



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

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EVIDENCE

Witness 9: Lisa Bernard

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[00:00:00]

Lisa Bernard

Sorry, I'm a little bit affected by that.

Stephen Price

I think we all are.

Stephen Price

Lisa Bernard, is that correct?

Lisa Bernard

That's correct.

Stephen Price

How do you spell your last name, ma'am?

Lisa Bernard

B-E-R-N-A-R-D.

Stephen Price

Okay, and ma'am you're here to tell us about how this COVID matter has affected you. You're prepared to tell the truth and promise to tell the truth?

Lisa Bernard

I do.

Stephen Price

Okay. My understanding is that you were trained as a nurse?

Lisa Bernard

Yes. I was a registered nurse for 31 years with my specialty as a certified nurse who is in wound, ostomy, and incontinence. And I worked in four different health authorities within BC during my career.

Stephen Price

Okay. You're not doing that now.

Lisa Bernard

No, I'm not.

Stephen Price

What are you doing now?

Lisa Bernard

Well, just to give you a little bit of background that brought me to what I'm doing now. I did have an injection. I started to have a lot of physical problems where I had pain in my arm, where they said that that would be gone in a couple of days, and it never did. It went on for months and months and months. I lost range of motion in my shoulder. I lost my fine motor skills in my hands.

With my specialty, I need my fine motor skills. Because I do a lot of wound care, a lot of ostomy care, which is very small, finicky work. I have, what's to the best of my ability to describe, "trigger finger" in both of my middle fingers, on both of my hands. And after hearing what Dr. Hoffe had to say today, I got more information than I have gotten all along, especially from my own GP.

I find it very difficult to put on my bra. I can't wear sports bras because I get tangled up in them with my arms. I have trouble reaching. When I try to open up boxes, I have no strength in my hands. I took a lot of pride that I had very strong hands. My dad always said you should have the hands of a masseuse because you have a lot of strength in them, and now I don't.

When I got this injection— And it was new, and I had asked my co-workers and I had asked my manager about this new technology: I was basically dismissed. I had one co-worker who was, like, all for it. She even stuck her arm out, slapped her arm, and said, "Give me more." I had the other one that said, "Well, what can we do about it?" I had friends that were in the health care profession that had their stories of people who died of COVID. So when you're looking for anecdotal information at that time, what I was hearing is two of their friends had died from COVID.

So when all the information was going around, which was really a lack of information. And what I was seeing on TV wasn't really what my reality was in the hospital, where you were seeing people dying in the hallways.

People in the hallways are unfortunately the norm. So they've normalized the abnormal. Over my 31 years of nursing, I have seen the gradual progression of overflowing of hospitals. We basically have the staffing levels from the 1970s or the 1980s, and we're dealing with giving care to people who have 15 to 20 comorbidities—at least the clientele I work with—and the population is quite huge.

So when we had the lockdowns, and to go like a ghost town, I was quite amazed from what I was seeing on TV and what my reality was—it was a ghost town. This wasn't computing; it wasn't making sense for me. We were giving care to people over the phone—over Zoom. Which for me, my patients, I need to have hands on.

I found that when we did open up—and we had a flood of people coming that had to be seen—I was having patients repeatedly say to me, "Please do whatever you can." Because I take care of people in acute as well as outpatient in my former job. And they would say, "Do whatever you need to do for me to keep me from being admitted to the hospital because when I leave the hospital, I'm worse than when I arrived." Now this isn't just one patient telling me this. In a day, I see at least 10 to 12 people inpatient, and for outpatient, I see anywhere from 4 to 10 people.

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So when you repeatedly hear this over and over and over, it takes a toll. I'm a very feeling person. I feel people's pain. I've always wanted to help people. When people are telling me this repeatedly— We now have a huge flood of patients after the lockdown that we had. I don't know where they went. Because the need is always there. I don't know where these people went to, but as soon as they were able to come back, it was more than double.

So when I'm having the demand of my patients and I'm doing the best that I can to my ability—I'm the only full-time person in my department—there is a lot of demand on that. During COVID, I was told nothing could be done for our frontline nurses, for giving them the supplies that they needed to do wound care because it was COVID. Nobody is doing anything; everything is on hold. But that wasn't true. Because in the fall of 2021, I was informed—because I am the full-time person—even though I have this outrageous clientele that I have to see, I am now going to be the full-time person that is going to be learning the electronic documentation system and will be training everyone in my department.

So during this time, I actually sent an email to my manager saying, "I'm having moral distress in maintaining my standards of nursing practice. I need help." And I was told that I need to prioritize. I have to say to you, with the background that I've had where I've been with provincial programs—I've developed wound programs—I know how to prioritize after 31 years in positions of leadership. So for me to be gaslit like that, being told that I have to learn how to prioritize—

You tell me who I decide to see: Do I see a diabetic that has a stage four pressure wound to bone that could die from their infection? Or do I see a fresh ileostomy patient that has to now learn how to manage their fecal material on their abdomen in a pouch? I can't make that decision. So I would miss breaks; I would stay late. And I had to be pre-approved to do overtime.

The paperwork that was involved in that—I just said, "I'm done with that." I'm frazzled because I'm going through physical changes from my injection. The demands to my job. I can't get help. So I have had the maximum banked sick time because I rarely ever take sick

time. I now got from my doctor a leave to be on, as it turned out, to be with PTSD from all the demands of my job.

While I was on leave, on a weekly basis I was harassed by my—it's called my disability manager—because I was on stress leave. And you can appreciate that I had about eight months' worth of sick time. And they did not want to pay that out. They wanted me to go on long-term disability. And I didn't want to go on long-term disability because I wanted to see what was happening to me.

I suffered from fatigue—extreme fatigue. I had my doctor do blood work. There was nothing that could be seen. I actually had to say to my husband, as everything was crashing down on me, I said, “I am not getting the second injection. So we have to figure out very quickly what we are going to do.”

I had a young daughter who was still going to college. I had a mortgage, but I wasn't willing to sacrifice any more of my health. So my husband, incredibly supportive, he said, “Okay, what do we need to do?” So we sold our place. We moved to a community up North Island where we could afford to live.

And I said, “I have to leave my profession”—because while I was on stress leave with PTSD, my manager sent me a notice because of Bonnie Henry saying it was mandated now that health care workers had to have two injections—if I wasn't willing to have my second injection. Now remember, I'm trying to heal myself. I'm not even returning back to work yet. And she felt it necessary to call me and to let me know Bonnie Henry's mandate.

Sorry, I'm a little bit nervous.

I was getting, as I said, weekly harassment. It felt like harassment to me because, in the way when I spoke with the counsellor, she said, “You are being gaslit.” She said, “You're trying to heal and every time they contact you, it sets you back in your healing,

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and you're having a lot of anxiety.”

So what I had to do was, I had to speak to my doctor, and he had to write a prescription—a notice—to let them know to not call me anymore. Not to contact them anymore. He would give them updates monthly as to how I was doing and how I was proceeding.

Oh, and I have to tell you, my manager thought it was wonderful to send me— “Also they had this new drug, the Janssen one, and you could just take that.” And I couldn't talk to anybody at work to let them know that I was going through all these physical symptoms. I couldn't speak to anyone. I felt isolated, alone, abandoned.

I tried to speak to my physician about what was going on with my hands. And to this day I'm still waiting for a referral to a plastic surgeon. His silence spoke more to me than anything he said to me. He was very supportive of me being taken care of with my PTSD. But anything of my physical symptoms, if I said— This all happened after my shot because my health before this, I have nothing wrong with me. I am on no medications.

So what this has taught me is to never doubt myself. I didn't want the shot. I felt coerced. I felt overwhelmed. I was exhausted with my job. I didn't think I had any options. Everything

was rushed. Everything was pressured. And I have to say if there could be a silver lining with what happened to me, is to never doubt myself again, and I never will.

Stephen Price

As part of your medical training and expertise, you would have been cognizant in terms of reporting, observing symptoms. So you were able to observe and comment on the symptoms that you were suffering yourself. And accurately describe them to your doctor and to your staff.

Lisa Bernard

Yeah. I mean, I've lived in this body for 54 years. I know it pretty well. When I was on stress leave, just to let you know as well, if I'm still a registered nurse anymore—I'm not. And the reason was I had monthly withdrawals for payments to go towards my registration, but they had my work email. And when I was off on leave, they didn't send a letter in the mail saying, "Are you going to renew?" You can appreciate that when you're trying to heal yourself, you're not thinking about that I have to fill in paperwork and pay a registration fee.

I can't call myself a registered nurse anymore. I can be reprimanded by my College if I call myself a registered nurse. I have a degree that says in nursing; I have the training, the skills as a nurse. But I cannot call myself a nurse or a registered nurse or I will be fined. And I find that very interesting that if you don't register your car, is it still called a car?

Stephen Price

The first shot that you had, the one shot you did have, was that fully voluntary, fully informed? Or did you feel coerced into it?

Lisa Bernard

No, it was feeling pressured. Colleagues: "Did you get your shot yet? Did you get your shot yet?" My manager: "Did you get your shot?" I find that interesting, the language of shot, jab, injection—they're all violent words. But no, it wasn't free. It wasn't from free will. It was feeling that I didn't have an option at that time.

Stephen Price

And you stopped after the first?

Lisa Bernard

Oh, yes. And it did take me about two years to forgive myself for taking that shot.

Stephen Price

What are you doing now?

Lisa Bernard

So now that I've moved up North Island, I am now a farmer. I am a part-time cashier. I am a student in herbology. Because I don't trust the healthcare that I come from. I know there

are other ways to heal people. I know there are better ways to heal people: herbology has been around for 5,000 years. Allopathic medicine that I come from has only been around over 100 years.

I am a part-time cashier—so what I made, over \$100,000 that I grossed—I grossed last year \$9,000 as a part-time cashier. I have made a lot of sacrifices, but they are good in the way that I'm about health now. And I'm helping others in other ways.

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I am growing good nutritional food.

And I do want to let you know that I filed a grievance immediately when I was fired. I did send my manager a notice of liability by registered mail. I cannot do anything legally because I have to exhaust all of my union options. I am in a holding pattern. I last heard from my union on December 13th of 2022 that it should be going to the next step, which is arbitration. I have not heard anything since. I have sent emails, and I have not heard back any response. So therefore, I have no option for lost wages. I have worked for 31 years for severance. I get a week for every two years that I've worked. That's all gone. And I've just learned to make do. I live in an incredibly supportive, awake community. And I couldn't ask for a better group of people around me.

Stephen Price

Thank you. Is there anything else you wish to add for the Committee?

Lisa Bernard

No, I just find it very interesting in my 31 years of having vaccinations or immunizations, this is the first time I've ever seen people being basically bribed with a Krispy Kreme donut. Being guilty to protect grandmother. If that didn't work, then being coerced that you're going to lose your job. Then having a digital ID that you can only be part of society if you show that digital ID to get into restaurants, to get into gyms.

I went from a hero for that first year of not having a vaccination and taking care of people to an absolute zero. I just want to say that this is not like any other vaccine. In my opinion, it's not a vaccine. It is genetic modification. I find it very interesting that we spend more time looking at the GMO foods that we eat, but not so much about what we get injected into us.

Stephen Price

Thank you. Do you have questions?

Commissioner Massie

Thank you very much for your very touching story. I'm sorry for all the things you've been through. I'm wondering, I see that you've almost started a new life. You were obliged to start anew. And you're moving into farming and probably your healthy food and all these things. I'm wondering, is it something that was in you before you were confronted with this crisis? Or is it the crisis that really made you change your way of living?

Lisa Bernard

Thank you for that question. I think it's a little bit of both. I think back after I finished my basic training as a nurse, I was always interested in herbology. But you get busy with getting married, mortgage, children, that sort of thing.

It was trying to remember what my dreams were. Trying to redefine who I am. And I came to the conclusion that I don't have to keep reinventing the same reality that I've lived for 31 years. That there is more to me. I took a leap of faith. I went into the unknown. I don't come from farmers—not even close. And I learn. And I make mistakes.

But I have to say there is something grounding and healing with working with the earth and knowing that I'm making the best nutritional food, which is the best medicine for my body. And that is how I'm trying to heal, and I share that with anybody who needs help from me. Without hesitation, I help them.

Commissioner Massie

I'm wondering—your former colleagues or people that you used to work with, who knew you before—did your new way of living influence them to maybe think about what the system is doing to their health? And maybe think about a different way of living their life? And coming to terms with more healthy habits and the food and exercise? And go away from the running around all the time and being very stressed?

Lisa Bernard

Yes. I've heard from four of my friends now that have said they are looking to retire; they're done with the rat race. And they're not in nursing. They're from many different walks of life. They do come up to see what I'm doing. And they do see, like, you know—I don't quite know. But I have the heart and the enthusiasm, and I've been reading tons because that's what I do.

I have to also tell you that, with what I left behind, we weren't making people better. And I saw that before COVID happened. Being in health care is like being in an abusive relationship: You're told that it's your fault. You're told you're not doing enough. You're not making it work. And it's very one-sided.

And you have to make a decision whether you want to continue in that toxicity and having forever customers—and that's what they are, they're forever customers that keep coming back. And I have to honestly say, when I started nursing back in 1991—very different from what it is now. I don't even recognize it.

Commissioner Massie

Thank you very much.

Lisa Bernard

Thank you.

Stephen Price

Any other questions? No further questions. Thank you very much for your time and your submissions, ma'am.

[00:20:56]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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