



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)*

Witness 8: Dr. Barry Breger

Full Day 2 Timestamp: 05:21:54–06:24:56

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

So good afternoon. This is Konstantinos Merakos, with the law firm of Bergman and Associates, and I will proceed with the next testimony. Today we have Monsieur Barry Breger on Zoom. Monsieur Breger, can you hear us?

Dr. Barry Breger

Yes, I can hear you.

Konstantinos Merakos

Excellent. So Monsieur Breger, or Breger [pronounced with a French accent], do you have a preference?

Dr. Barry Breger

My name is Breger, but in French we often say Breger [pronounced with a French accent]. But I answer to anything.

Konstantinos Merakos

Perfect, excellent. Then whether you prefer French or English, it's up to you. We are comfortable with either. We have fabulous translators backing us up, so don't hesitate.

Dr. Barry Breger

Very good.

* This witness spoke predominantly in English; the NCI lawyer spoke in French. French passages were translated to produce a document that reads seamlessly in the English – editor.

Konstantinos Merakos

I will begin by swearing you in. So Monsieur Breger, do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say yes, I solemnly affirm it or I swear it.

Dr. Barry Breger

I swear it.

Konstantinos Merakos

Excellent. Can you please state your full name?

Dr. Barry Breger

Barry Breger.

Konstantinos Merakos

And where are you located right now?

Dr. Barry Breger

I am currently in Morin Heights, in the Laurentians, north of Montreal.

Konstantinos Merakos

Perfect. And are you alone in the room?

Dr. Barry Breger

I am alone in the room.

Konstantinos Merakos

Perfect. So we're going to spend the next 15 minutes together. I would like to start, Monsieur Breger, by talking a little about you. So based on your CV, can you please briefly tell us about your expertise and who you are?

Dr. Barry Breger

Yes. I am a doctor by training and I have worked as a general practitioner for 42 years. I was born in Montreal, raised in English, but appreciating the French-speaking reality in Quebec. I studied at McGill for science and at the l'Université médicale de Grenoble [Université Grenoble Alpes] for medicine. So I live in both languages: in the office and with individual patients, we speak English and French; and at home too we move from one language to another freely. So I prefer to do most of my testimony in English because it is my mother tongue. I feel more comfortable in English, and when I speak to four commissioners, all four understand English well, whereas I don't think that is the case for French.

So I was born in Montreal, as I said, and studied medicine in France, at the Université médicale de Grenoble, after doing an undergraduate degree at McGill University. My

experience: I spent six years in France, came back to do my family practice in Newfoundland and became a certificant to the College of Family [Physicians of Canada]; I did three years of internship and residency in Newfoundland. Subsequently, I worked doing emergency room shifts in locums, replacing other doctors in remote areas in Newfoundland. In the middle of all that, I worked in the Far North, both in northern Manitoba and in northern Ontario, working in nursing stations as a GP obstetrician. In one of the nursing stations, I was the only doctor; there were three-four hours flights from any help, so I was quite isolated.

[00:05:00]

In between, I did a long trip trekking in Nepal and across Asia for six months, and it was a big part of my learning experience, especially for high-altitude medicine. The trekking to Everest Base Camp, which interested me as well—high-altitude medicine. I've been doing complementary medicine since the beginning. I've been interested in nutritional medicine since I was a teenager actually, and continued in that line as I became a doctor.

I did integrative medicine; it's now called nutritional medicine, integrative medicine, functional medicine, or, according to Linus Pauling, two-time Nobel Prize winner, for chemistry and peace: orthomolecular medicine. "Orthomolecular" means, "ortho" is the right molecule, so it is trying to use the right molecule to address whatever the underlying metabolic problem is that leads to the symptoms of a disease. So if you are dehydrated, the right molecule is water, H₂O. It's not beer, it's not wine, and it's not a fizzy drink: it's water. That's a simple example. So orthomolecular medicine treats all diseases that way: we try to use the right molecule to deal with the problem. Of course, you know, if you need to treat the symptoms or you need an antibiotic for a severe infection, you use modern medicine, but otherwise you try to use natural molecules.

My particular interest over the years had become chronic diseases. Modern medicine is actually quite excellent at treating acute diseases, sometimes miraculously so. For chronic diseases, it's not so good. Modern medicine tends to treat chronic diseases symptomatically, with medication. My goal is to treat the underlying problem, using medication only when absolutely necessary. So I became interested because people who came into my office had these problems; they couldn't find another doctor quite often to take care of it, so I did: chronic fatigue syndrome, fibromyalgia, environmental hypersensitivity, both chemical and electromagnetic. Both of those are not, by the way, recognized in my province of Quebec: electromagnetic hypersensitivity and chemical hypersensitivity.

Hypersensitivity is when people develop various debilitating reactions when they are exposed to whatever they are hypersensitive to. So somebody who is chemically hypersensitive will get really sick when they are exposed to perfume, or aftershave, or the smell of soaps, or renovation products, or all sorts of common things that we smell all the time; the smell of a new car, that will make them very sick. And the ones who are really hypersensitive are isolated and lead lives that are very difficult: oftentimes, they can't go outside easily; they have to be careful; people can't come over wearing anything that can have the smell of soap on them. So it's a fragile population, which is the relevance to what we're talking about. My population that I saw was fragile.

Konstantinos Merakos

Right, thank you.

So I will continue the questions in French to help the translators a little. So you have spent 42 years as a doctor. You have experience in emergency, intensive care, hospital care, in several regions in Quebec.

I'll proceed with my second question, Monsieur Breger. As a doctor in the field, what would you say were your experiences and observations as a doctor both at the beginning and during the pandemic?

[00:10:00]

Dr. Barry Breger

Well, at the beginning, I was in a multidisciplinary office working as part of a team. But at the start of the pandemic, I was in a private office, meaning people had to pay to see me. In Quebec, we have the right to do this. In other provinces, to my knowledge, it is not allowed. So people were motivated. I had patients who were—as we called ourselves—awake. They knew what was happening; they saw exactly what was happening.

What struck me the most were things that the two previous witnesses—and I'm sure there have been others—talked about. It was the fear factor—

Ah, I am switching from French to English, I am not even realizing.

Konstantinos Merakos

No problem. Don't worry. It's not a problem.

Dr. Barry Breger

The fear factor. It seemed that everything that was done at the beginning was to increase the fear of the population.

Konstantinos Merakos

To create an overarching fear. I'm just translating. In other words, to frighten the world.

Dr. Barry Breger

Yes, yes. To create fear; the fear factor.

Konstantinos Merakos

Yes. Please continue.

Dr. Barry Breger

And it seemed to be a goal, and it was done by everybody. I had read a book called *La pandémie du mensonge et de la peur* [The Pandemic of Lies and Fear], by Dr. Jean Stevens. And he actually quoted—I think it was the assistant director of the WHO—that their protocol for pandemics is to “keep calm and keep the population calm” because oftentimes fear could cause more collateral damage than the infection, as we're seeing now actually.

So how did it start? Well, the first thing we were told was that it was a novel virus: it wasn't known; this was the first time; and that we didn't have immune function that was adequate to fight this novel virus. First of all, it wasn't a novel virus. It was a coronavirus that we all know and love, and our immune function— Well, I don't think in any of our lifetimes, anything invented by man will get better than our immune function. Our immune function is superb, but we have to support it. So that was the first— Without being insulting, but to me, they were lies.

And then we learned that in 2009, the definition of a pandemic was subtly changed, without any fanfare. Instead of being many, many deaths and disease, we started to define a pandemic according to cases. So cases were put into the definition. Now disease is pretty easy to define: people are sick, they have symptoms. Death is really easy to define: we can recognize death immediately. Cases are more complicated. So then we have to define what a case is. They decided with this so-called novel virus, which it seems more and more likely was a man-made gain of function virus— Well, I'm pretty sure that's what it was. The virus was produced, according to Luc Montagnier, who observed that there were more than a thousand peptides in the proper order that come from the HIV virus; Luc Montagnier won the Nobel Prize for discovering HIV, so he's a pretty credible witness. When interviewed, he said: "Look, I have nothing to lose. I'm an old man." He was well into his 80s. "I have my Nobel Prize. I have no reason to not speak about what I find." And in his laboratory, he discovered that this novel virus had many peptides: a thousand—those were his words—in the same order they were in HIV and also malaria. So in other words, man had altered the structure.

So we had this new virus, and the pandemic definition was changed. And how do you define cases? Well, you define it with the PCR test. The PCR test was invented by Kary Mullis, who won the Nobel Prize for it. And he repeatedly said before his death, during the pandemic—as Luc Montagnier died during the pandemic—that this was not a diagnostic test. It was not developed to be a diagnostic test and it was not a good diagnostic test. But we started to use it as a diagnostic test to such an extent that even one of my patients coming back from outside the country with a positive antibody test—which is a blood test, which is much more reliable—was told that no, she had to get a PCR test. So she had to get the inferior test in order to prove that she was actually resistant to the virus.

[00:15:00]

In any case, so we were using the PCR test, which should not be a diagnostic test. The PCR test multiplies the amount of viral particles so that they become visible. I use the word visible to cover lab tests detection: probably a better word. During the pandemic, I learned that 25 cycles— Because you have to do cycles to get enough of the expansion of the viral particles in order for us to detect it. Usually it's 25 cycles, approximately. Once you get over 35 to 40 cycles, you get a lot of false positives. And in one estimate that I read, there was as much as 90 plus per cent of false positives. So if you did 35 to 40 cycles, you would get many more cases; and there would be more of an argument to declare a pandemic because cases are now part of the declaration of a pandemic.

To what end? One might ask: To what end is this happening? Also, we were using a modelling from out of Oxford University in England to show how serious this pandemic was. They use models now to predict what will happen. And this was from a serially false modeller; the modelling that this person, this university, had used, had been wrong on multiple occasions. But for some reason, the World Health Organization and all the public health bodies signed on for this model. To what end? So here we had a virus that we could not defend ourselves from; we had modelling that was inaccurate; we had a PCR test that

was not accurate also; and we were able to declare a pandemic by this simplified version of a pandemic. So suddenly, it was a big pandemic and tens of millions, if not hundreds of millions, of people would die according to the models.

Along comes the next step. Now, this caused a lot of fear in everybody. And that fear was on the news, on the mainstream media, in social media, repeatedly: how we should be afraid. At the beginning, when we didn't know what was going on, fair enough: we had to be safe. But then we started seeing and people started reporting and the fear factor continued.

Subsequently, or at about the same time, there was a lot of censorship going on and suppression of information. I'm part of a whole network of people, an informal army of people that share information. I'm now part of more formal organizations that share information, but at the time, it was informal. So somebody would come across a video or a blog from Professor Didier Raoult in France—who was the foremost infectious disease person at the time—or other epidemiologists or immunologists or virologists. And we started seeing what was going on and we shared information. Well, we knew that within 24 to 72 hours, it would be removed from the internet, with oftentimes a warning—that Amélie Paul talked about—that said we were going against community standards, whatever that means. I don't know who decided what the community standards were and who enforced. It was called misinformation or disinformation.

Eventually, the people that were spreading the word—renowned doctors and scientists and professors and all sorts of people who I knew before who were credible—were called the Dirty [sic] [Disinformation] Dozen. So that was a nice little catchy phrase: “Don't believe anything the Dirty Dozen says.” For me, the Dirty Dozen were the people to listen to. So we were all waiting for the vaccine because we were told that our own immunity would not be adequate, and we needed the vaccine that would protect us. It was going to be safe; it was going to be effective; and it was going to end the pandemic like that. And it was being developed at “warp speed” according to President Trump. A little Trekkie Star Trek term, another Dirty Dozen Star Trek catchy phrase, so we know that it's coming along fast.

[00:20:00]

And then the vaccine came along: the so-called vaccine. Of course it's not a vaccine, it's gene therapy. It's an experimental technology that had never been used for what it was being used. It had failed all the animal tests; the tests that the companies did were being kept secret. We didn't know what was in the product. At least one of the companies declared that they would keep it secret for 55 years. Now if it was so wonderful and it was so miraculous, why keep it secret? Anybody who starts keeping secrets, I get very suspicious.

Eventually, they had to release the data—and I'm sure there were other people who testified who are much more confident at interpreting the data than I am—that showed that it was not miraculous. We learned that the vaccine was neither safe nor effective; it did not prevent carriage; it did not prevent transmission. It was so safe and effective that after the first two doses, we had to have a third, then we had to have a fourth, then we had to have a fifth, and I think they're up to the sixth dose now. So effective that we need six doses. And we still don't know what's inside of it. On top of it all, in order to release the vaccine in the limited time with the inadequate testing, it had to be given emergency use authorization by the FDA, and everybody followed suit. To get emergency use authorization, one of the criteria is that there's no safe and effective treatment.

Which brings me to the most important point of this particular part of my testimony. There are many safe and effective treatments. There are many protocols that work—and worked

for COVID—that we found out early on. Paul Marik, Pierre Kory, and the [Front Line COVID-19] Critical Care Alliance were publishing them. These are renowned American doctors, published doctors. Paul Marik is probably the top intensive care doctor in the world, and his team. Kory went in front of the Senate Committee and begged them. He said, “The evidence is overwhelming that ivermectin works. Please recognize it as a treatment.” He literally was begging. And it was publicized; I saw it on the internet. Ignored. Not only was it ignored, but anybody who put forth an alternative treatment suffered the same fate as the two previous witnesses. That is, they were shamed, they lost whatever they could lose. So they lose their licence, they lose their hospital privileges, they lose their professorship, they lost their *gagne-pain* [livelihood], their way of making money. And this went on and on and on.

Eventually, it was also greatly encouraged—I wrote down “pushed”—for pregnant women and children; and there were no adequate studies at all for pregnant women. You’ve got to realize that for pregnant women the fetuses are particularly sensitive, especially during the first trimester. There was one study that I tried to find—and I could find it if the inquest requires—that was done on pregnant women and found a 17 per cent miscarriage rate in those who were vaccinated. And that’s bad enough. However, what was not said in the conclusion, when you look at the data, was that of the women who were in the first trimester—the first three months when the fetus is developing into a human being and all the organs are developing—those women had an 80 per cent miscarriage rate. In other words, of the 17 per cent that all the women had of miscarriages, the first trimester represented the great majority. And you’d think that in a proper society—a free and democratic society—they would tell women this; this is their babies. But no, they left it out of even the publication: you had to go searching for it. And then subsequently, we found out that— We now know that it’s dangerous. Children: they were in no danger from the virus; no child died from the virus. And if they did, they were dying from cancer or some other terrible disease; they weren’t dying from the virus. They had very, very mild symptoms.

[00:25:00]

We learned that in Quebec, 70 per cent to 75 per cent of those who died from the virus in the first wave were in CHSLD, which are the long-term care centres for the elderly and infirm in Quebec. The average age of those who died was over 80 years old, somewhere around 85 years old, and they had at least two comorbidities. Comorbidities are two other diseases: diabetes, hypertension, cancer, renal failure, whatever. So these were not healthy people that were dying. We also learned that of those who were dying, in one study, they checked their vitamin D status and the vitamin D levels were really low: alarmingly low. Yet we weren’t told; the word wasn’t given out that everybody should be on a supplement of vitamin D. There were those who treated with vitamin C—IV and orally— successfully, adding zinc, quercetin, and a whole bunch of other things. There were many, many protocols but all those protocols were suppressed. Towards what end? Is it a coincidence that emergency use authorization could not be declared if there was a viable treatment?

That’s it for this section.

Konstantinos Merakos

So thank you Dr. Breger. The translators have informed me that they have to play with several buttons to do the translation. So for the next question— I understand that your mother tongue is English, but would you be comfortable trying to do it in French for the sake of the translators?

Dr. Barry Breger

Do I speak to the translators or do I speak to the commissioners and the population?

Konstantinos Merakos

To everyone, myself as well. But I want you to be comfortable. I understand that the information is important to you but I want you to tell me what makes you comfortable. If you want to stay in English because there are medical terms, I will communicate with the translators and they will do a “one-way” translation.

Dr. Barry Breger

Yes, but when it is broadcast across Canada, to the United States, will there be subtitles? Will there be? You see, what I want is for people—as many people as possible and especially the commissioners—to understand exactly what I mean. I know exactly what I mean. I can easily say it in French but I’m not here to please the translators; I’m here to disseminate information to the general population.

Konstantinos Merakos

Yes, it’s whatever you want; I want you to be comfortable.

Dr. Barry Breger

English.

Konstantinos Merakos

Okay, no problem. It’s just a request that they made to me because I know that they are doing a very, very strong and very, very good job. So I want you to be comfortable because we appreciate your efforts and your information.

Dr. Barry Breger,

Oh, I appreciate them; I’m not mocking them. No, no, I’m very respectful.

Konstantinos Merakos

Perfect, absolutely. So I will continue with my question. The third section relates to your experience in your office. So here I would like you—while respecting your professional secrecy, client confidentiality—to tell us about stories that you have personally dealt with or experienced in the medical field as a doctor, especially during the pandemic. Can you tell us a little about this?

Dr. Barry Breger

Okay, I’m going to speak in generalities. Of course, I’m going to respect people’s confidentiality—that goes without saying of course—but thank you for reminding everybody that that’s what I am doing.

This brings me— What I didn’t discuss was the masks and the mandates. Because people were forced to wear masks when they went out in public. This was apparently for public

health reasons but there were no studies that showed that masks would help prevent transmission of respiratory infections among a healthy population. None. It was quite the opposite. And as time went on, there were other studies that came out; and there were meta-analyses done recently by the Cochrane collaborative, a very well-respected group. Their conclusion was that there is little or no benefit. But we knew that before.

[00:30:00]

Actually, they had even done studies in masking surgeons and unmasking surgeons. And there was no increase in infection in the patients that were operated on by unmasked surgeons. And plus, the masks were not adequate: the holes in the masks were 100 times greater than the size of a virus for the regular paper masks that we were using. People touched their masks; people adjusted their masks. The masks, in my view and my reading, were virtually useless. But people had to wear masks. Now I dealt with a vulnerable population, so I was having patients coming to me saying: “I can’t breathe when I have the mask on” and “I started to get pimples all over and then my eyes water.” “My daughter put on her mask and two minutes later her eyes started to water.” There are chemicals in the masks, there are microplastics in the paper masks; and plus, they don’t work. So I would have to issue mask exemptions, which were generally respected actually.

However, you had to be very brave to use a mask exemption to go out without a mask. I personally put on my mask whenever I went anywhere when I was being observed because I didn’t want to get into a confrontation. You know, there is some person loading the shelves, working in a store, telling me that I had to wear my mask. Am I going to get into a discussion with them and start to say, “I’m a doctor and I read the studies”? No. I just wanted to be able to buy my stuff and get out of there. But some people couldn’t wear their mask: it was really difficult for them. So I issued mask exemptions. Theoretically we did not have to show, in Quebec, the mask exemption; all we had to do was say that we had a mask exemption. But people were talking about how difficult it was to go shopping, to circulate in public without a mask just because of the social separation, of the disapprobation that they had. People frowning, metaphorically, at them or criticizing them or aggressing them.

The other thing was the vaccines of course: the so-called vaccines. Of course we knew the vaccines were experimental and that they had nothing to do with a regular vaccine; the mechanism of action is completely different. We were told that the material would stay in the arm like a regular vaccine and, in fact, when it was examined in the animal model, it was in every tissue that they examined. The messenger RNA got into every tissue in the body that was examined. So it hijacked our own cells to produce the spike protein, which was the toxin—which actually is a toxin. So our own cells were hijacked to produce the toxin. The logic being that our immune system would recognize this toxin, produce antibodies to attack the toxins that our own cells were producing. And where would that end? What was going to happen? Were our own cells going to stop producing it? I never quite understood the logic behind it but we were told by the experts that this was perfect despite the fact that the animal models failed terribly.

In one study all the animals died after getting a messenger RNA vaccine and in other studies they just failed. And of course in the human trials that were eventually released because of freedom of information, it didn’t do very well either. So people were forced to take the vaccine. I say forced, well, they weren’t forced: they could stay home. Of course they’d lose their job; they’d lose their business; they’d lose their status. So they were forced; they were coerced, which went against the Nuremberg Code. The Nuremberg Code, I think it’s the first paragraph—I haven’t read the Nuremberg Code but I know this about it—it said that we could not force anybody to undergo an experimental therapy without

free and informed consent. Of course this was a reaction to the Nazis and Dr. Mengele, and every country in the world signed onto the Nuremberg Code. And yet we were now forcing people—coercing people, without free and informed consent—to take an experimental vaccine. Because it was “safe and effective,” we were told.

Konstantinos Merakos

Yes. So I know that, for example in Canada and Quebec, we have Charters of Rights and Freedoms. Because you have just broached the subject of human rights, can you—in your experience, whether in the hospital or in your office—talk a little, give examples of these violations that you have observed in terms of human rights here in Quebec?

Dr. Barry Breger

Yes. In Quebec and everywhere, doctors are supposed to get free and informed consent for any treatment. “Free” means that the person is giving their consent without any force, without any coercion. So they do it freely, not because we’re going to shoot their family members if they don’t follow along or put them in prison; or lose their jobs. It has to be free. “Informed” means they get all the information, otherwise it’s not informed. And I’m sure the inquest has heard countless testimonies of where we were not being informed. There was censorship going on: whenever any information came out that was not following the mainstream narrative, it was censored. So there was no informed consent.

It went against our Constitution, it went against the Quebec Constitution, it went against the American Constitution, and people went along with it. It was absolutely mind-boggling! And the reason they went along with it was because it was “for their own good.” So children were vaccinated by parents because it was a safe and effective vaccine: as young as 12 months. And they were going to protect their grandparents because those kids: if they got sick, they would be asymptomatic because they didn’t get sick very much from COVID; and then they would pass it on to their grandparents, who were fragile; and the kid would be responsible for the death of his grandma or grandpa.

That doesn’t sound informed to me. That was also the myth of asymptomatic transmission, which I haven’t mentioned as well. It was the other thing to put fear. Even if you didn’t have symptoms, you were going to potentially pass on the virus to somebody else. Well, that means we’re all walking time bombs; we’re all a danger to everybody else. I suppose it could happen, you know it does happen, but it’s relatively rare, very rare, just like it is all the time. So yes, I think that *en français, on dit que les droits constitutionnels ont été bafoués* [in French, we say that the constitutional rights were violated].

And on top of it all, our own Collège des Médecins [College of Physicians] told us doctors that it was an ethical obligation to take the jab—to be injected with this experimental vaccine—in order to protect our patients. So we were being unethical if we didn’t take the jab. As a matter of fact, healthcare practitioners would not be able to work if they weren’t jabbed. The deadline was October 15th: we had to all be injected. I was not going to do it; there was no way that I was going to put my life in danger because the Collège des médecins said it was my ethical obligation. They sort of made it up. I mean, there’s no ethical obligation to be treated with an experimental vaccine. I mean, it goes against the Nuremberg Code! So there’s certainly no ethical obligation. And if that’s what’s in the Code of Ethics then they better change the Code of Ethics.

[00:40:00]

In any case, I decided I was going to just stop working for the time that it took for all this to blow over. So what I had to do was cancel three months of appointments. These are people who are waiting to see me: people I'm following; people who are waiting for follow-ups; people who are having their yearly exam, et cetera, et cetera. So I just had to cancel everything. A lot of work for the staff to cancel three months of appointments, to renew all the medications—because who knew how long it was going to take? And for somebody who was making an appointment to get a medication that they needed and their appointment was in two months and I might be off work for a year or two years: I had to write a prescription. So we had to go through all the charts and renew all the medications.

Come along to October 15th, I can't remember whether it was 2021 or 2022—I'm not very good with dates—we were then told: "We're getting a two-week extension; we have another two weeks to vaccinate ourselves." So we get back to the patients, tell them, "Listen, I'm working for two weeks. We can fill up the schedule. I could work extra days, but I'm going to be stopping on November 1st." I remember it was October 15th and November 1st, probably 2021. And then—we'd already cancelled everything. I think 24 hours before November 1st, we were told that, no, that was cancelled. We could continue working even if we were not jabbed. However, there were restrictions: we had to put a plastic barrier between us and the patients; we had to stay six feet apart; and we had to wear masks. All of which were useless in a viral infection. You know there are billions of viruses in the room; they're all over the place. And there was no information given about how to do—except for doctors like me, who gave our patients information.

Now we couldn't get ivermectin. As a matter of fact, I was told that the Order of Pharmacists in Quebec forbade pharmacists from serving ivermectin to patients who had a proper prescription unless that patient said it was for parasites. And it was dissed, everybody was criticized: "It's a horse parasite medication!" No, it's an anti-COVID medication as well. But we couldn't get it. It was impossible to get: stocks were low, they wouldn't release it. So the safe and effective treatment, which did exist, was not released. Hydroxychloroquine: there must have been over a billion doses given over time. It's sold over the counter in all of Africa, India, Indonesia. But it's no good. And even though Dr. Didier Raoult in France showed in the statistics in his hospital that his patients were doing a lot better than the rest of France and than the rest of the Western world, we were told not to give hydroxychloroquine as well. And of course, in Quebec, it's not allowed to give IV vitamin C. Because that is not done in Quebec—that's the reason that we're not allowed to give IV vitamin C. It's given in Ontario, for example, in Alberta, in BC, and in most states in the United States—certainly, many states in the United States. For the last 30, 40 years. It's very safe and very effective for all infectious diseases. But in Quebec, it's not done.

Konstantinos Merakos

So Dr. Breger, I apologize for interrupting you but time is running out. I would like to ask you two questions and after that, we will move on to the conclusion. The first: In your experience, and with your patients, have you understood that—or have people testified to you that—they were forced either indirectly or directly to proceed with this medical procedure?

Dr. Barry Breger

Absolutely, people were forced. There were many ways to force people. First, people were socially isolated because there was so much fear, everyone was afraid that people—

I had a patient who lived in the countryside with her husband, who was vaccinated. There was no way she was going to take the injection. There was a neighbour who called this woman's house after a snowstorm to ask her husband to come help her free her car from the snow. So she said, "Okay I'll tell him and I'll come and help too." She said, "No, no, no, no. You're not coming. You are not vaccinated." So she couldn't even meet other people outside. It was not a question of masking; it was that she wasn't vaccinated. She shouldn't be around anyone. That was the level of fear.

People were losing their jobs even if they worked remotely. I had a patient who worked for the federal government, on Zoom, with her colleagues and with the public, and she was going to lose her job if she didn't get vaccinated.

[00:45:00]

Konstantinos Merakos

Yes. Excellent.

Dr. Barry Breger

Wait. There's just one more thing if I'm not losing track.

Konstantinos Merakos

Yes, go ahead. No problem.

Dr. Barry Breger

No, it will come back to me; I've lost track.

Konstantinos Merakos

Okay, but my second question is related to that because you're talking about employees. So essentially, it's clear that for work there are requirements: for people in the construction field, you need a helmet, you need a coat, et cetera. For your part, can you confirm that this medical product—that is vaccination—was a permanent medical procedure that could not be reversed once it had been carried out? In other words, once it's done, it's not like a coat that, once the job is completed, you can take off and come back home without having gone through this medical procedure.

Dr. Barry Breger

Okay, so you're asking if it's irreversible.

Konstantinos Merakos

Exactly.

Dr. Barry Breger

It is irreversible or it's not irreversible: Who knows? It's experimental. It's experimental. We are guinea pigs, we are rats; they're experimenting on us. We don't know, it's never been studied. So is it irreversible? I certainly hope not. So far it is. People are still getting

sick; there's an excess of deaths around the world. That's measurable. And people can't get it out of their body. But that's probably formally true. But I believe that the default of the body is to heal. So I think that virtually anything is reversible, in my mind, with my type of approach. However, we really don't know.

Konstantinos Merakos

Okay. You confirm that because of the permanence of the medical procedure, in your opinion, there should have been a little more transparency regarding all the questions and all the subjects that you spoke to today?

Dr. Barry Breger

Oh absolutely. People need information and we were hiding the information. It wasn't as if the information wasn't there: we were hiding it. The company wanted to keep its secrets for 55 years; the mainstream media were not talking about it. I've lost complete faith in mainstream media so for the last three years I've not watched television news, I've not bought newspapers. Over the last three weeks, with the National Citizens Inquiry, I've started buying newspapers—the *Journal de Montréal*, a local Quebec “journal” that is read all across the province, the most sold newspaper in the province; and also the *National Post* which I can get in my village—and no mention of the National Citizens Inquiry. It's omertà, just like the previous witness mentioned.

Konstantinos Merakos

So Dr. Breger, thank you. Can you conclude everything for us in one sentence and after that I will pass you on to the commissioners for their questions? In one sentence please, or in two.

Dr. Barry Breger

Okay, I'll do my best.

Konstantinos Merakos

Please go ahead.

Dr. Barry Breger

For me, COVID was the great reveal. So in fact, COVID has brought front and centre the fact that we are not living in a free democracy. Our information is being censored; the information is being suppressed. The people who try to get out there and have a discussion and talk, and put forward another narrative, are being punished. And we are seeing the corruption that exists. We have to start asking ourselves why different levels—whether it be public health, international, national and provincial public health, politicians, the mainstream media—why they are doing what they're doing. There is a reason. It is organized.

Konstantinos Merakos

Excellent. Thank you very much. So now we'll go to the commissioners for their questions. Go ahead.

[00:50:00]

Commissioner Drysdale

Good afternoon doctor. Thank you for your testimony. You know, when we've been going across the country, I keep hearing time and time again about a principle in medicine that's supposed to be sacrosanct, and that is informed consent. How could the public give informed consent for a vaccine which they don't know is experimental, which they've been told it's safe and effective? And they haven't been told that it wasn't tested on pregnant women; it wasn't tested on children; it wasn't all kinds of things. How can you achieve informed consent as a medical practitioner if you're not providing information?

Dr. Barry Breger

Well, it's an interesting question. The answer simply is: you can't, it's impossible. The mystery is how doctors bought into this. Now there is a series of videos on the Children's Health Defense [website], five one-hour videos directed by Vera Sharav, who is a Holocaust survivor. She makes the argument that it's the Nazi playbook from the '30s. Now, this might sound extreme; watch the videos, you'll see it's the same thing. It's being done for our own good. So people do things, they obey because it's for the good, the greater good. And the people who are telling us that are supposedly respected and credible people. But no, there was no way that there could be informed consent. There was no information so it couldn't be informed consent.

And we went against the Hippocratic Oath— which I hadn't mentioned as well. The Hippocratic Oath, which could be summarized, for me, in two major— It's a bit more complicated but these are the two biggest things. Above all, first, do no harm. And number two, the patient comes first. So public health doesn't come first. Our medical boards, which have way too much power, they're now telling doctors how to— It felt to me as if, metaphorically, these institutions have come and sat down between me and my patient and are now directing me. Me—with my 40 years of experience, my curiosity, always reading stuff—they're now telling me; these nebulous figures are now telling me what's the best thing to do. When in fact, that is a sacred place between doctor and patient. It's so sacred that it has to be kept secret. So no, they couldn't get informed consent, impossible.

Commissioner Drysdale

Well, I want to stick to informed consent just a little while. We had a witness—he or she was a doctor, I think a professor and policy analyst—and they said that even if the medical practitioner informs the patient of what the risks are, if the medical practitioner is aware of a third party influencing that decision then they're obligated not to provide the procedure. In other words, if they know there's coercion or they know there's some kind of blackmail that's forcing the patient to do this then that's not informed consent either. Is that concept also familiar to you, sir?

Dr. Barry Breger

In other words, if that person has been threatened by whomever that if they don't do this treatment— No, that's not free. It's free and informed consent; that's not free. It's the "free" part that they're going against there.

Commissioner Drysdale

The other thing that you said in your testimony, you talked about fear. And you said that in the beginning, it seemed that they were creating fear in the population. And we also had testimony from a lady—I believe it was in Red Deer or in Saskatoon. And I thought this was incredible and that maybe you want to comment on this: this lady told the story about how her mother, I think she did it in secret, went to the corner drug store to get the vaccine. And she stood in a long line to get her vaccine, and she sat down and she got the vaccine, and she dropped dead on the spot. And not a single soul in the line moved; they just stood there. Is that something you've seen before? Is that something that might be out of fear? Is there any comment you can make on that?

[00:55:00]

Dr. Barry Breger

Mattias Desmet, a psychologist, talked about this notion of mass hypnosis. We've been [under] some sort of mass hypnosis. You probably have not seen it but there are videos that show the number of sports figures, on the field, who have dropped dead; people giving lectures who have dropped dead; there's "sudden death" pilots who have dropped dead. There is one Canadian doctor, I don't know if he testified, but he has documented 150, or whatever, Canadian doctors who died post-vaccine.

Now the argument is that we don't know it's from the vaccine. So this is a very important point; it's interesting that you bring this up.

We have been as doctors discouraged from reporting—generally speaking, with any vaccine—what we think is a vaccine side effect, whether it be death or disease, but especially in this case, death. So what we should be doing—and what it was initially designed for, the reporting systems—is that we should be reporting any suspicion and we should be encouraged to report any suspicion.

So if this woman dropped dead within ten minutes of receiving the vaccine, it should be reported. Now if she's the only woman out of 1,000,000 that dropped dead immediately after the vaccine, well statistically, probably not due to the vaccine or she had a particular reaction to the vaccine and other people don't have to fear it. But if there are 20 others, and maybe there's 500 who dropped dead within a week, and another 2,000 who dropped dead within two months, then you statistically look at it and say, "Well, the statistics are such that you can calculate there's a 90 per cent chance it's because of the vaccine." But if you discourage from the get-go people from reporting side effects, people from reporting death, then we'll never find out. And then we say, "Well, there's no reports." And that's been what's going on for decades and decades and decades.

And of course the great reveal: COVID. It so happens they overplayed their hand. And sooner or later—what's the expression?—they'll come home to roost because now we're seeing people dropping dead. So no, I've not heard of anybody dropping dead immediately. I've had reports. They're second-hand reports because of course very few of my patients were vaccinated: second-hand reports that they know of somebody. This woman that I was telling you about, one of her neighbours just dropped dead post-vaccine within weeks of the vaccine; and she was perfectly healthy. And of course, the sports figures that dropped dead: well, they were perfectly healthy, people on the soccer field dropping dead.

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

Thank you, Dr. Breger, for your testimony. I'd like to just go back to censorship for a minute. Disinformation has been described as one of the most pressing and harmful forms of malicious behaviors online. And by their silence, the legacy media has condoned the government narrative. And sadly, this one-mind perspective is not just confined to Canada but it has encroached in all the other countries around the world.

So what recommendations would you make going forward that would encourage free discourse and dissenting voices within the public space? Or more pointedly, what can hardworking Canadians do in their circle of friends to reverse this trend?

Dr. Barry Breger

Woah. That second part of the question is really hard because people are— The hardest person to convince is an ignorant person who thinks they know. So once you're convinced you know, once you're convinced that you know the truth, very hard to change minds. You know, I've not succeeded in my family yet. Not my immediate family: my immediate family understood.

But what we could do? I think the first thing we could do is allow information to flow. We're all thinking human beings. Who has the right to say: "This is misinformation or disinformation—"? Nobody has that right. There are hate laws so if you say: "The Holocaust doesn't exist," that's taken care of by criminal law. If you say: "You should go around and kill everybody who's under five foot eight," there are rules [against] inciting criminality. But in terms of misinformation and disinformation, that was just, you know— That's a Donald Trump presidency: it was sort of made up.

[01:00:00]

So now everybody's taking advantage of it. Then anything you say that doesn't follow the narrative— This is *1984* you know, the book *1984*. This is group speak: you can't think differently; you can't speak differently; you can't have another opinion. Well, read Mattias Desmet, how that happens; it happens when people— I mean, it's way beyond what I have to say but this is something that has been planned for a long time. Doctor David Fleming, I think that's his name [sic] [Dr. David Martin]: he's an expert on patent law. He goes through the patent history that led up to this. The trial runs with H1N1 with declaring a pandemic. I mean, this has been planned for a long time. Judy Mikovits has written two books; one is called *The Plandemic*.

So this is long, long— Somebody was playing the long game. So what we have to do is we have to have our constitutional rights respected. And anybody who was complicit, any politician who was complicit in not allowing freedom of information— Robert F. Kennedy said that the first and most important part of all our freedoms is freedom of information; it's the First Amendment in the States. So if we don't have freedom of information, there's no way anybody is going to change their minds. So I guess the first job to do is go after mainstream media and find out why the heck the journalists are not being journalists. We know why of course: they're being bought. They're being bought. In the States they depend on ads. I saw one video where we saw CNN news, MSNBC news, CBS news, all sponsored by

Pfizer. So you know, that's where you have to follow the money. Age-old truth: follow the money.

Commissioner Kaikonen

Thank you very much.

Dr. Barry Breger

I don't know if that helps.

Konstantinos Merakos

So Dr. Breger, the National Citizens Inquiry thanks you wholeheartedly for your testimony. We thank you sincerely for your testimony.

Dr. Barry Breger

You're very welcome. And I thank you all, the commissioners, and all of you who have volunteered to help with this Commission. All your hard work—and I'm very pleased to be part of it. I thank you for listening to me.

Konstantinos Merakos

Thank you.

Dr. Barry Breger

Goodbye.

[01:02:53]

Final Review and Approval: Erin Thiessen, November 2, 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: <https://nationalcitizensinquiry.ca/about-these-translations/>