



## NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

### EVIDENCE

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**Witness 5: Dr. Daniel Nagase**

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[00:00:00]

**Wayne Lenhardt**

Hello, Dr. Nagase. Good afternoon. Can you hear me?

**Dr. Daniel Nagase**

Yes, I can hear you clearly. Thank you for having me on.

**Wayne Lenhardt**

I can hear you as well. First of all, if you could spell your full name, I'll do an oath with you.

**Dr. Daniel Nagase**

I'm Dr. Daniel Nagase. D-A-N-I-E-L N-A-G-A-S-E, all rights reserved.

**Wayne Lenhardt**

Do you do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

**Dr. Daniel Nagase**

I promise to speak only the truth.

**Wayne Lenhardt**

Thank you. Okay, Dr. Nagase, I gather you have some slides today. You're a bit of a hard person to get a hold of on the telephone. I know that you're going to deal with censorship today and not much else.

If you could give us a snapshot of what you're going to talk about today and then we'll let you launch into your presentation.

## **Dr. Daniel Nagase**

I don't have any slides actually for today. The reason is I'm dealing mainly with patient medical records, which wouldn't be appropriate to put online. But I will be speaking to facts documented in medical records and perceptions of what has happened to me in my medical practice.

I graduated from medical school in 2004. I'm 47 years old and I was an emergency doctor for my entire medical career. And in the course of treating three elderly patients who were critically ill in Rimbey Hospital in northwestern Alberta, I decided that the balance of benefits and risks favoured trying ivermectin to help with their COVID pneumonia.

All three elderly patients were critically ill. And from my emergency experience, they were about four to six hours away from needing mechanical ventilation. That is, they were failing to get enough oxygen into their lungs by breathing using their normal respiratory muscle. So doing everything possible, I gave the patients ivermectin and hydroxychloroquine, vitamin D, zinc. And I gave them standard therapy for viral pneumonia, which is bronchodilators such as Ventolin and Flovent and nebulized medications. Also, for the patients that seem to have fluid overload in the lungs, I also gave them a diuretic to help remove the fluid to help improve their oxygenation.

Less than 18 hours after receiving ivermectin, these patients made a remarkable clinical turnaround. Now again: this is based on data that had been published throughout 2020 and 2021 because this was September 11th, 2021 that I treated these patients with ivermectin. The scientific data was abundant.

The next day I was removed from my medical duties as the ER doctor on call in Rimbey Hospital in Alberta. All the work I had scheduled for the rest of the year was rescheduled and I was left without work for the rest of 2021. For a further shift in 2022, Alberta Health Services refused to schedule me for any further shift.

Furthermore, the Director of the Central Zone in Alberta—so the Central Zone of Alberta Health Services—Dr. Jennifer Bestard, filed a complaint with the Alberta College against me because I had successfully treated three patients who recovered from COVID pneumonia following my treatment with ivermectin and hydroxychloroquine. And her complaint to the College [of Physicians and Surgeons of Alberta] was that I had used a medication that I was not supposed to use, despite the medical and scientific evidence showing its immense benefit in the treatment of COVID-19 pneumonia.

So subsequent to the complaint initiated by Alberta Health Services, the Alberta College investigated me and put restrictions on my practice. These restrictions that the Alberta College put—allegedly for patient safety—was that I was not supposed to treat anyone with COVID or suspected COVID. So given that the symptoms of COVID pneumonia or COVID illness can be anything from a belly ache to a cough,

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that effectively ended my ability to practise emergency medicine within the province of Alberta. However, at that time I still did hold a British Columbia medical licence. However, a month and a half later the British Columbia College [College of Physicians and Surgeons of BC] investigated me in spite of the fact that I had not taken care of any patients in BC for years. And they took action that they suspended my British Columbia medical licence, allegedly for being out of province.

**Wayne Lenhardt**

Can I stop you for a minute, Dr. Nagase? Ivermectin and hydroxychloroquine have been used in various parts of the world in order to treat this type of an illness for some time, have they not?

**Dr. Daniel Nagase**

Yes, they have. This was September 2021, so these medications had been used for over a year in the treatment of COVID pneumonia.

**Wayne Lenhardt**

So you used them successfully and what you got in return was an investigation by your college. Is that—

**Dr. Daniel Nagase**

And although Alberta Health Services refused to state that they fired me, effectively they did fire me by refusing to allow me to pick up extra shifts in the emergency department and cancelling all the shifts that I had scheduled to effectively leave me without work.

And in order to put a roadblock in my ability to work further, they filed a complaint with the Alberta College and the Alberta College placed restrictions on my practice, basically making it impossible for me to work as an emergency doctor—

**Wayne Lenhardt**

Okay.

**Dr. Daniel Nagase**

Any patient that I saw could not be treated by me if they had any symptoms of COVID or even a bellyache, for example.

Now I tried to push the issue with the Alberta College of Physicians and said this restriction they put on my practice—that I'm not allowed to see any patient with COVID or suspected COVID—would be a violation of the *Canadian Human Rights Act* because they would be forcing me to discriminate against my patients based on their illness.

The Alberta College had no response to that and they maintained their restriction. They refused to acknowledge that by placing a restriction on my medical licence, forcing me to discriminate against people, they were in violation of the *Canadian Human Rights Act* from 1976 I believe, if I'm quoting the date correctly. So again, a gross violation but the medical college here in Alberta has no qualm—and to this date has not been reprimanded for—violating the *Canadian Human Rights Act* by trying to force me to discriminate against patients.

**Wayne Lenhardt**

What was the reason that they gave for preventing you from using ivermectin and hydroxychloroquine? Was it that there was something wrong with your treatment protocols or what?

**Dr. Daniel Nagase**

No, they offered no explanation other than their policy that ivermectin was not to be used in the treatment of COVID. And this was a policy that they published shortly after I had successfully treated the three elderly patients in Rimbeey. So I believe this policy came out in October of 2021 and shortly thereafter, British Columbia came up with the same policy.

So then because I had not treated any patients in British Columbia, the British Columbian College could not suspend me for any patient work that I did. In fact, they suspended me allegedly for the reason that I was out of the province for too long.

Since my college licence was suspended in BC and restricted to the point of being unable to work in Alberta, I did not renew my Alberta or British Columbia licence, as the cost would have been significant to try and renew both licences. Shortly after not renewing my licence in British Columbia with the College of Physicians and Surgeons of BC, the College of Physicians and Surgeons of BC sent me a demand letter that I must renew my licence even though it was suspended or face a penalty of \$100 a month.

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I said, “Well, that would be certainly a first that a membership organization can charge a penalty for not renewing membership.” It seemed absolutely ludicrous. But the BC College insisted that if I wanted to not be charged a \$100 per month penalty for not renewing my suspended BC licence, I would have to resign or retire from the BC College. So I filled out their resignation and retirement form.

However, about eight months after my retirement and resignation, the British Columbia College served me with a disciplinary notice. They were initiating a disciplinary proceeding against me because I had made a speech on December 9th, 2021 warning about the dangers of mRNA injection and the safety of ivermectin in the treatment of COVID-19 illnesses.

Because of the content of a public speech I made, the British Columbia College, even though I no longer held the licence—I had retired from the college—was pursuing for disciplinary action. Under the British Columbia *Health Professions Act*, if I fail to attend a disciplinary hearing for a college for which I am no longer a member, the British Columbia College of Physicians and Surgeons can apply to the Supreme Court of BC to have me confined for contempt. That’s written into the legislation in BC.

So I attended their hearing. Ironically enough, when I submitted my evidence to the British Columbia College explaining the justifications for the statements I made publicly, the British Columbia College of Physicians and Surgeons wanted an adjournment to the hearing that they had scheduled—from February 21 to 24th of this year. I said to the BC College, “Adjournment is refused. If you don’t have the evidence in February of 2023 that any of my statements from December of 2021, a year and a half prior, are in any way incorrect, then you can’t—I refuse an adjournment. I’m not going to give you guys another six months to try and dig up evidence, or try and make up evidence, that any of my statements were factually inaccurate.”

Every statement I made in December of 2021 during that public speech in Victoria, BC turned out to be true. I refused adjournment. The British Columbia College disciplinary committee declined to show up at their own disciplinary hearing. So I conducted the disciplinary hearing without them, hosted online publicly as per the BC *Health Professions Act*. And public record already exists now for that disciplinary hearing for which I refused

adjournment. Yet the British Columbia College is still trying to reschedule another hearing, in spite of the fact they failed to show up to their first hearing.

So these are the— This is the cancel culture. This is the rotten, corrupt actions of these regulatory bodies, both the BC College and the Alberta College.

But one of the things more important to my heart— Because from my own personal perspective, I really don't like to dwell on my own personal grievances. Because when I look at the awful treatment, the criminal negligence, and perhaps even worse than criminal negligence that patients have suffered—patients who have died because of COVID hysteria from medical professionals—these people have suffered far worse.

And the two cases I wanted to touch on today was one case of a 47-year-old father of five who was transferred to Edmonton hospital, the University of Alberta. So one of only two university hospitals in Alberta: one is the University of Calgary, one is the University of Alberta in Edmonton. And the emergency doctor, without any medical reason— And I poured through this patient's medical record for hours looking for some, any indication why a 47-year-old with no prior lung problem,

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with oxygen saturations of 93 per cent throughout the airplane transfer flight before being sent to Edmonton. And while in the emergency department in Edmonton, this patient was awake, alert, responsive, with pre-physical signs of having enough oxygen to sustain all the normal activities of life. And yet for some reason Dr. Craig Domke—and I named his name because his name needs to be mentioned—put this healthy 47-year-old, whose only medical issue was that he was suffering from a COVID-19 pneumonia. Stable vital signs, adequate oxygenation, Dr. Craig Domke put him on a ventilator.

And this was in November of 2021, after there was almost two entire years of evidence showing that ventilators caused harm in COVID pneumonia. Therefore, unless somebody had inadequate oxygenation there is no reason to put someone on a ventilator, which in most cases according to the scientific evidence, hastened the decline and deterioration of patients with COVID pneumonia.

Yet that wasn't the end of it. After the patient was put on a ventilator for no medical reason, an infectious diseases specialist from the University of Alberta—this is the ivory tower of medicine in Alberta— Dr. Brittany Kula put this 47-year-old man on a medication called baricitinib, a medication that is no longer used by rheumatologists because it has such deadly side effects of blood clots. This medication was originally developed to reduce inflammation in the lung that some rheumatoid arthritis patients get. For some reason, this subspecialist of internal medicine, Brittany Kula, put this patient on baricitinib for no medical indication.

The patient had stable oxygenation before being put on a ventilator. And while the patient was on the ventilator in the emergency department, his oxygen saturation remained stable. If this doctor had literally done nothing, this patient would probably still be alive today. A day after being taken off the ventilator, five days after starting baricitinib, this 47-year-old without any prior lung problem died. And the autopsy shows massive bilateral—that is both sides—blood clots in his lung: the exact black box warning that is on the medication, baricitinib.

From my perspective, if multiple individuals—the emergency doctor, Craig Domke and the infectious diseases doctor, Dr. Brittany Kula—took action that hastened, that resulted in, the death of a patient, and they had no medical reason to start the medication baricitinib or put the patient on a ventilator? To me, that appears to be a homicide. Yet as far as I last checked on the Alberta Health Services website, neither Alberta Health Services nor the Alberta College is investigating either of these two doctors in the death of a healthy 47-year-old patient. Yet I have been put through the wringer—being investigated by Alberta Health Services and the Alberta College—and all three of my patients survived.

Where is the justice in that? Individuals calling themselves doctors working in the ivory towers of medicine take actions that result in death, no investigation? But you save three lives and you get investigated and run out of the medical system? It's as if this public health care system that I've known for my entire life has turned into a death care system.

But the criminality does not end there. That's just one example in Alberta. In British Columbia, the head of ICU in Trail Hospital in BC, Dr. Peachell: Seven days after a 69-year-old woman

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recovered from COVID pneumonia, she was seven days off of a ventilator. Remarkably, she survived COVID pneumonia despite being on a ventilator. Was put on a T-piece, which is one of the recovery surgeries where they have you breathing through a little port in your neck that they put in any situation where a patient needs extended mechanical ventilation. This patient recovered to the point where she was off the ventilator completely for seven days. Dr. Peachell then orders the patient to get the Pfizer mRNA injection. This is with the background knowledge of an internal medicine specialist who is the head of internal medicine at Trail Hospital.

Every family doctor, every medical student even, knows: You never give any vaccination while a patient is still ill. This patient was less than a week off of a mechanical ventilator and the head of ICU orders an mRNA injection for COVID-19.

Four days after ordering this deadly injection, the doctor, Dr. Peachell, makes a verbal order to the nurse to remove COVID-19 vaccination from the medication administration record. Unless I had seen this medical record with my own eyes, I would not believe that any doctor would be so criminal as to try and forge and remove a medical record that showed evidence of deliberate harm to a patient who just recovered from a ventilator.

Later that week, the patient died. As far as I know, Dr. Peachell in British Columbia, head of the ICU, still has his British Columbia medical licence and is practising.

### **Wayne Lenhardt**

Okay, I think at this point I'm going to ask the commissioners if they have any questions of the doctor.

Yeah, Ken.

**Commissioner Drysdale**

Good afternoon. If I understand your testimony correctly, you had three elderly patients and you administered a protocol for COVID-19 and each and every one of those three patients got well and survived. Is that correct?

**Dr. Daniel Nagase**

That's correct. I had to supply the ivermectin to the patients because Alberta Health Services refused to dispense ivermectin to the patients. So I had to supply the patients directly for themselves so they could take the medication on their own, as nurses in the hospital refused to administer the medication and do their job.

**Commissioner Drysdale**

And those patients— Prior to your treatment you said they were probably a few hours or days away from having to go on a mechanical ventilator. Is that also correct?

**Dr. Daniel Nagase**

In my emergency department knowledge and having examined and listened to their lungs, they were approximately four hours away from needing life support: that is, having a mechanical ventilator try and put enough oxygen into their lungs because they were not able to get enough oxygen into their lungs through laboured breathing, through their own—

**Commissioner Drysdale**

So you were— And I apologize for kind of jumping in, we're on a tight schedule I'm told. And you were punished for doing that.

**Dr. Daniel Nagase**

Yes.

**Commissioner Drysdale**

We seem to have a lot of testimony from Alberta.

And have you got any commentary on the lady that testified here in the last several days? She was waiting for a transplant, which I'm not allowed to say what it was, but she's waiting for a transplant in Alberta. And the doctor— The hospital is refusing to give that lifesaving transplant unless she takes the COVID-19 vaccine. And not having that transplant is likely going to result in her death.

Can you comment or contrast that to what you've gone through?

[00:25:00]

**Dr. Daniel Nagase**

From what I've witnessed reading medical charts of patients, it is a consistent—I have no other word to describe it other than “criminality” or “homicidal.” These injections are

known to be unsafe, known to have deadly side effects. And to try and coerce a patient, “Take one deadly medication, or die,” that’s criminal. I have no other way to describe it.

For the head of an ICU to give a patient a substance that— Every medical student, you should never give any vaccination when a patient is still recovering from an illness. And to deliberately do so with foreknowledge and then to try and tell a nurse to remove the record of COVID-19 injection from a patient who already has COVID-19 antibodies and is still in the recovery phase, and then the patient dying? That is criminal.

For an emergency doctor— I don’t care how tired an emergency doctor is at 2 a.m. If a patient is talking to you and has oxygen saturations of 93 per cent, you leave them alone. You say, “I’m going to come back and check on you in half an hour, while I see all the other emergency patients to make sure no one else in the department is critically ill or dying.” The number of times I have put somebody on a mechanical ventilator who is able to speak a full sentence in my entire career is zero.

And the doctor, Craig Domke, in his own emergency department note, says a time out was made for a compassionate phone call to the patient’s family. So I talk to the patient’s wife. Yeah, the doctor didn’t call the wife. The patient himself called the wife. And his last words to his wife was, “They are putting me under,” all spoken in one breath. Anyone who can speak a full sentence in one breath does not need a mechanical ventilator. And yet that’s exactly what Craig Domke did.

And once the patient was paralyzed, on a ventilator, unable to refuse a dangerous experimental medication, baricitinib, Dr. Brittany Kula, infectious diseases specialist at the University of Alberta in Edmonton, comes along and orders baricitinib. And guess what? Five days later, the patient is dead from the exact black box warning for baricitinib.

**Commissioner Drysdale**

I just want to—

**Dr. Daniel Nagase**

I only have one description for this type of behaviour.

**Commissioner Drysdale**

I only have a minute or so left. My next question has to do with informed consent. Is it permissible under informed consent to withhold treatment in order to get the patient to agree to a different procedure? In other words, can you say, “I will not give you this operation unless you do XYZ,” unrelated to that operation?

**Dr. Daniel Nagase**

Well, I’d go one step higher than informed consent. That’s just unethical. It’s completely immoral. I know people get fixated on catch terms in ethics like “informed consent.” The CMA [Canadian Medical Association] Code of Ethics is pages and pages of, I hate to say it, drivel. Ethics is simply morality. There’s no such thing as medical ethics. There’s just ethics, based on morality, which is based on reason, which is based on humanity.

There’s no different ethics for medicine and a different ethics in a church. All ethics is based on humanity. And to say that, “Well, informed consent is a special subset of ethics,” no, that



is wrong. Ethics is simple. It's right versus wrong. And to try and coerce someone upon the threat of death or harm that you aren't going to get this medication to save you unless you take this deadly injection? That is just wrong.

[00:30:00]

And I don't want any party to try and claim, "Well, informed consent was denied." Because by using the term informed consent, it's almost like, "Well, they didn't commit a real crime of coercion, coercion, threat, extortion. Oh, they just made a violation of informed consent."

I'd like us all to get rid of that term and call it for what it is. If it was a thug on the street that said, "Take this cocaine or else I'll shoot you," that's basically what medical doctors have been doing here in Canada in the public health system, getting paid for it, with the mRNA injection.

Let's call it for what it is: an actual crime. Not an informed consent violation, an actual crime.

**Commissioner Drysdale**

Thank you. Thank you, sir.

**Wayne Lenhardt**

Are there any other questions from the commissioners? Any more questions? No.

Okay, any last words?

**Dr. Daniel Nagase**

If I could summarize just briefly, you know, a big concern for me is: How is it that colleagues that I've worked with for years have come to do such awful, unconscionable acts? And as far as my deep soul searching and trying to figure out my colleagues has gone, thus far I've boiled it down to three issues: fear, a lack of reason, and obedience.

And that combination of fear—fear of losing your job, fear of not making enough money in a year—is combined with a lack of reason and this unreasonable blind obedience to hospital administrators and policy that every doctor knows will cause harm to their patients.

And yet between the fear, the obedience, and the complete lack of reason causing a complete lack of morality: this is a deadly triad resulting in the deaths of mothers, fathers, men, and women. And this is— This is unbelievable.

**Wayne Lenhardt**

We're getting close to our time limit. But yeah, I'll add— One more thing is that I think this is the mark of a profession, where you are able to make an informed decision within your profession without having somebody else tell you exactly how to do it.

Anyway, in any event, thank you for your testimony today on behalf of the National Citizens Coalition [sic]. Thank you again.

**Dr. Daniel Nagase**

Thank you for having me on.

[00:33:33]

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

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