



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 6: Dr. Charles Hoffe

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Stephen Price

Good afternoon. My name, again, is Stephen Price. I'm a local lawyer who is a volunteer to assist. We have as a witness this afternoon, Dr. Charles Hoffe. Dr. Hoffe is a medical doctor practising in the Province of British Columbia who has had serious impact on himself due to COVID.

Dr. Hoffe, you're appearing today, do you promise to tell the truth and explain what your story is to us?

Dr. Charles Hoffe

I swear to tell the truth, the whole truth, and nothing but the truth, so help me God.

Stephen Price

There's a bible somewhere. Don't worry about it. Dr Hoffe, could you please give us a quick outline of your education and qualifications, please.

Dr. Charles Hoffe

Yes. I'm a family practitioner and trained emergency room physician. I did my medical training in South Africa. I have worked in South Africa, in the United Kingdom and in Canada as a family doctor and as a rural emergency room physician. I've been in Canada since 1990 and in British Columbia since 1993.

Stephen Price

I gather when COVID started, you were working in Lytton?

Dr. Charles Hoffe

Yes.

Stephen Price

What were your duties or occupation there?

Dr. Charles Hoffe

I was the town's only resident doctor. I have been the town's only resident doctor since 2004. So I'm a hardcore rural GP and emergency room doctor, and so I did more emergency room shifts than anyone else. I did have other doctors that would come and assist me to give me a break, but I was very dedicated to the protection and the healthcare of our community.

Stephen Price

I understand you're no longer working as an emergency room doctor.

Dr. Charles Hoffe

That is correct.

Stephen Price

What happened?

Dr. Charles Hoffe

Let me go back to the beginning and weave that into the story because I think my testimony of what happened to me and my patients in this pandemic reveals a great deal of what has gone so seriously wrong.

Stephen Price

It is your testimony, sir. Please proceed.

Dr. Charles Hoffe

People need to know that there has never been any successful vaccine made against coronaviruses. And so when the first dangerous coronavirus appeared in 2002—which came out of Wuhan in China, which was called the SARS virus—following that, scientists tried to make a gene-based vaccine against it because all previous conventional vaccines against coronaviruses had failed to either be safe or effective. So they tested this on laboratory animals: ferrets and mink and other animals that are very susceptible to coronaviruses. And so they developed a gene-based vaccine, which they tested on these laboratory animals. And when they took blood from these laboratory animals that had been vaccinated, they found they had antibodies to the coronavirus. And they realized that they had discovered a brilliant, new, cheap and effective way of making vaccines.

However, several months later, when they challenged these laboratory animals with the infectious organism that they had been vaccinated against, they found that these laboratory animals became extremely sick and many of them died. So this new type of vaccine turned

out to be a complete failure. In fact, what they had created was not a vaccine but an anti-vaccine because instead of protecting those animals against this new virus, it actually made them more vulnerable than if they had not been vaccinated. And the reason why I'm telling you that is that I'm going to show you what has happened to Canada, and exactly the same thing has happened here.

So when I heard that they were again using gene-based vaccines against SARS-CoV-2—the second SARS virus—I was not filled with hope or confidence because I knew that the previous efforts had been a disastrous failure. And when I heard that with the new vaccines, they weren't even doing animal trials, I was even more concerned. When I realized that they were rolling this out with no long-term safety data—The shots had only been tested on a select group of relatively healthy adults: no children, no pregnant people, no frail elderly, no First Nations people, a lot of demographic groups that had literally not been tested on at all. And it was warp speed technology, which is a disaster for any vaccine and, particularly, for a brand-new technology

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that had no history of safety or effectiveness. So two and a half months into the vaxx rollout, when 12 countries in Europe had already shut down the AstraZeneca vaccine because of life-threatening blood clots—and Canada was continuing to barrel on with it because Trudeau said, even though it wasn't safe for the people of Europe, it was fine for Canadians—I thought that this was a significant safety signal that we could not afford to ignore.

And so I sent an email to a group of medical colleagues—doctors, nurses, and pharmacists—in the Lytton-Lillooet area of southern British Columbia saying, “We have reached a turning point in this vaccine rollout. There is a serious safety signal in Europe, and for any health care practitioner to administer these shots without informing the people of the risk of harm, there is a serious liability issue for those people because there is no informed consent.” I sent this as a private email to 18 colleagues. One of those people sent this to the regional health authorities. And three days later, I was in a meeting with my superiors there who told me that I was guilty of causing vaccine hesitancy and that that private email was being sent to the College of Physicians and Surgeons as a complaint because I was putting people at risk by creating vaccine hesitancy: I was told that I was not allowed to say anything negative about these vaccines in the course of my work as an emergency room doctor. And I was told that if I had any questions about them, the questions were not to be directed to my colleagues but to the medical health officer in charge of the vaccine rollout for our area. So I accepted my reprimand.

I then began to see very serious neurological problems arising in my own patients. I had been these people's family doctor for 29 years. I knew them very well. And when I saw new disease processes initiated in these people that I had no explanation with—that all started anywhere up to 72 hours after their shot in every case—I sent a letter to this medical health officer that I had been told to direct my questions. And I asked them, “What disease process was being initiated by this gene-based therapy and how, as these people's doctor, should I be treating it?” And I asked, “whether it was ethical to continue this vaccine rollout in the light of the evidence of harm?” And the silence was deafening. That letter was sent as a complaint to the College of Physicians and Surgeons.

So I then drafted a letter to Dr Bonnie Henry, where I essentially set out the number of people that been vaccinated and the number of people from that group that had neurological problems, and I gave an exact breakdown of the risk of neurological harm. And

it might interest you to notice that the CAERS data, which is the Canadian Adverse Event Reporting System, records neurological injuries as the top category of injury, and that is exactly what I was seeing. I was also seeing lung and heart problems and skin problems and other issues. But neurological problems was number one.

So I sent a letter to Dr Bonnie Henry where I asked many of the same questions. And because I was warned that she doesn't reply to letters, I was told that I had better make it an open letter because it was just going to go straight into the shredder if it just went to her. So it went as an open letter and attracted international attention because at that point, the Moderna vaccine had not been incriminated for causing neurological harm and all of my initial problems that I was seeing were all from Moderna.

So the matter was referred to a vaccine safety specialist, and I was offered a telephone meeting with this top vaccine safety specialist appointed by Dr. Bonnie Henry. And I asked this vaccine safety specialist all the same questions, "What disease process has been initiated in my patients to cause all these problems?" And she assured me that these were not from the vaccine: that these were all coincidences or if they weren't coincidences, were from poor injection technique. In other words, the needle was incorrectly positioned in the deltoid muscle. And I said, "But these symptoms are all over the rest of their body. It cannot be from a misplaced needle. That is logically and scientifically and medically absurd."

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But she assured me that these were not from the shot; these shots did not cause neurological problems. So I said, "Well, there is a crisis because my patients didn't have these problems before. Please, would you assist me to investigate what is causing this?" And she said, no, she could not. The only thing she could do was to send me the link for the vaccine injury reporting form—that they should be reported. And I said "Well, I've already got the vaccine injury reporting form. I want this investigated." So she said that she could not assist me with that. So I said, "Okay, if I submit vaccine injury reporting forms, will those trigger an investigation?" She said, "No, they will simply become statistics." So I realized that at the highest level, there was a denial of these safety signals—that they did not want to know about safety signals. Because this made absolutely no medical sense. Every doctor's highest priority should be the safety of their own patients. So I realized that I was essentially going to be on my own trying to figure this out.

About five weeks after I'd received my gag order that I was not allowed to say anything negative about these shots in the course of my work, a vaccine-injured patient came into the emergency room. It was a Saturday evening. I was on call for the emergency room. The nurse phoned me at home and explained that this patient had come in and what their symptoms were. And I said to her, "I know that patient very well. She had COVID; she and her whole family had COVID five weeks ago, and it was a very minor illness for all of them." And now she is far more sick from the vaccine than she'd been from COVID. "Please, will you tell her she doesn't need her second shot. She has natural immunity, and the evidence for that is that when she got COVID, it was very mild. That means she has natural immunity. Please tell her she doesn't need her second shot." And I explained to that nurse the evidence from Duke University in Singapore that was done in the first year of this pandemic. That was very important research, and I'm going to go through it quickly now because everyone needs to know.

When this new virus appeared, no one knew how long natural immunity would last. And the health authorities tell us it's a couple of months. Well, these researchers realized that when you've got a brand-new virus, you can't know how long natural immunity is going to

last because it's a new virus. So the best shot at finding out would be to look for natural immunity to the first SARS virus that came out in 2002 because that was 17 years before and would tell us how long natural immunity to a SARS virus would last. And so in Singapore, where there was a lot of that first SARS virus in the Far East, they recruited people who had recovered from that first SARS virus and asked them if they could take blood from them to see if they were still immune. And they found that they were still immune 17 years later. It was not antibody immunity; it was T cell immunity. So looking for antibodies is the tip of an iceberg; this is T cell immunity.

And then they tested members of the general population there to see— So if these people that had this first SARS virus were still immune to it 17 years later, what about the rest of the population that never had it? And they found that 50 per cent of them—this was near the beginning of this pandemic—had natural immunity to it from the other coronaviruses that circulate every flu season: it was cross-immunity. And then they tested those people who had natural immunity to the first SARS virus to see if they were immune to COVID and they found that the natural immunity covered COVID. And so the relevance of that—the two viruses, the first SARS virus and the second SARS virus, were 20 per cent different genetically. And so the importance of this is that if your natural immunity is good enough to defend you against a variant that is 20 per cent different, it will protect you against every variant of SARS-CoV-2 because even Omicron—which has 30 mutations making it different—is only 3 per cent different.

I explained this all to this nurse and I said, “On the basis of this, please will you tell this patient that she doesn't need her second shot?” And the nurse told me that she was not allowed to tell anyone that they didn't need a shot. So I said, “Okay, I'll tell the patient.”

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On the basis of that, I was fired from the emergency room. On the basis of that conversation—to say that somebody who was vaccine-injured and had proven natural immunity didn't need a COVID injection—I was fired. After 31 years as an emergency room physician with not one single patient complaint against me in those 31 years, I was fired for saying that somebody who had natural immunity didn't need to be vaccinated against a disease to which they were already immune. Fortunately, I still have my medical licence, even though I lost a significant part, at least 50 per cent of my income, and I couldn't work as an emergency room doctor anymore. I still had my private practice. So I continued on. But I realized that I needed to try and find out how to help my patients.

So when I discovered from the biodistribution studies that Pfizer had hidden—that we knew that these vaccines go around your entire body, they do not just stay in your arm. Pfizer's biodistribution studies on the lipid nanoparticles show that they literally take those messenger RNA strands into every part of your body: they go into your brain and your lungs and your heart and your liver and your reproductive organs and your bone marrow, and everywhere. Which is, by the way, why these COVID shots have caused a greater array of side effects than any other medical treatment in history because this toxic spike protein ends up in literally every part of your body without exception. It has broken all records for the most unbelievable variety of disease processes that it causes.

So when I discovered that this vaccine doesn't just stay in your arm—it goes everywhere, into your brain and everywhere—I realized that because most of the absorption from your vascular system occurs in capillary networks, that's where most of the spikes are going to be. Those spikes are going to be manufactured in your body in the cells that surround your blood vessels and mostly the capillaries because that's where the blood slows right down

and that's where absorption happens in our bodies. Knowing that those spike proteins are now going to make the surface of your cells rough and spiky—because that's what the spike protein is. It is the cells that make up the viral capsule of a COVID virus: that's what gives the coronavirus its characteristic shape—these little spikes that stick out all around. And so I realized that the lining of your blood vessels in your capillaries is now going to be rough and spiky. And so I thought, well, as sure as smoking causes cancer, these spikes in the vascular endothelium are going to trigger clots. But most of the clots are going to be in the tiniest vessels where you may not even know they're there.

So I realized that the only way to discover whether or not this clotting was occurring was to do a blood test called a D-dimer test, which is frequently done in the emergency room on any patients that a doctor thinks may have a blood clot somewhere in their body. So as my patients would come in for their appointment, for whatever it was, I would ask them if they'd had their COVID shot and how was it going? Because I was trying to figure out how many people were being harmed by this. And so I was asking everyone that came in, "Have you had your shot? And if so, how did it go?" And I was trying to find people who would be willing to have this D-dimer test before their COVID shot and then one week later: so that I had a baseline; so that I had a control on every patient. And when I had literally got the first eight people's blood work back, and five out of the eight had a positive D-dimer, I could not keep silent.

And I had an interview coming up with Laura-Lynn Tyler Thompson, and she asked me what I want to talk about. And I said, "I want to tell you what's happening to my patients." And I told her that at that point—it was only eight people's results I'd got back—that 62 per cent had evidence of clotting from these vaccines. And these were not vaccine-injured people: These were people who thought their shot did no harm. These were people who thought this shot was keeping them safe, and five out of eight had positive D-dimers. That interview took off like wildfire around the world.

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It's now been subtitled into many languages that I do not recognize. But it created—it sort of blew the lid off this rare clotting thing.

So, tragically, shortly over a week later, our town and my medical practice and the lab where all these tests were done was burned to the ground in the Lytton fire. So that was the end of my research: I was in my office seeing patients and I literally just folded my laptop, I grabbed my D-dimer research, grabbed a few other things, and we ran out of the building and everything burned to the ground. Including the emergency room where I'd worked for all these decades.

So of course, the College of Physicians and Surgeons claims that my statement that this causes microclotting is misinformation. And I should just tell you that in total, I only ended up with 15 people, of which eight out of the 15 had positive D-dimers, which makes 53 per cent. In other words, more than half of people that I tested with a D-dimer one week after their shot— And there's no point in doing it months later, the D-dimer has gone back to normal. I did it, maximum of eight days was the cutoff, and more than half had the clotting.

And my concern with the clotting is that this is permanent damage. A clotted vessel never goes back to normal. It is permanently damaged, and the damage will accumulate with every shot. And the worst part was that these people had no idea that they had been damaged. So of course, the College claims that this is misinformation.

So I don't know if these slides are working. Can you see a slide on your screens?

David (Audio/Visual)

Which slide are you wanting presented?

Dr. Charles Hoffe

The third slide. It says, "Expression of spike protein detected in capillaries." Can you see that?

Stephen Price

Yes.

Dr. Charles Hoffe

Okay. As people have been dying after their vaccines, many pathologists have said they don't know why they died. And that was simply because they had no way of identifying these spike proteins. Spike proteins are not supposed to be in our bodies; they are not a human protein. So pathologists had no way of identifying them when they took tissue samples from people. They had no way of knowing if the spikes were even there.

[Expression of the spike protein detected in capillaries]

So a brilliant pathologist from Germany called Professor Arne Burkhardt figured out how to stain for a spike protein. And in this slide, if you can see it: the dark brown that you can see are spike proteins. So the slide on the left: you can see that is a small vessel where the lining is completely impregnated with spike proteins. And the slide on the right: you can see those parts of that vessel where the lining is smooth, where there are no spike proteins; that's what it's supposed to look like. And you can see wherever there are spikes—it is rough. And so it is absolutely inevitable that these clots will form.

Do you remember that we were told that the way out of this pandemic was to get everyone vaccinated? That was what was going to keep us safe. But what I want to show you next was that literally what has happened to Canada is exactly what happened to those laboratory animals that were tested with the vaccine against the very first SARS virus, where it literally— That so-called vaccine ended up working as an anti-vaccine and made them more vulnerable to the disease than if they had not been vaccinated. So what we now have is a pandemic of the vaccinated.

Is that slide working? What have you got on your slide? Is it good?

[The COVID "vaccine" is an Anti-Vaccine]

We literally have the pandemic of the vaccinated. So I'm going to show you the evidence that this so-called vaccine is actually an anti-vaccine and that it has increased people's risk: It increases your chance of getting COVID; it increases your chance of spreading COVID; and it damages your immune system to such a degree that you have a higher risk of hospitalization and death. And of course, the narrative that the public health keep telling us—that even though they now admit it doesn't stop you getting COVID, it doesn't stop you spreading COVID—they say,

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“It’ll keep you out of hospital, at least you won’t die.” And I’m going to show you the evidence for why that is absolutely false.

[Cleveland clinic study]

So this is a very important study that came out a few months ago from Cleveland, Ohio. This was a study done on health care workers: 51,000 health care workers that had had various numbers of COVID injections. And if you can see, there are five lines there. The bottom of the graph is the passage of time and they followed these people for three months to see who was getting COVID, and of course, the people that are getting COVID are the people who are spreading COVID. So the black line at the bottom is the people that were unvaccinated, zero doses of the vaccine: they were getting less COVID than anyone else. The next line up, the red line, is those that had had one dose of the vaccine. The green line, two doses. The blue line, three doses. And the top line, the brown one, were the people that had had the bivalent booster, the one that’s supposed to keep you the safest: they were getting COVID more than anyone else. There was an absolute direct linear correlation that the more shots you got, the more likely you would get COVID, and the more likely you would spread COVID.

[NSW Australia Hospital ICU Admissions and ICU Admissions]

So what about severe injury and death? This is from New South Wales, Australia, looking at hospitals. This is two bar graphs. The one on the left is a bar graph with four bars showing, again, the number of vaccine doses. The graph on the left: those columns are people in hospital. The graph on the right is people in ICU. So just for the sake of time and simplicity, let’s look at the one of ICU: the graph on the right. You can see the people that had zero doses—in other words, the unvaccinated—they were absolutely none of them in ICU. Zero. And literally, of the people that had one shot, very few in ICU. And literally, the more shots they had, the more likely they would end up in ICU. It was an exact linear relationship. The more accumulated damage to your immune system from these boosters, the more harm that you would have from this disease. This was functioning as an anti-vaccine, making you even more vulnerable.

[Canada’s Pandemic Curve to March 2023]

So what about Canada? So this is a graph from the Government of Canada that actually goes up to mid-March of this year. By mid-March, there had been 97 million doses of COVID vaccines administered to the population of Canada. We had 86 per cent of the population double-vaxed, and 56 per cent vaxxed and boosted. These are not COVID cases, these are hospitalizations: The yellow part of that graph are people in hospital with COVID; the pink or the plum-coloured part at the bottom is ICU. I’ve marked on there where the vaccine rollout began in mid-December 2020. And I’ve marked on there exactly one year later when—because of all of the fear propaganda—they had persuaded over 80 per cent of the population to have at least two shots. You can see what happened to the number of people in hospital with COVID once we had most people double-vaxxed. And you can see it’s never gone back down to what it was before.

Previously, before there were any vaccines at all, in between the waves we’d have almost nobody in hospital with COVID. It never goes back to that. This means that COVID is here to stay. We will never achieve herd immunity because of the damage done to people’s immune systems from these shots, and this graph is the proof of it. You can see that literally, it’s now endemic. This is not a pandemic; this is endemic because we will never— So many people have had their immune systems so damaged. And we know it’s not just COVID. People that have had these shots are constantly sick with almost everything because it goes to every part of their body.

[COVID Deaths in South Africa]

So let's compare Canada, which is a largely vaccinated country, to South Africa, which was where I did my medical training and where I was born. In South Africa, 70 per cent of the population refused these vaccines: 70 per cent unvaccinated. I've marked on that, 31st of March 2022,

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the pandemic essentially ended in Africa over a year ago—they had achieved herd immunity. Now, this is not COVID cases; this is COVID deaths. You can see that COVID deaths basically flatlined a year ago and has never gone back up. It continues.

[COVID deaths in Africa]

The next one is the whole of Africa. If you take the whole of Africa, that is almost the same as South Africa: This is a largely unvaccinated people. They're done with COVID; they're back to normal because they didn't take the shots.

This has been a public health disaster, like never before. And so I hope that this has been helpful just in terms of showing, tragically, what has happened to this country due to the rollout of what has turned out to be an anti-vaccine.

I'm open to questions if anybody has any.

Stephen Price

I did have one question. What happened in terms of the complaints to the College? If you don't mind me asking.

Dr. Charles Hoffe

No, not at all. I think I seem to hold the record for the most complaints that have all come from the doctors in the Interior Health and various others. Not a single patient complaint. The patient complaints are all from public health doctors who feel that I have put people at risk by creating vaccine hesitancy. I have a disciplinary hearing that is scheduled, that will be a ten-day trial. It was supposed to have occurred in February, but it was adjourned and a new date hasn't been set. It will probably be in November or December of this year. The fact that they have planned a ten-day trial I think is wonderful because I'm hopefully going to be able to show them a lot of very good scientific evidence and maybe help them to understand this. The evidence is overwhelming.

They have said, for example: that it is misinformation to say that these shots cause neurological injuries; that it is misinformation to say that these shots have killed a lot of people; that it is misinformation to say that they affect fertility. And the evidence from all around the world is enormous. And part of the tragedy with fertility is that, as I mentioned, the delivery system to get this spike protein into every part of your body was designed to, literally, take it to your reproductive organs as well. And we know that these spikes cause clotting and bleeding and gene editing. And they're highly toxic and highly inflammatory.

And so the evidence that so many women have menstrual irregularities after these shots; that the live birth rate in every highly vaccinated country has significantly declined since the vaccine rollout; that midwives and doctors have seen unprecedented numbers of miscarriages and stillbirths is huge evidence that this has affected fertility. But they've said that that is misinformation that this affects fertility. And Pfizer's own biodistribution study

showed that the ovaries were one of the top four organs where the spike proteins ended up. So the fact that they have wanted to give this to our children for whom COVID poses almost no risk. You know that there has not been one single healthy child under the age of 16 in Canada that has died of COVID. Not one. And yet they have been determined to vaccinate our children with this thing where so much of it ends up in the ovaries. To me, that is very sinister because it makes no logical or scientific sense. These children are not at risk from COVID. This is very sinister.

Stephen Price

Thank you, doctor. Do the Commission members have any questions?

Commissioner Massie

Well, thank you very much, Dr Hoffe, for this very enlightening presentation. Can you comment a little bit about the types or nature of neurological damage or injuries you've seen in your patients? And how does that compare to what is seen in other places in the world? Is it a similar pattern, or do you find differences?

Dr. Charles Hoffe

Yeah, I think the commonest neurological problems

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that people hear about are, firstly, the strokes. And strokes are also a vascular injury where you block a vessel or rupture a vessel and get bleeding in your brain. But of the neurological injuries—I only have two patients that had strokes after their shot. The commonest neurological symptom in my patients is actually pain—chronic pain. So for some people it's headaches; for some people it's pain in other parts of their body, in strange parts. I have one person who says the bottom of her feet has been incredibly painful since her COVID shot. But as I said, this was designed to literally go everywhere. I have three people in my practice where both hands are extremely weak: they cannot open a jar anymore. One of them had to change the door handles in her house from a round doorknob because even using both hands, she couldn't open her doors anymore, her hands were both so weak. And so for it to cause symmetrical weakness both sides, that means that this has affected your spinal cord. If it was your brain, it wouldn't be symmetrical. So these are spinal cord injuries in three of my patients. In some, it's light sensitivity. I had a 38-year-old lady who developed five cranial nerve neuropathies. The cranial nerves are nerves that control your face and your head that come directly out of your brain, not out of your spinal cord.

As I mentioned, when I had asked this vaccine safety specialist if she would assist me to find a neurologist that would investigate these people, and she told me she could not. And I said, "But I have phoned three tertiary hospitals to try and find a neurologist that I can send"—and at that point I had six neurologically injured people—I said, "These six people need to be investigated urgently." And she said she couldn't help me. And I said, "But I have phoned Royal Inland Hospital in Kamloops; I phoned St. Paul's; I phoned Vancouver General, where I speak to the neurologists. They all say, 'Sorry, we can't help you.'" And the key thing was, as soon as they heard this was from the vaccine, they go dead quiet on the phone and they said, "I'm sorry, this is not my field." And so I said to her, "What am I supposed to do?" And she said, "Don't tell them it's from the vaccine." Can you believe it? This is the top vaccine safety specialist in BC. And they had no interest in investigating what

disease process was caused. No interest at all. Their only interest was to get me to shut up. And I won't.

Commissioner Massie

And my other question has to do with the— You mentioned initially in your research that when similar types of vaccine were tested with SARS-CoV-1, and maybe there's been some also with MERS [Middle East Respiratory Syndrome], that there's been issues with injuries when the animal were challenged with the virus. In your practice, have you noticed that the injuries were following in patients that had previous COVID infection and then were vaxxed? Or is it unrelated?

Dr. Charles Hoffe

No, they are related. For example, that patient that I told the nurse to tell her she didn't need her second shot—she got way more sick from the shot than she did from COVID. And the reason why the two work together, it's the same poison in both: the poison is the spike protein; that is the toxin. I mean, the lipid nanocapsules are very toxic on their own. And the fact that they want to use those lipid nanocapsules as a delivery system for all these other mRNA-based vaccines that they've got coming—that is a very toxic delivery system because those lipid nanocapsules on their own cause a lot of pathology.

But what happens when a person has had COVID, they get exposed to some of those spike proteins. Then they get the vaccine and they get a whole ton more, which means they're getting more of the same poison. And that's why people who have had COVID who get vaccinated have worse vaccine injuries. They're getting more of the same poison. So the fact that they forced people who knew they had natural immunity—and the way you know you've got natural immunity is you get COVID and it's mild, your body had natural immunity.

There was very good research done by Dr. Steven Pelech, and others were involved in it, here in BC and here in Canada that showed one year into this pandemic, that 90 per cent of the population had natural immunity,

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to some degree, of COVID-19. Before there was any vaccine rollout at all, we knew that 90 per cent had natural immunity. In other words, for 90 per cent of the population, this was not a risk and yet they forced these people to be vaccinated. And now their immune systems are seriously damaged. And you've seen what that graph looked like of Canada's desperate situation now, where we have a pandemic of the vaccinated because all of these people who had natural immunity have had their natural immunity ruined.

Commissioner Massie

Was there an indication of these types of pathologies in the animals that were actually tested previously? Was there a hint that you could anticipate—that with the new vaccine when we would rollout the vaccine in human population?

Dr. Charles Hoffe

No. What they saw in those early laboratory animals was simply what's called antigenic enhancement or pathogenic priming where basically your body gets primed against this

thing, so when you then get exposed to it, it overreacts. And they went into a massive inflammatory state called a cytokine storm that basically either killed them or made them very sick. And so, that's slightly different from the spike proteins in the brain.

For example, the patients that I have that had ringing in the ears, dizziness— So these would be symptoms of spike proteins in your brain if you got this shot: headache, unusual tiredness, nausea, dizziness, light hypersensitivity, sound hypersensitivity, all of those would be evidence of spike proteins in your brain. And of course, now that some pathologists know how to stain for spike protein, we know it goes into the brain. It goes everywhere because they've got autopsy samples literally from almost every part of the body showing that these spikes go there. So this is very ominous that they chose a delivery system that took these spikes into literally every part of your body. You don't need that for a vaccine. For a vaccine, it should stay in your arm and that's where the antibodies should be produced. It doesn't need to get into your brain or into your heart or your lungs.

Commissioner Massie

I'm curious about your D-dimer that you've been doing to get a sense of what would be the frequency of these type of damages, even when people don't show any symptoms following the vaccination. I haven't seemed to be able to pursue these kind of D-dimer studies, but are you aware of other labs, either in Canada or across the world, that have tested or followed up on this D-dimer analysis?

Dr. Charles Hoffe

Yes, after I exposed what I had found with my patients, many other doctors around the world started doing the same thing, and particularly in emergency rooms. Where people would go into emergency rooms with vaccine injuries, they would then do D-dimers and find massively high D-dimer levels on vaccine-injured people. I was doing it on non-vaccine injured people; I was doing this on people who thought their shot did no harm. Because I was trying to find out— I was looking for hidden damage because that's what the capillary clots would be. They're hidden damage which will accumulate. It's permanent damage, but it will accumulate. Because we knew, very early on, we knew Trudeau had ordered enough shots, six for every Canadian—now apparently, it's nine—but they clearly were planning to give us a lot. And so I was trying to find out whether the damage was cumulative and of course, blood clotting damage is cumulative.

Commissioner Massie

So this could trigger different types of pathologies, depending on what capillaries would be affected and what organs?

Dr. Charles Hoffe

Yes.

Commissioner Massie

So it means that when you try to monitor the side effects, you will find different descriptions because it really depends on where it lands, right?

Dr. Charles Hoffe

Correct, yeah. So for example, I had one of my patients—he was a patient who had rheumatoid arthritis—who would walk three kilometres to my office every Wednesday for an injection that he would get for his arthritis, and that was part of his routine. Once a week, he'd walk three kilometres there and three kilometres home, and as soon as he had his first COVID shot, he literally could go a few hundred metres and he was done. He literally said he couldn't even do a quarter of a mile, and so I strongly suspect he got all the microclots in his lungs. And lung and brain and heart doesn't regenerate. Once you get clotted scar tissue in those organs,

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it is permanent damage, and it will accumulate with every shot.

I should mention to you just the other thing that I think is a really important thing. This vaccine safety specialist that told me the only thing she was willing to advise me was that I needed to submit vaccine injury reports. So the first six that I sent in— Literally the public health were putting out notices to our community saying that my allegations that anyone had vaccine injuries were false and that there was no evidence of harm. And one month after my letter to Dr Bonnie Henry, the College of Physicians put out a notification to all doctors, warning doctors that anyone that contradicted the public health narrative would be investigated and, if necessary, disciplined. This was their response to me revealing the evidence of harm—was to tell doctors that they were not allowed to reveal evidence of harm. You were not allowed to contradict the safe and effective narrative, otherwise you would be investigated and disciplined.

And so when people wonder why those people have believed what the media have told us, it's because doctors have been warned that they're not allowed to question the narrative. They're not allowed. They're too afraid. They have to feed their family. They don't want to lose their medical licence. They don't want to end up like me: under investigation. And so, this has helped push the narrative that "well, doctors seem to be all on board because they don't say anything." Well, they've been warned not to say anything.

So I ultimately submitted 14 vaccine injury reporting forms, and out of those, every single one was denied by public health. Every single one. They would send a report back to me saying these are not vaccine injuries, these are all coincidences, and this person needs their next shot. And they would phone up the patient and tell them that this is not from your shot, you need to get your next shot. So I discovered that it was impossible to report the vaccine injuries because they literally get censored by public health so that they can carry on telling everyone that the side effects are incredibly rare.

Commissioner Massie

Maybe one last question. You said that the investigation has been—well, the trial has been postponed. We can only speculate of the reason for that, but in your assessment, given that it's going to be months down the line, do you think that this will allow you to build a stronger case and the outcome will be more favourable?

Dr. Charles Hoffe

I don't think so because unfortunately they're not following the science. It is clearly apparent. The fact that they completely ignore all the safety signals means that they're not

interested in evidence. And you have to say, “Well, why does Health Canada completely ignore the safety signals?” You only have to look at, for example, the VAERS or the open VAERS in the United States. Because as I mentioned, the Canadian vaccine injury reporting system is a joke: you can’t even report, I mean, it’s a joke. But if you look at the American, the VAERS and the open VAERS, the vast number—I think it’s now over 33,000 people dead. And by the way, 50 per cent of those would have died within 48 hours of their shot, 33,000 dead. I think it’s about 65,000 people permanently disabled. If any other medical treatment had ever done that, there would have been an absolute— The media would have been all over it; public health would have been all over. It would have been shut down. Yet there’s literally crickets. They look the other way.

And if you want to know why they look the other way? Well the FDA gets 50 per cent of its funding from the pharmaceutical industry. Health Canada, over 80 per cent of the funding for Health Canada comes from the pharmaceutical industry. So guess whose tune they’re dancing to? This is a massive conflict of interest. No wonder they will conceal the evidence of harm. The pharmaceutical industry has done that for years. Pfizer holds the record for the biggest fine for scientific fraud and covering up evidence of harm in history: \$2.3 billion. The pharmaceutical industry, as a whole, has paid, I think I’m correct in saying, \$30 billion since the year 2000 for scientific fraud in court settlements and fines for scientific fraud.

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They are the most dishonest industry on earth. And yet Health Canada gets most of their funding from them. So if you want to know why does Health Canada ignore all the safety signals? Well, just follow the money. Guess who’s paying them?

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good afternoon. Thank you for your testimony. I’m just wondering if you can provide some insight into why the people of South Africa, 70 per cent of them, decided not to get the vax?

Dr. Charles Hoffe

People in Africa have known that their governments have been dishonest for many generations. In Africa, people don’t trust the governments, I don’t think in any African countries. They know that the government— The people go into politics for power and wealth, not because they want to be public servants and protecting the people. And so when the government tells them something, they, I think, have a bit more critical thinking and don’t just accept it at face value. I think perhaps that’s the reason.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Good afternoon. There’s a couple of terms that we’ve been using—and we hear it in a lot of the testimony—and there’s VAERS, which is a reporting system in the United States. As I

understand it, the government reporting system in Canada is called CAEFISS [Canadian Adverse Events Following Immunization Surveillance System]. And then you talked about a system called CAERS [Canadian Adverse Event Reporting System]. Now CAERS is not the same as the government reporting system, is it?

Dr. Charles Hoffe

No. It's one where patients can report their vaccine injuries. Because there are a lot of doctors that are very reluctant to report vaccine injuries because they don't want to be seen as an anti-vaxxer. My understanding is—and I would need to validate this—that CAERS is where patients can literally report their injuries.

Commissioner Drysdale

So CAERS is then a non-governmental system of reporting, and CAEFISS—the system that you tried to report to, where your reports were unvalidated, if you will, or said that they weren't true—that was the government reporting system that Health Canada told us was a strong reporting system to monitor the vaccine. Is that correct?

Dr. Charles Hoffe

Yeah. They kept quoting that that was the evidence that this was so safe. Because they'd given out so many doses with so few reported injuries.

Commissioner Drysdale

I have another curiosity about that. It's my understanding—or I grew up understanding—that when I came to your office and told you something about my medical condition that it was sacred: it was between the doctor and the patient. Is that correct?

Dr. Charles Hoffe

Yes, that is correct.

Commissioner Drysdale

Then how did the people from the CAEFISS system, or the government reporting system, review your patients' files and then talk to the patient outside of your relationship and tell them that they need to go get their vaccine? Isn't that a violation of that sanctity between patient and doctor?

Dr. Charles Hoffe

Well, on the forms, one had to put the patient's contact details. So in other words, a telephone number, and the idea was so that public health could look into it and deal with it appropriately. But their way of dealing with it was literally to just deny that it was from the vaccine.

Commissioner Drysdale

So are you telling us that public health has access to, and reviews, personal medical information of patients?

Dr. Charles Hoffe

Yeah, they wouldn't have access to that person's family doctor's medical records. But I would imagine that if you went into an emergency room or if you had some in-hospital treatment that they would probably have access to that. That goes into a database of what happens in government hospitals that I would expect that they would have access to.

Commissioner Drysdale

I wonder if patients are aware of that—that they don't have that

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sacred secrecy between the doctor and the emergency room and themselves, where they may or may not in the doctor's office.

Dr. Charles Hoffe

Yeah, so normally, public health wouldn't be able to access their family doctor's medical records. I still had paper files and I had paper charts in my office. I was mistrustful of electronic medical records. I couldn't understand why the government was paying doctors to change to electronic medical records. I didn't know how that was going to improve patient care or be in the patient's best interests. And so when all of my patients' records went up in smoke, a lot of my patients came to me and said they were very glad that their medical records went up in smoke because there were things in their past that they would like to leave in the past.

Commissioner Drysdale

In the charts that you showed that were showing the infection rates, and you showed the graph, and I think it started late in 2020 and it proceeded through to 2023. Now in my understanding from previous testimony that COVID-19 reportedly showed up in the world in the late part of 2019, was in Canada, the first reported cases, I think, January 2020. And then the government declared a pandemic in March of 2020.

Now it would seem to me—and I'm asking this question of you—that there was no vaccines in 2020, at least until December 15th or 18th, and the population most at risk had not been exposed to COVID-19 until 2020. I would have expected that there would have been a very quick rising peak in 2020 with no protection, no therapeutics, nothing else. But it seems from your graphs that there was no peak in 2020, and then the peak came out in in 2021 following the vaccines. Can you comment on that a little bit?

Dr. Charles Hoffe

Yeah, well, early on in this pandemic, we knew that the average age in Canada of people who were dying with COVID was 83. And that in the very first part of this pandemic, I think in BC, at least, about 80 per cent of all the people that were dying were in long-term care facilities or the old age homes. So the fact that they were shutting down schools when most of the people who were dying were already beyond normal life expectancy showed the absurdity of the mandates.

But I guess what I was just trying to show in that graph about— That we're much worse off since the vaccines were rolled out, that things were much better before there were any

vaccines at all. And in fact, if you can see the graph again, the tallest peak in that graph was the first Omicron wave. Now Omicron was only one-third as dangerous as the original Wuhan strain. One-third. And yet, in Canada, we had more people in hospital with Omicron than ever before, once most people were vaccinated, even though it was much less dangerous. If you compare it to the graph in South Africa, for example, you'll see that their last wave, that shortest one, was Omicron because they had herd immunity. Omicron wasn't an issue and that was at the end of it. Canada had lost its immunity; South Africa retained it.

Commissioner Drysdale

You know, I tend to ask this question all the time, or perhaps too much, but it's something that really bothers me or that I'm curious about. And that is, and I understand this, you said that doctors were warned not to say anything. And by and large they didn't—those last words are mine. We've heard this about our police; we've heard this about our ministers; we've heard this about our judiciary. We've heard this about almost every aspect of society which was supposed to protect us from something like this. Although I can't ask this—I would ask the crowd, how many sitting here have been threatened or warned not to say anything, but they still have? And so, my question to you is, how is it that a people, some of the groups that we've talked about, who we give such an elevated position in our society—

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lawyers, doctors, judges—we hold them in reverence, we always have. And yet it only took a warning for them to be silent. Can you comment a little bit about that?

Dr. Charles Hoffe

I think this entire pandemic has been a moral integrity test: for doctors, for our politicians, for the police, for lawmakers, for judges, right across the board. It has been a moral integrity test. There are some people who will do what they're told, no matter what. And there are some people who will do what is right, no matter what. And that is the difference. That is the moral integrity test: Will you do what is right, no matter what risk it is to you? Or will you put yourself first and do whatever it takes to protect you, even if it puts other people at harm? And we've seen it. This has been a great revealer of moral integrity. And unfortunately, we've seen it in the law courts, we've seen it with the politicians, we've seen it in the media: of those people who will do what is right, no matter what, compared to those who will just do what they're told, no matter what. I think it comes down to that.

Commissioner Drysdale

I wonder if that's why we didn't see a lot of doctors, and lawyers, and police officers in Ottawa, but we saw truckers there.

Dr. Charles Hoffe

Yes, yes, yes.

Commissioner Drysdale

Thank you, sir.

Dr. Charles Hoffe

You're very welcome.

Stephen Price

No further questions. Thank you very much, doctor, for your attendance and evidence.

Dr. Charles Hoffe

You are most welcome.

Shawn Buckley

David, can you mic me? Thank you. So before we take a break, I just wanted to clarify.

When Dr. Hoffe is referring to CAERS, that is C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System, and he's absolutely correct. You don't need to be a doctor. You can go there and apply yourself. So it's a non-governmental initiative to be documenting adverse reactions, and it's very easy to access, and it's very easy to fill in the form. So I just wanted everyone to understand that when Dr. Hoffe was referring to CAERS, it's spelled C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System.

[01:03:13]

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