



NATIONAL CITIZENS INQUIRY

Quebec, QC

Day 1

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EVIDENCE

(Translated from the French)

Witness 10: Christian Leray

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[00:00:00]

Jean Dury

So good evening, Monsieur Leray.

Christian Leray

Good evening.

Jean Dury

We'll start, if you don't mind, by swearing you in. Do you solemnly swear to tell the truth, the whole truth, and nothing but the truth. Say, "I swear."

Christian Leray

I swear.

Jean Dury

Thank you. So without further ado, for the benefit of this commission, could you tell us a little about your curriculum vitae?

Christian Leray

Yes, I'm a graduate of a business school in France. The accent gives me away, I'm of French origin. I arrived in Canada and Quebec in 2000. I was an exchange student finishing with a Master's degree in Communications at UQAM [Université du Québec à Montréal]. So there you have it: I'm a double graduate, in fact, in management and communications.

To sum up quickly, I could say that I wrote a book on content analysis—so media analysis so to speak, in 2008, which was published by PUQ, the Presses de l'Université du Québec. Because I was also working at the Laboratoire d'analyse de presse de l'UQAM [l'Université

du Québec a Montréal] at the same time, which I directed for a few years. This makes me a media analysis specialist in a way.

And I also contributed to the book, *Crise Sanitaire et régime sanitariste*, which was published in 2022, I believe, and was a bit of an assessment of COVID in Quebec; what had happened. I wrote a chapter on the vaccine passport. And since 2009, I've been self-employed, which allows me to be independent. I'd like to make it clear right away that I have no conflicts of interest and that I can speak freely.

Jean Dury

So without further ado, let's address the three parts that are going to be interesting this evening. We'll start with the authorities' lack of transparency. What do you have to say on this subject?

Christian Leray

So if you like, I've even got a PowerPoint I could share. Otherwise, I can get straight to it. First of all, there's definitely a huge transparency problem in Quebec. I'm really interested in Quebec.

By the way, I forgot to mention that I'm a member of Réinfo Covid Québec, which has now become Réinfo Québec. It's a collective that was created in July 2021; and for this collective, I did a lot of work on data in Quebec. In fact, I was behind the dashboard we published every week, which included data published by health authorities.

As a first assessment, we can mention that there is an incredible lack of transparency on the part of the authorities. We can take several examples: the first, for example, is data as a function of comorbidities. So what are comorbidities? They are the serious illnesses that people can have, for example: cancers, heart problems, diabetes, and so on.

So the INSPQ [Institut national de santé publique du Québec] put together a very interesting table up to May 2022, I believe, showing deaths according to comorbidity and also age. What this table showed was that people with at least two comorbidities accounted for 92 per cent of COVID deaths. It also showed that if we added people with just one comorbidity, the figure rose to over 97 per cent. So in fact, we could see that COVID was not a dangerous disease for the vast majority of the population. Only those at risk—that is, those with comorbidities—were really at risk of death.

There was another factor we knew about and that was age. We could really see that the people at risk were those over 70, not to mention 80 and 90. So in fact, this was a very specific category of the population, one that could have been protected. This completely contradicted the idea that the virus was a new plague and that, in the end, everyone had to be confined.

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So this data was really disturbing. And the INSPQ stopped publishing it as of May 2022 because it was becoming untenable.

Other data were also gradually withdrawn: I'm thinking, for example, of data on cases and hospitalizations according to vaccination status. So in fact, from July 2021, Santé Québec [Quebec Health] wanted to show that vaccination was working. To do this, they started

publishing data on people who had a positive PCR test and were hospitalized for COVID according to vaccination status. So on the one hand, we had the people who were vaccinated—and we could see the number of people who had a positive PCR test or who were hospitalized—versus the unvaccinated, about whom we saw the same information. As I'll show in the next section, this data became disturbing and was simply withdrawn as of July 2022.

Even more important than cases and hospitalizations, of course, are deaths by vaccination status. And this is even worse because it has simply never been shared. This data has never been made public by the authorities. Why? We have to ask ourselves why—because if the vaccine is effective, why not put up a comparison showing people's deaths according to whether they've had one dose, two doses, or no dose at all? So there's no way of knowing; it's hidden from the public.

And finally, the last and perhaps most important point is the data on all-cause mortality according to vaccination status. These data should obviously be made available, as we discussed earlier. Monsieur Rancourt and Monsieur Chaillot talked about it. I made an Access to Information request to obtain these data and Santé Québec replied that it didn't exist. I'll quote you pretty much what they told me, in fact. It's quite extraordinary. They told us that, "The Ministry of Health and Social Services cannot provide you with data on deaths from all causes, because to do so would require the production of a document as well as work such as data extraction, compilation, and comparison." So if the Ministry has to carry out extraction, compilation, and so on to answer this question, that means they're saying they don't have the data. It seems absolutely unimaginable, in fact; because right now, even the Institut de la statistique du Québec acknowledges that there is an unexplained 10 per cent rise in mortality. And this data should be watched as carefully as milk on a stove, it's obvious.

So it seems pretty obvious to me that it does exist. It exists in other countries, as Monsieur Chaillot said, notably in England, it exists in Scotland, and so it certainly exists here. So I've come to the conclusion that the truth is being hidden from us and that there's a very clear desire on the part of the authorities to hide the data. We have to ask why. How come they're hiding all this from us? The explanation—we'll get to that later—I imagine is that it has to be hidden because the vaccines aren't producing the expected results.

Jean Dury

So let's move on to the second part: you talk about data manipulation.

Christian Leray

Exactly. So first of all, we've seen that the authorities are hiding as much as possible. That is already an admission that there's a very big problem. But what's more, for everything that's actually been made public, we realize that there have been manipulations to the data. So we can make a list of many examples.

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We can start with PCR tests, for example. As we learned from Monsieur Chaillot, who spoke at length about this subject, PCR tests can, after all, almost create a pandemic if they're adjusted too tightly. So how does a PCR test work? It's based on a number of cycles, and I'll make it very short: the higher the number of cycles, the more acute the test. The problem is that if you do too many cycles, you'll end up with a test that's so intense that it may declare

people as being positive when they aren't necessarily so. In fact, this was the title of an article in *The New York Times* as early as, I think, August 2020, which said, "Your PCR test is positive; maybe you're not." And the reason would be that the number of cycles is too high. And this number of cycles should be known, in fact. Yet it's not known; it seems to be hidden.

I made an Access to Information request to obtain this information. I finally got it after two or three tries because when you make an Access to Information request, you have to be very specific. They do everything they can to skirt around the issue, to avoid answering the question; and then every time you make a request, it's going to take you at least 20 days before you get an answer. So you make the request, 20–30 days go by, and then they tell you it's not a good question, it's not clear enough. It can take up to three months to get an answer. So I sense a clear willingness to conceal information.

Finally, I learned that in Quebec, these PCR tests are set at between 40 and 45 cycles. So you need to know that, generally speaking, we estimate that a normal rate of cycles for the PCR test is roughly between 28 and 32 cycles. If we exceed 32 cycles, we run the risk of having a test that's too acute, which will declare people with bits of dead virus as being positive. In any case, this can create a feeling of panic because more people will be declared positive than is actually the case. And this may also partly explain why so many people are asymptomatic: quite simply because our tests are far too sensitive. So already we can see here that there's a huge problem of transparency and obvious manipulation because: Why test between 40 and 45 cycles when the scientific literature talks about 28 to 32? It's quite problematic.

There's also everything to do with COVID hospitalizations. So we heard a lot, especially during the first wave, about hospitals being overwhelmed. But here too, I think there was some manipulation. Why? In France, the ATIH [Technical Agency for Information on Hospital Care], a public institute, published a figure that made a big impact: namely, that the hospital occupancy rate for people suffering from COVID was two per cent. So it caused quite a stir. We thought, "What's going on, how can this be?" And I wanted to verify what was going on in Quebec.

So I searched for the data. It wasn't easy but I finally found the hospitalization data. On the INSPQ site, you can find data on people hospitalized with COVID. So on the Santé Québec site, we have the overall hospitalization rates; and by doing the ratio, I came up with a total of 2.1 per cent, meaning that in 2020, the percentage of people hospitalized for COVID was 2.1 per cent of total hospitalizations. This means that 97.9 per cent of hospitalizations were for other causes. So in fact, people hospitalized for COVID never really jeopardized the healthcare system, especially when we consider that hospitals were transformed at the same time: special units were set up for COVID and many operations were postponed. In fact, hospital activity plummeted in 2020.

If I could share my screen, I could show you all the data. It speaks for itself.

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And we can see that, in the end, maybe there were a few hospitals that were indeed overwhelmed at certain times. But you have to realize that the heaviest traffic, let's call it, in hospitals because of COVID was I think on April 16, 2020, and we reached five per cent. So in fact, there hasn't really been a hospital crisis. The data show that there weren't really any overcrowded emergencies or departments and, by 2021, it was 2.3 per cent. So here again, we see that there was some fabrication; there was a narrative to make us panic, to

tell us that this was a catastrophe and to encourage us to isolate ourselves and then to accept the health measures we were ordered to follow. There were other manipulations too and one that particularly strikes me as extremely serious.

Commissioner Massie

Christian, can you share your presentation? It would be easier to follow your numbers. Is that possible?

Christian Leray

Yes. No problem. Can you see that?

Commissioner Massie

Yes, that's good.

Christian Leray

If I can show you here, it was the INSPQ table on comorbidities. So we found that 92 per cent of people who died from COVID had, in fact, at least two comorbidities; the INSPQ talks about pre-existing conditions. And if we add the people who had one pre-existing condition, we arrive at 97.3 per cent. So this table showed that the general population had virtually nothing to fear from COVID, despite what we were led to believe.

If I go a little further, here, this was my Access to Information request, which showed that in Quebec, PCR test cycles were between 40 and 45. Here is the famous graph showing the drop in hospital activity in 2020, when hospitals were supposedly overwhelmed. This is due to the fact that hospitals actually delayed operations and transformed the units into COVID units, which were probably not as full as we were led to believe. These are the raw figures. Here we see the total number of operations in 2020 and 2021. In fact, we see that the COVID proportion is very low and cannot have had seriously jeopardized hospital activity. But that's what we were led to believe.

This brings me to my next point, which seems to me to be a very important one, which is that there is some doubt as to how vaccinated people were classified for the 14 days following their vaccination. Because during the 14 days following vaccination—especially the first dose, because for subsequent doses, it was 7 days—during the 14 days following the first dose, they were considered not yet protected. So in fact, they were considered unvaccinated. However, what the data show, and this is a table taken from Ontario Public Health, is that people who receive a dose of vaccine—here it's the first dose, I believe—tend to manifest the symptoms of COVID during the 14 days that follow, essentially. We can see that here, up to 12 days, we still have a lot of cases and then it drops off quickly. So vaccines tend to create COVID cases.

Incidentally, in one of her recent lectures, Naomi Wolf said that this was the third-most common side effect of vaccination. This is absolutely incredible. She based this statement on data from the Pfizer files. So what it looks like, in fact, is that people develop COVID within 14 days of being vaccinated. The question is knowing how they're classified because if they're classified as unvaccinated because they're still considered unprotected, then the weight of those numbers falls into the unvaccinated category. And we've made requests for Access to Information and haven't had a clear answer.

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So there's a major uncertainty hanging over whether people who have been vaccinated for less than 14 days, and who tend to develop COVID, have been classified with the unvaccinated, which could explain the famous epidemic of unvaccinated people. As you'll recall, the epidemic of the unvaccinated in 2021 may in fact have been an epidemic of the vaccinated. In fact, Patrick Provost and I talked about this, and we wrote an article about it that was published in *Libre Média*. So if this turns out to be true, it would be an absolutely gigantic manipulation because it would really mean that the unvaccinated were blamed for the contaminations and the hospital occupancy, whereas it was, in fact, the vaccination that caused it— So a way of hiding the data that is absolutely—I do not think this can even be put into words.

There were also other methods of manipulation. I've written articles about this on the Réinfo Québec website. So a fairly classic method was to present the raw data of the day. For instance, every day on Santé Québec's dashboard, they presented the data: the numbers of cases and people hospitalized. But it's important to know that this data was polished over the following days, even weeks or months. When you look at the data, Santé Québec very quickly modifies it all.

And what's important to know is that, generally speaking, this is to the advantage of the vaccinated. Let's take an example: at the beginning the dashboard showed 100 vaccinated in hospital versus 120 unvaccinated in hospital. But if we revisit the site a week later, we'll perhaps see 90 unvaccinated versus 110 vaccinated, and the more time passes, the more it increases, in fact.

Sometimes it's the other way around. Sometimes, it's the [un]vaccinated who are increasing, but overall, and in a fairly major way as we refine the data, I'd say it's more the vaccinated. It depends on your point of view, of course, but let's just say that they look much better on the day it's posted—on the day itself—rather than in reality, in the actual facts. Yet we only see the actual facts a week or a month later and that's too late because we've moved on to another day and it's been forgotten; it's been erased.

And so this too is an absolutely unacceptable way of presenting things, and that's why, in our dashboard—we'll come to that later—we did what the English did: we presented an overview that didn't take into account that day's data. We let ten days go by, and once the ten days had passed, we went back over the previous four weeks. So that gave us a more dependable idea of things because if you look at the current day's data, it's raw and it favours the vaccinated, and so it gives the impression that we actually have an epidemic of unvaccinated people.

Then there were other manipulations. I'll be brief about these. For example, we had an absolutely incredible testimonial from the field: a person told us that his 95-year-old father had died. He was in a CHSLD, a retirement home, and the doctor classified him as a "COVID death" and unvaccinated. So why COVID? Primarily, because he had had a positive PCR test two days before. So we pretty much know the value of the PCR tests today but that was reason enough to classify him as COVID. And he was 95 years old; he was at the end of his life and his son who testified told us that it was probably his time, unfortunately; he was at the end of his life. And if he had COVID, he actually didn't die of COVID: he died with COVID. But he was classified as a COVID death.

Beyond all that, he had been vaccinated. In fact, he'd received two doses. Yet the doctor classified him as unvaccinated. Why? According to our witness, it was because he had received his two doses more than six months earlier. Now that's extraordinary.

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This means that six months after having multiple doses, the authorities may— Is it the whole of Santé Québec, or just individual doctors? We don't know. But in any case, after six months—and we know that in France, it's like that. In France, there actually was a directive that said that after six months, you were considered unvaccinated. Your vaccination health pass no longer worked. So that's what this doctor applied. He considered that after six months, you were no longer vaccinated, and so the effect fell into the unvaccinated category. And how many cases were there like that? I believe there have been many and a thorough investigation could reveal this.

Then there was survivor bias. I think it's also been touched on by other speakers before me, so I don't want to go over it again, but it's a way of calculating statistics that ultimately overexposes the unvaccinated, giving the impression that they're more affected than the vaccinated, when that's not the case. Fenton spoke of survivor bias using a placebo as an example. Both groups had received a placebo, in fact. The victim or survivor group was over-represented, even though it was a placebo, so you're at 50/50.

I also wanted to come back to transmission, which was quite interesting. So this employed a slightly different manipulation: it's about the establishment of the vaccine passport, which was based on the idea that it would protect us from the transmission of viruses, given the understanding that the vaccinated were no longer transmitting the virus while the unvaccinated were. This justified the vaccine passport, so that the unvaccinated could no longer go spread the virus in restaurants, bars, and so on.

Except that what Madame Small from Pfizer informed us—in fact, we already knew about this earlier, but she made it official, so to speak—was that Pfizer's initial trial never demonstrated that the vaccines prevented transmission. All it could show was that they prevented infection. But then again, as Pierre Chaillot has shown, it involved 170 people: 162 unvaccinated people infected, 8 vaccinated people infected, out of a total of 40,000 people. And based on these 170 people, they were able to say that they had 95 per cent efficacy against infection. This is absolutely incredible, but in any case, the trial could not demonstrate that it prevented transmission. That's what Madame Small belatedly said at the end of 2022.

So the question is, what did the authorities know about transmission before the introduction of the vaccine passport? Well in fact, as it turns out, they knew virtually nothing because there were two, quote-unquote, "studies" that came out. I did some research on this. There's a study that was done in Israel. As you know, Israel was the "Pfizer nation." That's where there was an agreement between Israel and Pfizer for Israel to get more vaccines more quickly. In exchange, they would transmit all their data to the company. So they were able to do an initial study on transmission, but it was Pfizer's study, so there was already a conflict of interest from the beginning. Then there were other problems that I've listed in other articles as well. So it wasn't very solid, let's say.

And the second study—on which Monsieur Macron particularly relied—claiming that vaccines reduce the risk of transmission by a factor of 12, is in fact a model from the Pasteur Institute. The two studies, Pasteur and Israeli, came out in June, and they are modelling studies. There are many limitations to this, because everything depends on what

you input into the model. For example, if the model uses a 90 per cent vaccine effectiveness, well, you're bound to get a model that tells you that it will reduce transmission, that's certain. And in fact, that's pretty much all the authorities had.

But what do we realize, in fact, as early as July? It's that there are outbreaks in places where there were only vaccinated people.

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The British aircraft carrier, *Queen Elizabeth*, for example: all were vaccinated and there was an outbreak. There were other cases in hospitals where virtually all the patients were vaccinated, and then studies started coming out. At the end of July, I think it was *The Washington Post* that published a study quoting the CDC to the effect that vaccines no longer prevent transmission—well, we've never really known that they did. On July 31 or 30, 2021, *Le Monde* published an article citing an Israeli study already showing that vaccines were only 39 per cent effective. At that point, the mandates hadn't yet been put in place; and all the studies that would follow would only reinforce this, showing that vaccine efficacy declines over time and so on.

And despite all this, they would succeed in imposing a mandate as discriminatory and undemocratic as the vaccine passport. It succeeded despite the obvious evidence; the manipulations are gigantic. That's what I wanted to show you: we realize that the authorities manipulate the data to their advantage and that we can't trust the data, but it was enough to make us panic and to succeed in applying the lockdown measures, the masking, the vaccine passport, et cetera.

Jean Dury

And finally, you talk about the negative effects of the mandates.

Christian Leray

That's right. So after presenting my many situations—in other words, showing that the authorities hide what bothers them, and of the little that they do reveal, they manipulate the data—what's quite extraordinary is that, in spite of all this, their own data shows a negative efficacy.

I've been very interested in vaccination, of course. Now, we already know that lockdowns are probably negatively effective. There was the "Mr. Vaccine" from Israel, Monsieur Cohen, who admitted this on the French TV channel CNEWS. We now know that masks are ineffective, and even that they have negative effects when we consider the psychological damage to children as well as the chemicals in the masks. But I'm really going to come back to the vaccines.

So the first thing that's interesting to see is that in Quebec in 2022, despite an 85 per cent vaccination uptake, we had more deaths than in 2021. This is absolutely incredible. I'll show you right now. This is data taken from the INSPQ website: you can really see that hospitalizations are higher in 2022; they're exploding.

And for deaths, at the bottom, it's the same thing; and in fact, it is certainly higher than in 2020. That's because in 2020, as Monsieur Chaillot said and as previous speakers have said, there was particularly—excuse me, but the way they counted in 2020 was absolutely absurd— In particular, there was the Arruda directive in Quebec, which stated that people

who had COVID in a building—so it could be, for example, someone without a test who had a runny nose or a sore throat or whatever—and if there was one person in a building who had such a symptom, it was said to be COVID. Then, all the people in that building who died were classified as COVID.

So as a result, the number of COVID deaths exploded. And Monsieur Arruda, who was Director of Public Health at the time, admitted on several occasions that many people who were classified as COVID had never actually been tested. They were classified, no doubt hastily, as COVID. Not to mention the problems that arose with the abandonment of the elderly. There were doctors who testified that many elderly people had died of thirst or starvation.

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Anyhow, in short, all this is to say: that when it comes to COVID deaths in 2020, there's most certainly been a lot of exaggeration; and that we're seeing an astonishing rise in 2022 compared to 2021, even though we have a population that's 85 per cent vaccinated. So it's quite astonishing, let's put it that way.

So the next important point to note is that we used Santé Québec data. As I said earlier, to prove that vaccination was effective, Santé Québec shared data on cases and hospitalizations, and we used these data. So what was it actually? It was an Excel table showing, for each day, how many hospitalized people were unvaccinated, vaccinated "one dose," vaccinated "two doses," "three doses." So for example, on May 3, 2022, we could have five unvaccinated, three "one-dose," four "two-dose," and so on.

And ultimately, with some very simple Excel calculations, we arrived at the following table which, in fact, showed that people who had received three doses were largely over-represented in hospitals, since at the time they actually represented around 50 per cent of the population—51.2 per cent—but accounted for 70 per cent of COVID hospitalizations. So there was a negative differential of minus 18.8 per cent, which is absolutely absurd. If vaccines work, we absolutely shouldn't have that. When you see that, you're just speechless.

I'd like to remind you that this is Santé Québec data; nothing was made up. It was published every week on our site because we did what we called a counter-dashboard. And the fact checkers, the media, were perfectly aware of it, and I can tell you that they followed us closely. We had a few instances where they, quote-unquote, "came down hard on us." We were "debunked" by Radio-Canada. At one point, they did a 20-minute report on "The Multiple Faces of Réinfo Covid." Thus, they claimed to be tracking us closely, and I can tell you that if we had been wrong, we'd have known about it straight away. I don't think it would have taken long, a few hours at most, before we'd have had articles saying that we were talking nonsense. So I think these data are very reliable and, in fact, show the ineffectiveness, at least of the third dose, which has very deleterious effects.

So that was for the mandates. It was so bad here in July 2022 that the authorities had no choice but to withdraw them. At first, it was very good for them because I think, since there was this way of actually classifying the vaccinated during the first 14 days as -unvaccinated, it created an epidemic of the unvaccinated, so it was fantastic. They could show the data. It was magnificent. It was wonderful for them. But as time went on, there were in fact fewer and fewer people receiving a first dose. Therefore, fewer and fewer unvaccinated people developed COVID symptoms, and so, little by little, the reservoir dried up and the reality

became more and more obvious. And that's what led to this result. And there was no other choice: they had to be withdrawn.

So we've seen hospitalizations, but now we know that there was also a piece of data that was never shared: deaths. Why aren't we sharing data on deaths? We tell ourselves that the explanation is no doubt because we shouldn't show them because the results aren't very favorable. And that's effectively what we got, since we applied for Access to Information. It was complicated; we had to do three of them because each time, they gave incomplete data, so we had to specify exactly what we wanted.

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And we obtained a document showing the number of people who had died from COVID according to vaccination status. And what did it show? It showed that 95 per cent of people who die of COVID are, in fact, vaccinated.

It's absolutely outrageous. We mustn't forget that nearly 85 per cent of the population is vaccinated, so this is gigantic. In fact, it is a ten-point difference. This is rather extraordinary for a vaccine that is supposed to protect against disease. This is based on Santé Québec's own data, which is known to be manipulated. The data is not very good. It's understandable why they hide it. It's even quite catastrophic. So that's the current situation in Quebec. And then what do we notice? We notice that there is an unexplained increase in the number of deaths. The ISQ, the Institut de la statistique du Québec, recognized that there has been an unexplained 18 per cent rise in mortality among young people.

You can see it here, in fact: so, this is taken from the ISQ website. We can see that from mid-2022, there's actually an upward trend towards midsummer. And this trend of increasing mortality continues on, which is not normal if we look at the summers of 2021 and 2020, when there was no excess mortality. Here, we can see that there is excess mortality; it's well explained. But when we see this table here, we get a rough idea; and in fact, at least we have a hypothesis, so to speak. And the way to verify this hypothesis would be to have deaths from all causes according to vaccination status but, as I told you, Santé Québec tells us it doesn't have this data, so we can't verify it.

That's more or less the situation in Quebec today. So we can see that based on public health's own data, vaccines seem to have negative effectiveness. There is an unexplained rise in mortality. Could the vaccines be part of the explanation for this unexplained rise? In any case, the authorities are making no connection whatsoever. They're certain that the vaccines are safe and effective, and that's where we're at today.

Jean Dury

Thank you very much, Monsieur Leray. Do we have any questions for you?

Commissioner Massie

I understand it's getting late now. We've all had a very long day. I'll limit myself to just one question for Monsieur Leray. You've done a colossal job compiling all these data and I would be interested to have you comment on the evolution of your mindset regarding data collection and the questions you had when seeing those discrepancies from your observations that seemed to materialize every time you did a study. Has this led you personally to take a firmer stance regarding what seems to be a fabricated narrative that, in any case, does not seem to want to be dismantled by government authorities? So what is

the evolution of your approach and where are you now after all the analysis you've been doing for at least the past two years?

Christian Leray

Clearly, this can only reinforce the idea that there's a problem with vaccines. Moreover, that was the idea behind one of my articles for *Libre Média*, where I said the vaccines are not the solution.

[00:45:00]

All this happened step by step: first we had the INSPQ table on comorbidities, then we had the data on hospitalizations, then we had the data on deaths according to vaccination status. It's clear that at each stage, the idea that vaccination has a negative effect is only reinforced. What's shocking is that this is something we're even questioning. As I say, everything we do is public, it's detailed on our website. In our articles, I do explain the methodology; and we know perfectly well that all the media and fact-checkers are watching us and they have nothing to say. So it's an admission that what we're saying is true, that we're not too far off the mark, and that they're extremely embarrassed. We find ourselves asking, if the public knew all this, what would they think and how would they react? It's unbelievable.

So in fact, in the end, the authorities and the media—I call them subsidized media because they receive subsidies, which obviously doesn't make them free; they're not independent—but they're stuck in their discourse of safe and effective vaccines and they can't go back. I mean, it would be extraordinary; they're capable of anything, but it would nevertheless be quite extraordinary to suddenly be able to tell us, "Oh, you told us that vaccines were ineffective and that we shouldn't be vaccinated." So they're forced to continue with this discourse that vaccines are safe and effective. And that's worrisome for the future because the future is more or less what other speakers before me have been talking about. What has happened, in fact, is social engineering. We succeeded in scaring people, making them conform, locking them up, and injecting them with a product that was still being tested. It was a great success, and this success has been analyzed by the people who organized it all, and it's still going on.

So now we're going to have the sequel, perhaps with global warming. They're talking about "15-minute cities," where we'll have to accept cameras in the streets for these "15-minute cities," where we'll be filmed all the time because we won't be able to take our cars anymore because they pollute and because they heat up the planet. We're approaching a world of Chinese-style control; that's what I fear. And the media, who have committed themselves, are somehow trapped in the chain of events. Occasionally, they'll publish a few articles by a few researchers warning, "Hey, you know what, we've gone too far with artificial intelligence, and we need to reflect." But maybe that should have been done earlier. Now, we're well on the way, and it's high time to reach out to the public and make them aware of what has happened, what is happening, and where we are going. It's very, very important.

Commissioner Massie

Thank you. I'll ask my colleagues. Do you have any questions to ask Monsieur Leray? Okay then, thank you very much. I'll let you and the host finish here.

Jean Dury

So we'd like to thank you very much, Monsieur Leray, for steering us on in this matter.

Christian Leray

Thank you very much.

Jean Dury

Thank you. Good evening.

Christian Leray

Good evening.

[00:49:22]

Final Review and Approval: Erin Thiessen, November 1, 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.

For further information on the transcription process, method, and team, see the NCI website:
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