the other society."

So I'm just wondering, if such a question would be addressed to the CPSO, would they come up with a similar explanation—that it's not their role to generate new knowledge and to ask those very specific questions that arose from the deployment of the vaccine with respect to the risk–benefit balance for children and pregnant women, and so on. What would be their position in your opinion?

Dr. Edward Leyton
The College doesn't answer questions like that. The College is a regulatory body. It investigates people on a whim.

I don't know what goes on inside the College, to be honest with you. But it's something pretty nefarious. So in terms of asking the College to explain something like that, they don't do that. Their motto is protect the public, which they don't do, and guide physicians, which they don't do.

Commissioner Massie
My last question is about—what's the state-of-the-art in terms of the practice of medicine?

Did the practice of medicine evolve in your experience through, I would say, the practice of science observation and medical treatment that any given physician can actually do

[00:55:00]

in their normal activity? Or does it evolve solely when some new treatment or protocol has been checked very rigorously through these randomized control trials—that is the only way to come up with new solutions for treatments?

Dr. Edward Leyton
Well, it should be a combination of those things, in my opinion. It's a complicated question.

The problem is that when somebody comes up with a solution for something that's unusual, for example, I'm thinking of Barry Marshall, who is an Australian physician who came up with the idea that an ulcer was caused by a bacteria called *Helicobacter pylori*. This was many, many years ago. And he couldn't convince anybody in the scientific community that this was valid, despite publishing.

So it's very difficult to convince the medical community of new things. Eventually, he had to give himself an ulcer and then take the treatment and cure himself. And now, antibacterials are used for ulcer treatment with success, killing *H. pylori*. But that was a hard fight.

There's multiple examples of people who've come up with innovative solutions, who have been put down and not recognized throughout the history of medicine. I'm not a philosopher, so I can't answer why that might be.

What has happened, also, is that in a regular doctor's office, you get visits from a pharmaceutical company with the latest and greatest medication for something. Physicians are heavily influenced by that. And as we know, the only way to get grants for research is through money from pharmaceutical companies. So there's a built-in bias that is quite extraordinary. Does that answer your question?

Commissioner Massie
Yeah. Thank you very much.

Shawn Buckley
Thank you. There being no further commissioner questions, Dr. Leyton, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing this information and sincerely thank you for the service you've given as a physician.

Dr. Edward Leyton
Thank you for the Inquiry. Appreciate all you guys are doing.

Shawn Buckley
I will just state for the online audience that cannot participate that there was a standing ovation for Dr. Leyton. He is very well-respected for the service that he has given.

[00:59:00]

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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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