



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

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EVIDENCE

Witness 2: Kim Hunter

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[00:00:00]

Stephen Price

Good morning. My name is Stephen Price. I am a lawyer, locally, and a volunteer to try and assist in this process today. We have a witness. The lady is Ms. Hunter, Kim Hunter.

Kim Hunter

Correct, yes.

Stephen Price

Excuse me?

Kim Hunter

Yes.

Stephen Price

Okay. Ms. Hunter, you're here to provide, I guess, an outline of your background and why you think this is important to testify today?

Kim Hunter

Yes. That's right.

Stephen Price

Okay. We'll try to keep it short, obviously, but you're here to testify and to tell the truth as you understand it.

Kim Hunter

Yes.

Stephen Price

Okay. What is your background, ma'am?

Kim Hunter

I'm an early childhood teacher. I taught in the classroom for over 20 years.

Stephen Price

Okay.

Kim Hunter

I now teach teachers and mentor, and I've had practicum students in my class for the last 15 years prior to my stepping out of the classroom.

Stephen Price

Maybe a sensitive question, but how long have you been doing that, ma'am? How long have you been doing that?

Kim Hunter

I've been teaching children, I did— Do you mean teaching teachers or teaching children?

Stephen Price

Both.

Kim Hunter

I've been working in early childhood since 1998, so that's 25 years.

Stephen Price

Okay. And what brings you to see the Commission today? What's your understanding of your input?

Kim Hunter

My input is to look at mask use on children and the implications of that.

Stephen Price

Okay. Can you explain why it's important to you and what your observations were?

Kim Hunter

Absolutely. When I was a child, I had a personal problem with masks. I couldn't even wear a Halloween mask without passing out. So when masking became something that I noticed in Canada, I became concerned about it because I thought, "Well, am I really at risk of getting this disease? Is there any validity to this?" And I started looking at the research, and the research all said masks did not work to prevent the spread of viruses. And as there was a change in the direction, we saw people starting to wear masks and eventually I could see the mandates were going to come into place. I started to get very concerned and speak out on it. And I was ostracized in my community for that. But I started to look at the broader context of mask use, specifically as it was oriented to children.

Stephen Price

Okay. In terms of the ostracization, how was that affecting to you? What happened to you that you could tell us about?

Kim Hunter

Oh, I was thrown out of my grocery store. I live in a small island community. And on the first day of the mask mandates in the Province of British Columbia, I didn't know that the mandates had taken effect in our region. I had heard they were going to be implemented in parts of British Columbia that I didn't live in. And I just went into the grocery store, and I was surrounded by employees and asked to get a note from my doctor. Took me a week to get to see my doctor. I did get a note.

I had written letters to the paper that were published. And it was pretty interesting to see how the local media dealt with that. So, for example, they printed only letters in response to mine that opposed my perspective. And over time, I came to find out that many people had written letters that were actually supporting my position. And some of those people were medical nurses and doctors and scientists.

Stephen Price

[Inaudible: 00:03:46] in regards to children.

Kim Hunter

Well, I'd like to bring in my testimony. Can I move to my slides at this point? [Presentation exhibit number unavailable.]

Stephen Price

Yes.

Kim Hunter

So there's just three basic points I'm going to make. The human rights protections that are in place to protect children from mandates is the first thing that I'll cover. And then I'll look at the impacts of children being obliged to wear masks, and also the impacts on children when people in their environment are wearing masks.

Stephen Price

Carry on.

Kim Hunter

So children's human rights are covered under the United Nations Convention on the Rights of the Child [CRC]. These are all things that are in this convention: The best interest of the child is a primary consideration; the right to survival and development; the right to express their views on matters that affect them; and the right of all children to enjoy all of the rights of the CRC without discrimination.

So the UN Declaration on the Rights of the Child

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endorses in its preamble to the CRC— This is a quote, it says, "The child, by reason of his physical and mental immaturity, needs special safeguards and care."

For me that was really significant because I knew that as a child, I myself would not have been able to wear a mask. And for me, that's an indication that I'm not going to be the only person like that.

So it's our duty to abide by the strict legal obligations to protect children from harm. The WHO and UNICEF supposedly advocate the do-no-harm principle with regard to mask use for children by prioritizing the best interest, health, and well-being of the child. The health and well-being are really significant with long-term mask use in either way: either the child using the masks or there being masked people in their environment.

There are liability implications for decision makers. Making mandates for children must be supported by durable evidence that mandates do not impair children's physical, psychological, and psychosocial well-being. That has not been proven for mask use or other mandates.

The impacts on the young child being made to wear a mask, many of them are very similar to what adults would say we experience. There's strong evidence of the relationship between mask use wearing and difficulty breathing; hypoxia, which is low oxygen levels; high levels of carbon dioxide; increased heart rate and humidity; high systolic blood pressure, which is typical in activities that are anxiety-raising, such as speaking in front of this Commission, but also in terms of cardio exercise. That's particularly important for children because children have to move. In order for their brain and their physiology to develop, they have to be able to move, to run, to play, to move. So additional issues include high bacterial, viral, and fungal infections such as pneumonia.

These are some examples. This is in my classroom. The children lining up to climb up onto a stool and jump off. The children running. They just wanted to run all the time. Pulling a toboggan up the hill would be much harder with mask on.

Clinical symptoms of mask wearing include headaches, fatigue, shortness of breath, skin conditions, psychological effects, cognitive difficulties, and dizziness. High levels of CO₂ reduce blood pH, which may lead to long-term disorders such as cancer, diabetes, dental issues and neurological disorders. [Exhibit VA-14]

A person wearing a mask isn't supposed to touch it. A previous speaker spoke on that. The mask is then considered to be contaminated and it's supposed to be thrown away. Children cannot be expected to control themselves in this regard. It's unreasonable, especially young children.

So what happens to the child's development when the child is largely exposed to people who are wearing masks? And again, our last speaker spoke on this a little. He alluded to it. But the significance of bonding and attachment is diminished or not possible if the adults are nursing or bottle feeding a child, for instance. And this starts at infancy. It is the eye contact, the voice recognition—and that's especially for the mother—but also for other people, the father and other family members. Their voices are heard in utero, but when they're heard in real life, they make this connection. And this is really the foundation of social and emotional growth and both active and passive communication.

Mother nature, it's very clever. The best way—distance—for a child to be able to take in the facial expressions is in breastfeeding. And bottle feeding, if it's being done in the arms of a person, will provide that same experience.

So young children learn through imitation, and they need to see people's facial expressions to learn the nuances of human communication.

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This is pivotal. I don't think we can really just brush over this. If you watch children play, you will see that their play is dictated by what they see and experience in their environment.

When people wear masks, communication cues are quashed and learning by osmosis is not possible. The mouth can't be seen. The sound is muffled, making learning language more difficult. I'm sure as adults we can also experience this. I mean, I've certainly had to ask people and—sort of embarrassed from time to time—I've had to say, "Can you please speak louder? I'm not understanding you." But I have a grasp of the language. Infants and toddlers are trying to grasp a language. When that process is blocked—and especially with something like masks—we're actively inhibiting that possibility. The neural pathways are formed for language very early in life. This is why people who have not learned a second language often have an accent. It's very hard to get rid of an accent later in life. But for a child, they have to develop their own language, their own mother tongue, and that's inhibited when they don't see the face of the people around them.

Unfortunately, this is kind of scary, but studies are showing a 20-point drop in the IQ of toddlers who were born in the first three months of the lockdowns in 2020. That's huge. That's a substantial drop. And I think a lot of it is because of the mandates—and probably most pointedly, the mask mandates—when we're looking at toddlers.

It is my position that masks should be voluntary and that ideally children aren't exposed to people wearing face masks. And a mask should never, in my opinion, be put on a child. That's the end of my testimony, and I'd be happy to take questions.

Stephen Price

Are there any questions from the Commissioners?

Commissioner Drysdale

Ms. Hunter, thank you for coming by this morning. Can you tell me, have you ever testified in front of a Commission like this before?

Kim Hunter

I've never even heard of another Commission like this before. I have been in court before.

Commissioner Drysdale

Do you feel nervous and uncomfortable sitting in front of us for the first time?

Kim Hunter

I feel a little edgy, especially because we're running late.

Commissioner Drysdale

Then why did you come and put yourself through this? Why would you sit before Canada, because this is being carried in social media across the country? Why would you come and put yourself through this uncomfortable and nerve-wracking situation?

Kim Hunter

For children. I haven't really heard a lot of people presenting on children. I'm not talking about it at the National Citizens Inquiry, but in general. I heard our public health officer—in fact, there's a fabulous clip that I could show you that the tech crew has, that's a two-minute clip of basic times when Bonnie Henry said masks don't work. They're all logged by date. And then there is a clip of her saying the opposite. And in fact, she actually said that she "never said that masks don't work. Masks do work." And they don't. There is no evidence that masks work for this brand of viruses.

Commissioner Drysdale

Did you listen to the testimony of the previous witness, who was before us?

Kim Hunter

Yes.

Commissioner Drysdale

How did it make you feel when he read the passage in her book where she said that well, she didn't really stand up and that she did what her political bosses told her to do, as my paraphrase?

Kim Hunter

That's probably true. That's probably exactly what she's doing. She's not standing up and she's definitely following orders from someone.

Commissioner Drysdale

What would your message be to all of those people out there—those teachers, those doctors, those lawyers—who are too nervous, who are thinking I would like to testify at the NCI, but they have not. What would be your message to them?

Kim Hunter

We need to testify. We have a committee called the Truth and Reconciliation for the horrible things that happened to Indigenous Peoples in this land. And I feel like this is the truth component of the horrors

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that happened to the Canadian population because of COVID mandates. What we're going to need coming forward is reconciliation.

Commissioner Drysdale

Thank you very much.

Commissioner Massie

Thank you very much for your testimony. I'd like to turn it around and maybe put a challenging statement. Masks do work: they do harm people. And it seems to me that we have not really take that into consideration. I've often heard people say that "children are flexible, they will adapt to anything," and so on and so forth. In my own experience, the one thing that really connects people, and turns them on or off, is a smile. How can you see people smile under a mask? What kind of impact could that have on the overall being of a children that is put in an environment where they have to be connected in order to learn from each other and from the teacher? What do you think the impact of not seeing a smile, day in and day out, could have as an impact?

Kim Hunter

I think this is a question, again, it goes back to the broader context of learning communication. Smiling is one thing—and it's probably the best part of being an early childhood teacher—the fun of being with children and watching them, see them grow and develop. Facial expression also teaches children about when things aren't good and that's important for them to know too. It's important for them to know when somebody's sad and how to work with that, when somebody's afraid and how to calm them.

But there is a specific thing called mirror neurons, and it's to do with the mirroring that they see in their environment. And I think all of us are subject to this in one way or another, but young children are particularly so. And so you'll see a baby who is pre-verbal: they might be babbling, but if you go and smile at them, they're going to smile back. Sometimes you'll see an adult cry and they're crying for joy, but the child will cry. And they don't understand that distinction: It's just an imitative force in them as they learn what that is, what communication is. And so then it has to be explained, "Oh no, mommy's crying because she's so happy that—" whatever the story is. But you know, this is how we learn communication. So I think not being exposed to full opportunities to receive communication at a very early age is extraordinarily detrimental.

Commissioner Massie

My second question is, how is it possible that people—a lot of people working in education—would ignore that by thinking that magically depriving children from this very important aspect of communication would probably be okay?

Kim Hunter

You know at the beginning of the pandemic when I looked up the mask research, everything said that they didn't work. And that changed. Like they took the old studies down—the studies that were tried and true—and they replaced them with studies that said that they worked. So I think probably by the time average teachers looked into mask use in classrooms or tried to find data, it would have been reflecting something that was put there, in my opinion, by the government narrative, in a direct or indirect way. Because it doesn't— There's no explanation for why there could be 30 years or more of mask research that exemplified that masks do not work for the spread of viruses and then have all of that research thrown away and replaced.

Commissioner Massie

Thank you very much.

Stephen Price

Thank you, ma'am. Thank you for taking the time to come and testify and provide your views to this Inquiry.

Kim Hunter

Thank you.

[00:20:13]

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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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