NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

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EVIDENCE

(Translated from the French)

Witness 7: Christian Linard
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[00:00:00]

Jean Dury
So hello, Monsieur Linard. Before starting, if you could describe your CV, so that the Commission can have the necessary information to make its recommendations.

Christian Linard
Yes. I did my biochemistry, so a baccalaureate, a master's degree. In fact, before, I had done a bachelor's degree in biomedical technology. I ended up with the equivalent of two baccalaureates, two master's degrees, a doctorate in biochemistry. Then, I went to MIT [Massachusetts Institute of Technology] in Boston to do molecular biology, specifically regarding plants. From there, I returned to Quebec and did another postdoc, this time in clinical biochemistry at Hôpital Saint-Luc. After that, I had a job offer at the University of Quebec at Trois-Rivières, and as such, I am a teaching professor, essentially in clinical biochemistry, at the University of Quebec at Trois-Rivières.

Jean Dury
So can I swear you in as a doctor?

Christian Linard
No. As a PhD, yes, but I'm not a medical doctor.

Jean Dury
Since you have a doctorate in biochemistry, we can say doctor.

Christian Linard
Thank you, I would rather say it's a PhD.

Jean Dury
Okay. But it sounds bad to say, "PhD Linard." In any case, we're going to swear you in. You swear to tell the truth, nothing but the truth. Do you so swear?

Christian Linard
Yes.

Jean Dury
Do you solemnly affirm?

Christian Linard
I solemnly affirm.

Jean Dury
Good. So can you speak to us as an expert on the quality of the messenger RNA in the vaccine?

Christian Linard
Yes. I became interested in this very early on. I am going to present to you three important pieces of information, three important paragraphs. First: I'm going to talk about messenger RNA. Why? Because as a biochemist, and I had done molecular biology, I already knew what was going on in biochemistry. So I'm going to explain that to you now, if I can get access to the slides.

The first thing I'd like to look at interested me because I did it in clinical biochemistry—a specialization—and that is to see what this messenger RNA is, its structure, if it is intact, et cetera. And then from that, to look at the messenger RNA product that is to be expressed by our cells. Okay? That's what I'm going to introduce to you first. I drew a quick diagram that shows you the structure of the SARS-CoV-2 virus. To vaccinate people, we somehow encoded the spike protein in messenger RNA. That is important to know. I point out here that there are also proteins that will surround the viral RNA, which is called the nucleocapsid. This is going to be important for what I am going to tell you later.

So the principle of vaccination with messenger RNA is to take the information coded by the virus, and to stabilize that messenger RNA of the virus. The messenger RNA is synthesized in a completely artificial way and encapsulated in a lipid nanoparticle as a vehicle, like a saucer in a way. And once injected, this nanoparticle that contains the "vaccine RNA" will be absorbed by our cells. And once absorbed, it will enter the cytoplasm of the cell, and then this vehicle will release the vaccine RNA.

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The cellular machinery will be fully mobilized through what is called translation to produce proteins. So in this case, normally it will produce the spike protein. This protein can remain inside the cell; it can be found in the membrane therefore exposed to the surface of the cell or it can end up completely outside the cell. And so there is an important implication. Obviously, what we hope for is that the modified spike protein that is produced can be recognized by the immune system. It will then produce antibodies against the spike

protein, and not only the viral spike protein, but also the spike protein that has been synthesized by our cells. So right away there is a problem, which is that if the spike protein or pieces of spike protein remain on the surface of the cell, it can promote autoimmune diseases. That's one factor.

For the rest of what I am going to present to you, it is important to know a little bit about the structure of the spike protein. The spike protein, basically, looks like a mushroom, so you have the stem which is the S2 subunit of spike, then you have the cap at the top, which is the S1 subunit. Then you have parts of that cap that can be recognized, which are called the "recognition domain" of that protein.

So the first thing that interested me—since I like quality controls—was to see whether the vaccine RNA being administered is always 100 per cent the right size. There is a length to this vaccine RNA. Let's imagine it's 1,000 nucleotides, so 1,000 small pearls on a necklace, for example; and normally, when the RNA is manufactured for use in humans, it should always have 100 per cent of the length of 1000 nucleotides. Very quickly, I realized from looking at the scientific literature: that was not, in fact, the case. As a limit, up to five per cent of [non-]integral RNA could be tolerated. But even this is too much given that we know that small pieces of RNA can have important interactions with the transcription or the translation machinery of the cell. So this was already problematic. And then by digging a little more, I realized that the variation was not limited to five per cent, but in fact, in certain cases, only 55 per cent of the vaccine RNA was whole. So it was problematic right there.

After that, I looked very quickly— And according to the tenets of molecular biology, the cellular DNA in the nucleus will produce a messenger RNA; this process is called transcription. And then this messenger RNA leaves the nucleus, arrives in the cytoplasm, and will be translated into proteins. And so by searching the literature, I realized that, in fact, the vaccine RNA might be able not only to enter the cytoplasm of cells, but also could make its way into the nucleus. So that is problematic. Whereas if you looked at the NIH [National Institutes of Health] claims, they said: "No, that messenger RNA cannot enter the nucleus."

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However, the NIH is an authority, I would say, a scientific authority. So that was the first thing that worried me.

After that, what I wanted to look at was the expression of the spike protein by the vaccine RNA. This slide shows four people. So at the top, we are going to look at the expression of the spike protein; at the bottom, we will look at the production of antibodies, in particular on the RBD [Receptor-Binding Domain] that I showed you earlier, as part of the mushroom.

This slide shows data for four patients; the vertical lines indicate the first dose, and here, the second dose. Here is the detection of background noise, and here the different days. Of the four patients, there is only one patient where we see an expression of the spike protein for a certain time and then, afterwards, a decrease: and that is completely normal. Then at the second injection, we see for some an expression of the spike protein, and there are some where it lasted—that is to say that this expression perpetuated—for more than 60 days, so two months. There are others where it has fallen sharply; and there are some, if we look in detail, we see that there was nothing. So they did not express protein. That's important. So we see, depending on the patient—and it must be the same depending on the cell—that the translation and production of spike protein in patients can vary. Either there

is none at all, or there is still a certain quantity, and we will see that there can be much larger quantities.

So what we can conclude here with this slide is that from one patient to another there are great variations in the quantity of the vaccine spike protein produced. So it is not controlled. Normally, when you are given a drug, we know the precise dose that is given to an individual—for example 50 milligrams, and it is always 50 milligrams, there is no variation. Here we see that the amount of spike protein produced will vary, not only from one patient to another, but we can suspect that it will also be from one cell to another as I'm going to show later. And that is problematic, since our body becomes an industrial machine to produce the spike protein; and we do this because we want the individual's immune system to produce antibodies. So this poses a problem in that the concentrations of spike protein vary greatly.

Building on that, we can see it was the same thing for the antibodies. At the bottom, we see that some patients produced antibodies and others did not produce any at all. So again, quantities of antibodies that have been produced by the cells of the individual who is injected with this vaccine range widely. Here, I'm showing pretty much the same thing: this is another study by Ogata that looks at the expression of the spike protein in plasma and also investigates the spike protein produced by our cells. This is called the antigen. Ogata looks at the production of antibodies. I'm going to show a few patients, the others are just for illustration. So here, the x-axis shows the number of days after vaccination. We have the first dose here, and then the second dose, where we have solid blue circles. If I look here, we see that patient number three, after the first injection, produces spike protein.

[00:15:00]

With the second injection, there is no production of spike protein; you can't see anything. We also look at the S1 subunit, which is the cap of the mushroom structure in a way, we can't see anything here either. If I now look at the antibodies that have been produced, we see, here in particular, in red, the S1 protein, therefore the anti-S1 antibody that is produced. So we see that there is a production of antibodies. We also see the proteins of the IgA and IgM antibodies in lower quantity.

If I look at another participant in the study, we discover an entirely different pattern. We see production of the S1 protein but also production of the spike protein. I think I made a small mistake earlier: it's only a part [subunit] that has been produced, not the whole spike protein, it's only the cap. Here, we see that it will produce the protein, therefore the cap, and it will also produce the spike protein. We will see that it will also produce IgG, IgA, IgM antibodies.

Here is a patient who hardly produces anything: neither the S1 subunit nor the spike protein. But nevertheless, he will produce IgG, IgA, IgM antibodies. This is problematic because if we don't detect any in his blood, in his plasma, that means that the protein has been produced and has remained either inside the cell or on the surface since there was production of antibodies.

It is also important to look at—depending on the different individuals—the production of antigens. Therefore, the spike protein or the S1 subunits or, ultimately, S2. But it was S1 that we were looking at and the production of antibodies, and we saw that it is extremely variable. If I look at the S1 subunit, we see that it is extremely variable depending on the individuals since we have the number of days. And then here we have the variation in the quantities found in the plasma of the individuals, which also varies greatly. And it's the

same thing for the spike protein, it varies greatly. So depending on the individual, there are people who will produce no spike protein at all; there are some who will produce a few antibodies; there are some who will produce an adequate quantity; and there are some who will produce quantities that are too large.

And when we produce too many, we see here: this is a case of a woman who produced too many—it was a hundred times more than what we saw in the previous study—and who had massive thrombocytopenia. If we look at the quantity of platelets, we see that there were no platelets at all. Therefore, she was given an anti-inflammatory, antibodies to try to shut it down, and to get the body to again produce adequate amounts of platelets. After treatment, we see that the platelet levels have returned to a normal value.

What I also wanted to emphasize is that we see that we can produce a little bit of the spike protein or subunits, none at all, or produce too much. And so when you have too much, it may be toxic; and again, you don't control the amount of protein that is produced, whereas normally, when you give a drug, you always give the same amount. We all know that.

When we give a drug, it's always the same and there is always precise quality control. And so I wanted to know: Is the spike protein that will be produced by our cells always going to be the same? And I realized, in fact, that this is not the case. I'm not going to present the technologies that have been used: it's the Southern blot, but that doesn't matter. Here we have beta-actin, it is a natural protein that we produce constantly, and we can see that there is only one protein which is produced constantly.

[00:20:00]

If we look at the spike protein, we realize that, because it has glycosylation sites, whether in the O or N position doesn't matter, we don't have a single protein; we have isoforms. That's what we produced. But we wanted to look at what happens to a human when injected. Here, we took mouse cells and brought them into contact with these vaccine nanoparticles. In the first hours, there is not much that is produced. This is what is called a molecular point scale; we don't need to look at that. After here we look at time. And so after six hours in these mouse culture cells, there is already a trace, a production of the spike protein. After 24 hours, what's a bit surprising is that we see different spike proteins. They are isoforms. And then, third day, it's the same thing. Fourth day, we see different ones. Five days later, you can still see some.

So what is interesting to see here is that we have taken a type of cell, and we see that this cell does not produce a well-defined spike protein. So we have different isoforms of the spike protein. If we look at human cells, we will see that it is the same thing. Here, we took cultured human cells and brought them into contact with the lipid nanoparticles containing the vaccine RNA, and it produces the same result. We can already see through the Southern blot that the production varies. Earlier, we saw that it was an expression that was very strong. And here we see that it is a much less strong expression, but we see that there are still protein isoform spike proteins that are produced. And here, it can go on for some time.

Next, I wanted to check the lifespan of this RNA, and I discovered that this lifespan could be very long, up to two months. And after further exploration, I realized that it could live up to six months. So this is problematic as it was generally thought that this RNA had to be naturally degraded quickly. However, I realized that is not the case.

After that, I wanted to look, as did many others, at the distribution of this vaccine RNA, where it was going in the body. In this regard, I very quickly realized that the vaccine RNA

was found everywhere: in the blood, the bone marrow, the heart, the liver, and even in the testicles. Later, we showed that it even goes into milk, which is problematic because it is then the breastfed child who is at risk for problems. So that worried me a lot.

After that, I became interested in the vehicle: the lipid nanoparticle. I realized that it was an extremely inflammatory vehicle. Earlier, I talked about inflammatory processes. And in this scientific article, the inflammatory interleukins IL1 and IL6 were measured and we observed that there was a very important inflammatory process.

I wanted to know: What happens with more doses? That's a preprint, so not yet fully peer-reviewed. We realized that the more we injected, the more the person was at high risk of being infected, whereas we did not see this in the case of the unvaccinated: they had the disease once.

After that, I wanted to know: Can this vaccine RNA prevent mortality, the risk of all-cause mortality? I realized it could not. I asked myself the question: Can this stop COVID mortality?

[00:25:00]

The answer is no, there is no marked sensitivity.

Can it then prevent mortality from cardiovascular disease? The answer is no. And there it seems that we are seeing an increase. Then I looked at the effect on mortality other than from COVID or accidents. It didn't protect here either.

For DNA vaccines, the picture is quite different. Here is the first part.

Jean Dury
Can I ask you a question: Is what you have expressed to us today why it is called an "experimental vaccine" in the first place?

Christian Linard
Yes. I don't know all the ways a drug is put on the market. I know the main phases, but to say that it's experimental means that we have studies that are in progress. And moreover, it has just been shown to you: what we see is that studies have continually been carried out, and the more studies we did, the more peculiar things we saw, and that is what I wanted to show you.

Jean Dury
We often saw conveyed in social networks, especially among laypeople who were talking about this, that it was not a vaccine. Do you have anything to say to that?

Christian Linard
Traditionally, a vaccine is either a protein that is injected into the individual with adjuvants to stimulate the immune system, or it is a virus or a bacterium that is dead, therefore an infectious agent that is dead, or alive but with reduced pathogenicity. And so that, to me, is the true definition of a vaccine.

This is different. That's why I don't like to use the term "vaccine" but rather an injection of messenger RNA. Why? Because it is our body that will be used as a factory to manufacture the spike protein so that this protein is made visible to our immune system to stimulate the production of antibodies. So we normally use an industrially produced vaccine that is injected. In this case, we used our cells to produce the molecule. So we used our body, we transformed it in a way, and some of our cells became a GMO, meaning a genetically modified organism.

In addition to that, what happens is that we can imagine that there are cells which have naturally agreed to produce the spike protein or subunits of the spike protein, but some others did not produce this protein. And so we still have normal cells that belong to us and cells that have become foreign, even to our own immune system. And so we become a chimera. So a chimera—I don't know if you've ever seen the sphinx? It's a lion's body with a human head—that's it: a chimera. So I found that peculiar.

Jean Dury
And finally, we have often heard, since the beginning of vaccination or what has been called vaccination, that vaccine messenger RNA could have an effect on DNA. We have heard that often. We also saw the responses from pharmaceutical companies or specialists who said that it has no effect on DNA. Do you have any thoughts on that? Can you talk a little bit about that, briefly?

[00:30:00]

Christian Linard
Yes. This has quite a history. First, it used to be a tenet of molecular biology that DNA is transcribed into RNA in the nucleus and then this RNA exits the nucleus and is translated into proteins. This was until the day when a researcher showed that this RNA could be retranscribed somehow to DNA. And this was particularly the case with viruses, in particular, retroviruses. A good example is HIV.

But afterwards, researchers also looked in the cell and realized that we have the capacity in our cells to produce DNA from RNA. So it follows that it must be possible for this DNA to be inserted into the genome. So theoretically, it is possible. Obviously, the chances of this happening will be very, very, very low, but as we have been doing billions of injections, we cannot say that it could not happen.

Jean Dury
I have no more questions, but I'm pretty sure our commissioners might have some questions for you.

Commissioner Massie
I had understood that you had another section that you wanted to present to us.

Christian Linard
Yes, I will introduce you to another section. I have two: a small one and then a more important one.

Commissioner Massie
I would prefer that we go to questions after you have finished your presentation.

Christian Linard
All right. So the other thing that has always surprised me is that an individual is only considered vaccinated 14 days later. Now, I'm not a mathematician, but I realized that by doing that, we could say anything, to the point that we are somehow corrupting the data. In my opinion, the instant someone is injected, that person is already vaccinated. Of course, it will take some time for the immune system to produce antibodies, but for me, at that point, he is already vaccinated. This is important. I realized that if you wait 14 days or even 21 days, well, then you corrupt all the data. And, if the data is corrupted, the conclusions are going to be quite wrong.

Following that, I was really worried by the statements made by the prime ministers of Canada and Quebec. Personally, I was shocked when I heard Prime Minister Trudeau on *La Semaine des 4 Julie* [a talk show]. Personally, I didn't worry about being called, for example, a misogynist or a racist, because that's not the case. But to hear it from someone who was non-scientific, that really disturbed me. But one thing that scared me was to hear him pose the question when he spoke about it on television: "Are these people to be tolerated?" So that is to say, those who were somewhat reluctant, or who wanted to think about this vaccination procedure—either who were backing out or who wanted to debate it, to know a little more—to see that these people, who wanted to have more information and even to oppose it, the question that he asked: "Do we tolerate these people?" I was shocked to hear that. Afterwards, I saw Premier Legault of Quebec, who asked the question: "If I'm in the hospital and I'm patient, I won't be approached by someone who is not vaccinated." That raised huge questions for me.

[00:35:00]

But above all else is the first question that Prime Minister Trudeau asked: "What are we going to do with these people?" It raised a lot of questions for me. Around me, I saw all this suffering. Furthermore, we also had, in particular, Pierre Chaillot who published his book and who showed that in fact all this suffering had no reason to exist since there wasn't really an epidemic. That was problematic. And by the way, several top scientists have said we've been lied to about absolutely everything: lockdowns, mass testing, social distancing, masks, et cetera.

One thing that surprised me even more, and I will end with this, is to see that we are in the process of installing mechanisms, laws almost everywhere in the industrialized countries. In particular, what I am watching, since I have part of my family in Europe, is that Europe has introduced a law which will be applicable in 2024: the *Digital Services Act*, the DSA. This act obviously has good intentions, but as you could say, the road to hell is paved with good intentions. It is intended to constrain hate speech and misinformation using algorithms. To understand what is happening in Europe, there is a website that provides a three-minute explanation of what this *Digital Services Act* consists of. And we see that, in fact, it is to control the information that is put into circulation by the platforms, for example, the Internet, et cetera. For example, they say: "It is to protect the citizens, because there are some who refuse vaccination because of supposed harmfulness." Personally, this worries me a lot. And they also say: "It is to safeguard the future of humanity." They say: "We don't want people to start questioning. Climate skeptics who say that climate change has always existed, there has always been climate change." So in a way, its purpose is to

shut down those who would question the methods for acting on climate change, for example.

Well, that was it.

And I find that really— Because the laws are already in place; they are ready to go. It's the same thing for the law in Canada: C-11, which will allow the CRTC [Canadian Radio-television and Telecommunications Commission] to control and regulate online companies, as well as providers of video and music broadcasting services, as well as social media platforms. And that worries me greatly, since the speech that I have now and the ability the internet provides to broadcast one's thoughts, well, all that is at risk. And for me, that provokes a lot of anxiety.

Jean Dury
Thank you.

Christian Linard
I have finished.

Commissioner Massie
So I have a question about what you presented in terms of the heterogeneity of vaccine production. If I correctly understood what you were outlining, it is that this heterogeneity that we find as much at the level of the quality of the spike protein and then, possibly, of the lipoparticles because we do not know to what extent these particles have the same quality from one batch to another: What is the consequence in terms of the injection of these products which do not have a homogeneous quality when they are injected on a large scale in a whole population?

[00:40:00]

Christian Linard
So there are several consequences. On the one hand, we do not control the dosage. Since the length of the RNA is not always the same, the drug is altered in some way. Already that's not normally what we should have. Quality control is very important. When you are given aspirin, it is always aspirin in a well-defined quantity. Here, we realize that, intrinsically, what we give you has no quality. What was most shocking was that the health authorities reduced this quality to 50 per cent. They said to themselves, "If it's at least 50 per cent, it's eligible. Below, it will not be eligible, but beyond 50 per cent, it will be eligible."

Building on that, we see that our bodies, our cells will produce more or less quantities of spike protein or subunits. And there again, we don't have all the studies: Will it stay inside the cell, on the surface, or go into the systemic circulation, therefore into the blood? And we realize we don't even produce quite the same protein, since there are some that will produce the whole protein and others that will only produce subunits, and we still haven't reviewed everything.

And there will be another impact with respect to the reaction of our immune system. So if the protein stays inside, the immune system doesn't see anything at all. If it stays on the

surface, it's problematic because the immune system will recognize our cells which express on their surface an antigen which is not human, which is not "self" and will attack, therefore creating autoimmune diseases. And if it's outside, there are things to consider: Are the quantities produced always the same? Are we going to have a protein? We saw that was not the case. If nothing is produced, the immune system is not stimulated. If there is a certain amount, the immune system is stimulated. If there is too much, then it becomes toxic. The article I presented showed that there was thrombocytopenia, so the platelets collapse.

Commissioner Massie
So this poor quality may be responsible for many of the side effects that occur when people have the vaccination?

Christian Linard
Yes, we can have completely different reactions from one person to another and even from one cell to another.

Commissioner Massie
My second question concerns the importance of being able to discuss these issues in an open manner as we normally do in scientific forums. You mentioned that there are laws underway almost everywhere to ensure that this free distribution in social media—because we know that the mainstream media is relatively controlled—but this censorship can prevent this kind of discourse. Do you already see signs of this? Have you, for example, had the opportunity to express your concerns with respect to vaccines or other elements of management responses in different forums?

Christian Linard
Yes, I have already spoken out and it has caused me a lot of problems, legal problems. Yes, I asked myself a lot of questions about it; and I realized that from the moment you are a professional and you think, you talk openly and you talk to others, well, as soon as you do that, you can be attacked. So we have seen here in Quebec, we can be attacked by our university, by our professional associations. There are a lot of people who have been attacked by their professional associations. And so yes, it worries me greatly to see that now there is a machine already in place, and I think that this machine has been perfected.

[00:45:00]

As I showed you earlier with the DSA, in the future, all this machinery has already been so well perfected that they will only have to press a button; and therefore, I will no longer be able to have even the interventions that I have currently. Now, I am attacked personally. But in the future, it will be even less possible to have a discourse such as the one I have just shown you now. That is to say that I will not be able to do this kind of analysis. When you're a teacher the most important thing is to teach critical thinking to one's students, and to disseminate information since, in fact, the teacher's task is to clarify and to know: to try to reach the truth and to transmit this truth. And I realize that everything is being done to extinguish this truth. There are those who do not want this truth to be revealed. And furthermore, I realize that everything is now in place so that we have to think like those who want us to think in a certain way, and that scares me.

Commissioner Massie
Do you have any questions?

Jean Dury
Just one in closing.

Doctor Linard, can you tell us if artificial intelligence will play a role in listening to everything that happens on the Net—whether it's YouTube, Facebook, whatever—that it will no longer be humans? And, according to what you presented regarding the laws in France, the DSA, and Bill C-11 in Canada, will it instead be artificial intelligence that will analyze everything? And as soon as the artificial intelligence finds something that is not in conformity with the official speech, the laws will be in place to repress it?

Christian Linard
The tools we develop are like a knife. You can use a knife to feed yourself, but you can also use this knife to kill another. What I have seen looking at the newspapers is that, for example, there was a case where a person was sick and he had been to see his doctors and his doctors had not diagnosed him correctly, so he remained ill. So he then asked ChatGPT questions and he saw that ChatGPT could give him a diagnosis which he then went to confirm with his doctors and it was correct. So he was saved by ChatGPT. There was another case with a pet where the owner went to ChatGPT providing all the signs and symptoms of his cat, and, apparently, the newspapers reported that the cat was somehow cured thanks to that.

But what worries me is that artificial intelligence can be useful, but it can also be harmful if we are not in control. So it's kind of like a knife: when it's used well, I think it's progress. I am not a specialist in artificial intelligence, but there are more and more specialists who are worried about these artificial intelligences.

I tested ChatGPT in biochemistry to see what it said when I asked fundamental questions, for example. I realized that it gives generalities whereas the science is much more complex. I realized that I couldn't use ChatGPT to get correct information because, for example, if I asked ChatGPT about everything that I have just demonstrated to you today, ChatGPT would not deliver the same information.

[00:50:00]

Jean Dury
Finally, I would like to express a personal opinion. I believe that the laws that are going to be put in place soon or in the very near future, for artificial intelligence to analyze everything that is written on the net—it's vast, billions of posts per day—because it is beyond human capability. And this instrument will be at the service of these new laws to prevent us from speaking.

Christian Linard
That is going to really worry me.

Jean Dury
It is worrying.

Christian Linard
The day it passes will worry me because it means that there will be a machine that will decide for us.

Jean Dury
Effectively.

Christian Linard
A machine that does not live, but which will decide the fate of the living.

Jean Dury
Absolutely.

Christian Linard
It worries me.

Jean Dury
Well, that's a personal opinion, but I strongly believe that's what's coming. So thank you, Doctor Linard, unless there are other questions.

Commissioner Massie
Any questions from here? Fine? Okay, thank you.

[00:50:58]

Final Review and Approval: *Erin Thiessen, October 30, 2023.*

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, and further translated from the original French.

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