



NATIONAL CITIZENS INQUIRY

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Day 2

EVIDENCE

(Translated from the French)

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[00:00:00]

Konstantinos Merakos

Good evening. I am Konstantinos Merakos from Bergman & Associates. It's my pleasure to introduce a medical doctor, René Lavigueur, who is with us in person today. Good day, Monsieur Lavigueur. How are you?

Dr. René Lavigueur

Yes, I'm fine. A little nervous.

Konstantinos Merakos

That's normal. You'll be fine. We're here for you. Take your time, I'm not in a hurry and I don't think anyone else here is either. We're here to hear what you have to say. I'm going to start by swearing you in: Do you solemnly affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say "I solemnly affirm" or "I swear."

Dr. René Lavigueur

I affirm.

Konstantinos Merakos

Perfect. Can you spell your full name, please?

Dr. René Lavigueur

René, R-E-N-É, Lavigueur, L-A-V-I-G-U-E-U-R.

Konstantinos Merakos

Thank you. And do you live in Quebec?

Dr. René Lavigueur

Yes.

Konstantinos Merakos

Very good. Thank you. We will start with you simply saying a few words about yourself, your expertise, and your CV. Go ahead.

Dr. René Lavigueur

Well, I've been a practising doctor for over 40 years. I've worked mainly in general practice. Over the last few years, I became interested in philanthropy. I founded a social pediatrics center. I should say, I'm in Gaspésie so I'm in a remote region. And I do general medicine, which involves a lot of office work, a lot of house calls. That's about it.

Konstantinos Merakos

Perfect. And today, are you still practising? Do you have your own office? What do you do for a living?

Dr. René Lavigueur

In fact, I'm part of an FMG—a family medicine group—so I work with several doctors. I should also mention that I have some administrative experience as I was a director of professional services.

Konstantinos Merakos

Okay, that's fine. We're going to proceed with the main topics I have in front of me. The first one is: as a practising physician, you see a lot of things in the field. Can you tell us a little about what you have observed as a family doctor?

Dr. René Lavigueur

Family doctors have certainly been at the heart of it because people consult us, so we really are at the center of the matter. Most people accepted the usual narrative and didn't question us about whether they should be vaccinated. But the few who did ask us, well, that's where we got caught. There is a conflict between our code of ethics . . . Pardon me . . .

Konstantinos Merakos

Take your time. Continue when you're comfortable.

Dr. René Lavigueur

I don't know why this affects me like this, but it does.

Konstantinos Merakos

No, that's okay. Just take your time.

Dr. René Lavigueur

The theme I want to address is the dilemma of a family doctor. On the one hand we have orders from Public Health, on the other we have a code of ethics and the Hippocratic oath. That's our duty to our patients. And the conflict is daily because if we tell our patient the truth about the vaccine in question, then we're in conflict with Public Health. So the doctor has to make a choice: Do I betray my code of ethics—my Hippocratic oath—or do I listen to what Public Health tells me to do? If I listen to my duty as a doctor, I often find myself in conflict with my colleagues. And that's what happened. Because the easiest thing to do is to do what you're told. It's simpler and doesn't lead to conflict.

So in my practice, one thing I do is go to a CHSLD [a nursing home or long-term care facility]. And, in fact, this ties in with some of the things that have been said today.

[00:05:00]

I remember a gentleman from . . . Excuse me . . .

Konstantinos Merakos

No, there's no problem. We can go into the examples when you're ready. That would be perfectly acceptable.

Dr. René Lavigueur

I remember an 84-year-old gentleman who had been a mine foreman. He was at home, he was confused, and a decision was made to send him to the CHSLD. The rule was that when someone arrived at the CHSLD, they were isolated. So a gentleman who had moved from his private home, where he had taken care of all his own affairs, was placed in a room where he was isolated for two weeks: locked in. Someone wearing a mask opened the door half-way to give him his food and then closed it again. The gentleman became very agitated, and I was asked—as his doctor—to give him a drug to calm him down. This is interesting because it shows the dilemma for the doctor: the demand made to give a medication that the patient should never have received! That's all I have to say about that.

Konstantinos Merakos

Okay. Do you have any other examples to share with us? Perhaps about nurses? I'll give you a second.

Dr. René Lavigueur

I have another example of an 82-year-old lady who was mourning the death of her husband, and who went into a private seniors' center and rediscovered her zest for life through contact with several people she knew. Two or three months later, COVID arrived—she had been in a deep depression and so it's clear that contact with others had revived her. She was confined and fell back into a deep depression, from which she has never recovered.

Well, I talked to my colleagues about it because I had spoken out publicly and said that it was a gene therapy. And right away there was a bit of a chill because the young doctors talked amongst themselves and they disagreed with me, stating that, "No, it's a vaccine like any other; it's not a gene therapy." I had also said that side effects had not been reported, and that offended several colleagues. So many doctors have lived with their colleagues—That's the law of clans or groups: you belong to a community, so it's very hard to walk in

the hallways and get— You know, ultimately when you believe in something, you go ahead anyway.

Also, as a doctor, I find it interesting that no one wants to fill out injury compensation reports. I filled out several of them. People knew about me because I spoke out publicly. So a patient from Ottawa came to Montreal and I met him there—I had to go to Montreal anyway—and I filled out an injury form. Then I . . . It will pass . . .

Konstantinos Merakos

Yes, yes. Yes, yes.

Dr. René Lavigne

I'll get used to it.

Konstantinos Merakos

Yes.

Dr. René Lavigne

So I filled out three injury compensation forms that nobody wanted to fill out. But it leaves me wondering: why would a doctor be afraid to fill out an injury compensation form? There's no risk there. Instead the fear is so great that they don't want to talk about it. They stay away from anything to do with it. A gentleman had a skin disease and it was clear that it had been caused by vaccines. I filled out the form even though I know the injury compensation program isn't very generous. Another gentleman had very severe strokes. Yes, well— Shall we move on to the second point?

Konstantinos Merakos

Yes, but I have a question about that. Speaking of filling out forms, I'd like to know a little about your observation regarding filling out exemption certificates for vaccination. What happened in that area?

Dr. René Lavigne

Well, yes. In fact, people ask me for exemptions. Nobody wants to give them. Well, now I'm making a name for myself.

Konstantinos Merakos

Why do you think the others would refuse?

Dr. René Lavigne

They don't want to touch anything. They know that there are three exemptions defined by the Ministry, by Public Health, and that almost no one fits into these criteria, so they don't want to touch that. That's interesting because it means that the doctor is betraying his profession—because his first duty is to his patient.

[00:10:00]

Konstantinos Merakos

Did you fill out exemption certificates?

Dr. René Lavigueur

Yes.

Konstantinos Merakos

And they were, of course, all justified and meeting the criteria?

Dr. René Lavigueur

Well it's easy to justify. I wrote: "This is an experimental vaccine. By definition, the patient has a choice; and there is no evidence of efficacy. Therefore, I recommend that this vaccine not be given to such-and-such a child or adult." I have never been blamed for exemption certificates.

Konstantinos Merakos

Because they were justified.

Dr. René Lavigueur

I would have liked to have been blamed because then we would at least have been discussing the real issues. I knew that this technology— It was known by the FDA [Food and Drug Administration] in February 2021, and then it was revealed in documents that Pfizer was forced to— But there was an advisory committee to the FDA that detailed that there were 28 classes of side effects that were all already apparent on VAERS: the American vaccine adverse effects reporting system.

So it's easy. Because when you know a person with an autoimmune disease, a chronic illness, someone who's already had cancer: all these people fit into categories where they were eligible for exemptions. It wasn't complicated. It was based on the principle that free and informed consent had to be given and that the person was free to choose the vaccine. So if someone says they don't want to have it and on top of that, they have a chronic illness, I don't see why the doctors would be afraid [to provide them with an exemption]. It was their duty to do so.

Konstantinos Merakos

Perfect. And could we hear you maybe provide an example of a young person or an older person that you treated as a result of a side effect or other problems. What happened after the medical procedure?

Dr. René Lavigueur

Yes. In fact, there are several. I was making house calls, and I arrived to find a person with Bell's palsy. Actually, it was at a foster home where I went to see the residents. However, I saw that the proprietor, who had just returned from hospitalization, had permanent facial paralysis. So I said, "Has this been reported?" "No." So I reported it. Then after that—

Konstantinos Merakos

I beg your pardon. Resulting from what? Had he had the medical procedure, that is to say, the vaccine?

Dr. René Lavigueur

Following a vaccine.

Konstantinos Merakos

Okay. So that's the cause according to you.

Dr. René Lavigueur

Yes, it was three weeks after a Pfizer vaccine. And even if I don't think that the vaccine was responsible, it doesn't matter. You have to understand that I asked my local public health department to investigate because I observed that a vaccine had been administered at a certain time, and then there was an event a few months later. It's not up to me to decide on a causal link, but I know that anything can happen, so I report it.

Konstantinos Merakos

Very good. So you want to do your duty as a doctor. You want to report the facts, to find the cause, to study, to get an answer. What happened? Because you live in a small town and you have statistics with you, can you tell us a little about what happened when you tried to report all the anomalies that occurred? Can you tell us briefly about your experience?

Dr. René Lavigueur

Well, I've done 16 reports. We need the MCI, *manifestations cliniques inhabituelles [la suite d'une immunisation/adverse events following immunization]*. It's a six-page report, but it doesn't take that long to fill out. So I'd get referrals. For example, a patient would say to me, "My brother had something like this and his doctor doesn't want to report it." I'd say, "Well, he can come and see me, I'll do it." Among the sixteen [reported cases], six died within three months of the vaccine. We're talking about a population of 12,000. Six deaths, all elderly people, including two or three—I think it was three—one month after the vaccine. So I reported all this to Public Health. Among the sixteen, there were other things: menstrual bleeding, that's very common; Bell's palsy.

[00:15:00]

So twice, I called Yv Bonnier-Viger, the director of Santé publique de la Gaspésie [Gaspésie-Iles-de-la-Madeleine Regional Public Health Department], and told him, "Listen, I see that there are deaths in long-term care hospitals." There weren't many in Gaspésie— four or five. "So you should go and see and then try to count the deaths; find out if there are more than before, if there's a difference." Another thing I said to him, "No one is filling in the reports despite the fact that they are obligatory, so Health Canada will receive very few." Then the second time I called him because a report I sent in had been returned to me with the following note: "Your claim is rejected because the event occurred more than 30 days following vaccination."

Consequently, I wrote a letter; and then I phoned my director of public health and told him, "The Dr. Leblanc who wrote this to me is not well informed. I think she considers the

COVID 19 vaccine to be like any other vaccine.” And that’s interesting because, in the grand scheme of things, the great success of this marketing was to say: “a vaccine like any other.” But what’s most astonishing is that this slogan was swallowed whole—believed and accepted—by doctors. But I can’t believe that a doctor—taking even a cursory look at how messenger RNA works—would not say: “No. This is not a vaccine like the others.” And yet even the doctor who analyzes the Public Health reports considers it to be a vaccine like any other and then fits it into her analysis grid. Her analysis grid for vaccines—for measles or anything else—is 30 days and after that the event is irrelevant. So no wonder the statistics we see from Health Canada are excellent regarding reports of side effects but are completely inconsistent with those we see from more credible reporting around the world, in England, the United States, or elsewhere.

Konstantinos Merakos

Perfect. So we’ve talked a little bit about some seniors who have had side effects, who have died from this. On the subject of young people, if I understood correctly during our preparation, you spoke about young people being locked up in a room for 40 days, or at school, having high pressure surrounding vaccination from non-medical people. Parents reported these facts to you, asking for help. Can you tell us a little about what happened with the young people?

Dr. René Lavigneur

Yes. A mother told me about her 14-year-old son who is depressed because he can’t be in his ski club anymore. Other employees—nurses—are really torn because they don’t want to be vaccinated. Another striking example, I think, is a mother who told me, “Well, my 9-year-old child at school had the teacher ask the students who were vaccinated to raise their hands.” She was the only one not vaccinated. It’s easy to imagine the trauma a child goes through.

Konstantinos Merakos

Perfect. I want to talk with you about one last subject. Earlier we discussed the forms and how some doctors were reluctant to fill them out. You’ve travelled all over Quebec to consult with people to see if they’re victims of side effects or not. You said that no other doctor would do what you did. Why is that? Is there fear? Is there pressure? Are there reprisals? Why did you do what you did?

Dr. René Lavigneur

Well, I find it very interesting because it’s a worldwide phenomenon. It sheds light on the psychology of people, the behaviour of colleagues, allegiances. And to what extent doctors believe or don’t believe in their profession, that they are ready to act contrary to articles of their code of ethics without saying anything at all. Later, if I visit the Collège des médecins [College of Physicians], it’s even worse— My explanation is all the pressure doctors have been under. I think a lot of doctors did what Public Health asked them to do, but it was gut-wrenching for them. They knew they were in trouble.

[00:20:00]

And if speech becomes free one day, we’ll find out how many doctors were actually torn.

But most of them live their daily lives, rely on their income, and don't want to have to deal with the College. They're afraid of the College. There's a visceral fear of the College of Physicians of Quebec which is their professional organization. So all these factors lead people to resign: it is the simplest, easiest solution. The entire context certainly provides fertile ground for this, which is that medical practice is very difficult. Statistics show that 50 per cent of doctors are depressed or on the verge of depression. I see this among the young doctors around me. There's a work context of obligations and pressures that makes resignation an easy choice. When up against a conflict like this one—regarding orders—a doctor can decide, “Oh no, no, no. The simplest thing is to obey what Public Health tells me to do, so that's what I'll do.”

Konstantinos Merakos

Okay. Thank you very much. The next topic is one that I think a lot of people will be familiar with. It's about your letter in *La Presse*. You published a letter in *La Presse* which was removed, censored the next day. And *La Presse* even issued an apology—excuse me—a clarification: not an apology to you for removing your medical letter, but an apology for daring to publish your professional medical opinion. So can you tell us a little bit about that?

Dr. René Lavigne

It's a fantastic episode because it's a letter that I was really careful to ensure was accurate, precise, factual, and scientifically verifiable. But it's also a letter that involved some very sensitive issues. Among other things, in the letter I suggested wording that could be used when seeking free and informed consent. We could say to the person: “Madame, do you agree that your child should receive a vaccine? It's an experimental vaccine. We don't know the short- or long-term side effects. We don't know the risk-benefit ratio for your child. They say it's to protect the elderly. Do you agree to receive the vaccine?” These are very basic, very verifiable things, but I think they were unacceptable in the context of Quebec at that the time. I don't know. So in less than 24 hours, it was removed, with apologies from the chief editor.

Konstantinos Merakos

Excuse me, just to clarify: apologies?

Dr. René Lavigne

An apology to the public, to readers, from the editor-in-chief, for daring to publish this.

Then there was a letter from Nicholas De Rosa in *Le Soleil de Québec*, with the aim to really tear me down, which called on a Health Canada official as a witness who said: “It's not true that side effects aren't reported. There's a law requiring doctors to do so. There's even a penalty if the reports aren't submitted.” Then a virologist was questioned; there were two university specialists—researchers—who said things that were really—I don't remember. I can't tell you exactly, but if I had them in front of me today, I'd debate them. I know I am right. And what's interesting is that these are people who had conflicts of interest.

Researchers in a university are under influence: 90 per cent of those doing medical research in Quebec are under the influence of pharmaceutical companies because 90 per cent of research is funded by the pharmaceutical industry. In fact, one of the ways of explaining what has happened—which is the primary concern—is the gradual control, year

over year, of medicine in general by the pharmaceutical industry in medical schools. What never ceases to amaze me is how uncritical the young doctors I know and work with are. They take recipes and they apply them. And because that's what they were taught to do at university, they feel good because they think they've done their job as doctors.

Konstantinos Merakos

Yes. What was the reaction of the media or the people around you? Has there been an online smear campaign?

[00:25:00]

How have people on the internet and other media reacted to you?

Dr. René Lavigueur

I confess I didn't even read them. I read them several months later; I didn't want to know anything. I was at a friend's house cutting up firewood when I heard Radio-Canada [CBC] calling me something, and then talking about me. It was pretty violent; it was hurtful. But there you go. I knew that the media were completely— That's it.

Konstantinos Merakos

Before we move on to the next topic, I'd like you to tell us how your professional organization reacted to this letter. Have there been any consequences? Yes, go ahead.

Dr. René Lavigueur

We're talking about the letter here but I've also spoken out in several media platforms. I've been asked to comment on the radio, on social media, and I've given my opinion. I've always agreed to do so. So there were several reports to the College of Physicians of Quebec: "Dr. Lavigueur is telling lies, he's saying things that are contrary to—" So they reported it; it's very easy. You can do it online or you can phone. A few months later, I received a letter from the College of Physicians of Quebec, which basically said: "Dr. Lavigueur, we've looked at all your public statements. We have carefully examined everything you have written and said, and we wish to emphasize that you must respect your code of ethics with regard to the expression of physicians in the media." Period. It was an intimidating letter but it said nothing. There was no mention of anything I had said that was contrary to science. It was simply an intimidating letter: a reminder of my code of ethics. So I continued to say what I had to say.

Konstantinos Merakos

Okay. Were there any threats of you being struck off, dismissed, or losing your qualification?

Dr. René Lavigueur

No. No. No.

Konstantinos Merakos

Anything at all? Do you know of any other doctors who have potentially been threatened with this, or who have lost their licence?

Dr. René Lavigueur

Personally, I don't know of any doctor in Quebec who has had their license revoked for speaking out about the pandemic. I do know of one doctor who was dragged through the mud—I don't know how that's going to be translated into English—in a really shameful way. He was forced to apologize publicly for a question regarding masking. And I think it was a simple matter of making examples of one or two doctors to intimidate the rest of the 20,000 doctors in Quebec.

Konstantinos Merakos

Warnings, basically. There were warnings for you and others but at least, according to you, there were no—

Dr. René Lavigueur

To my knowledge, no one has lost their certification.

Konstantinos Merakos

Okay, excellent. The last topic: I'd like to talk about your intervention with the College of Physicians, if you would talk a little about that.

Dr. René Lavigueur

So we wrote to the College of Physicians of Quebec on two or three occasions. In the last letter, we reminded the president of the College of Physicians of Quebec that every month he swears in doctors to the Hippocratic oath, and that he himself had to respect it. Then we asked for a meeting. There was a lot in the letter. We talked about the scientific side, but above all we talked about the ethical side. Our intervention with the College focused on medical ethics and deontology, and also on the vaccination of children and pregnant women.

We avoided thorny issues such as ivermectin and hydroxychloroquine, even though I think— I've got a lot to say about that right now. But we were diplomatic.

[00:30:00]

But we did mention in the letter that COVID-19 vaccination—with its virtual absence of animal testing—was akin to the thalidomide and diethylstilbestrol events of the 1960s with all the disasters they caused. That's what I wrote in my letter to the College. And I also wrote that there was evidence in animals of the presence of the spike protein in the gonads of rats, and that we should therefore be concerned about the fertility of the children we inject with the vaccine.

We also said that the proof—basically because everything is upside down—the proof of safety belongs to those who promoted the vaccine. It's not up to us to defend ourselves. So normally, we have the right to speak out publicly. But a lot of people were suppressed because they talked about the risk of infertility. I spoke about it publicly. A colleague talked

about it publicly and was severely reprimanded by the College. But in reality, the world is the opposite of common sense. You're entitled to ask all the questions about something experimental that is being given to an entire population, and then there's a duty of transparency.

Konstantinos Merakos

Perfect. So one last question. We've talked about your care and concern for seniors, young people and parents. We've talked about how the media treated you. One last question: Just from asking questions to finally get an answer—if I understand correctly, that's your job—what has been your quality of life after asking questions, after the media, after all this? How is it financially, at home, mental health-wise? Tell us a bit about you personally. What's been going on?

Dr. René Lavigneur

Well, let's just say that I'm a little emotional today, but I think that during this whole adventure, I said to myself: "It's an awakening," because what we're seeing today was present before the pandemic. The mechanisms were in place. The ability of human beings to make each other believe things, to take the easy way out, is human; it's been there since the dawn of time. So I prefer to be in the camp of those who are trying to understand, and then move on to the most difficult camp, which is that of trying to make it all make sense and repairing the broken links. The next step requires a lot of inner work. So all in all, to answer your question, to me it's all positive.

Konstantinos Merakos

Excellent. But you are very strong. So do you have any last words before I hand things over to the commissioners?

Dr. René Lavigneur

I'm fine.

Konstantinos Merakos

All's well? So ladies and gentlemen of the Commission, go ahead.

Commissioner Massie

Hello, Dr Lavigneur. Thank you for your testimony. I'd like to ask you a question. You mentioned—in a somewhat offhand way, I'd say—that all the epithets you've been called didn't affect you too much. But you were undoubtedly aware that they could still affect your willingness to continue to speak out in this way. So how did you cope with that part? Nobody likes to be denigrated and basically called a liar when you put forward facts, when you ask questions, and no one comes to you to start a dialogue, to answer you. How did you keep your motivation?

Dr. René Lavigneur

I don't really know, but I can give you some clues. It's all very interesting. There are two children I take care of, children of Africans who live in the community. I frequently take care of them—12 and 15 years old—and then they heard the criticism of me on television.

The kids, well, they had absorbed the standard narrative. You know, for a child, a teenager, everything that's said on television they get caught up in too; they can't distinguish.

[00:35:00]

Then they look at me, who's very close to them, and they understand— So the lesson I've learned is that, in bringing up children, perhaps the best thing to teach them is critical thinking. So in answer to your question, I think it's great because this adventure teaches us how to prepare for what's to come.

Commissioner Massie

I have another question about what impact you expect to see in the medium term—because in the short term, things remain at a standstill—as a result of all the actions you've taken? In particular, there was the meeting with the College of Physicians; there was a second letter that you submitted to it; ultimately, if I remember correctly, you received a relatively brief response. And after that, you continued to try to put in place actions to advance the cause.

What do you expect in the medium term, let's say, from all these initiatives?

Dr. René Lavigueur

Briefly, the College of Physicians of Quebec is deemed independent and non-political. Quebec's Director of Public Health is the Deputy Minister of Health, so he's politicized. We have institutions, the INESSS, the Institut d'[excellence en santé et services sociaux], that are politicized. So the College's approach is to say, "We are the last bastion of public protection." The College of Physicians boasts, and writes everywhere, and always says that they're there to protect the public. Here was an extraordinary opportunity to do just that. But they became completely obedient: they submitted to the Public Health Department. And that's a major weakness of our College of Physicians of Quebec. I hold them culpable for that. Then I think that the institution itself—I often say "the institution"; I believe in it because you need a college to protect the public—but the administrators of that institution failed in their task. That helped me identify these things.

And I think that the extraordinary and abusive power of the College of Physicians of Quebec is one of the problems identified in this adventure. And I think we can work in the future, in particular by getting the College of Physicians of Quebec to bend on alternative therapies. Abuse of power leads to situations like that. Does that answer your question?

Commissioner Massie

Yes, that answers my question. Thank you so much for your testimony.

Commissioner Drysdale

[In English] Good afternoon. Were you not able to talk to any of your colleagues, other doctors? I mean, it's hard to stand in the storm alone. But if you approached them with 30 other doctors, perhaps the outcome may have been different.

Commissioner Massie

I'll translate for the crowd. So the question my colleague asked was: Given that it's quite difficult to face this, would it be appropriate to join forces with other medical colleagues to give a little more cohesion to his approach?

Dr. René Lavigueur

At the approach of—?

Commissioner Massie

The process of taking on the whole of—

Dr. René Lavigueur

Ah yes, okay. I don't know if I'm going to answer correctly. It wasn't possible to join forces with any of my colleagues because none of them was critical enough about what was going on. I have two or three colleagues with whom I can exchange e-mails quite— Progress is possible, but it can't go too far because they're specialists— So it was impossible. There's a doctor who deals with childbirths and once I asked her, "Can you talk to me? What do you think about this vaccine for children?" She said, "I don't want to hear about that," and afterwards it was really brutal. So I never mentioned it again. But that just goes to show how taboo these subjects can be between doctors.

[00:40:00]

Commissioner Drysdale

[In English] That's shocking. My next question is: the people who run the College of Physicians in Quebec, are they all practising doctors?

Commissioner Massie

So the question is: Are the leaders of the College of Physicians in Quebec still practising physicians, or are they administrators?

Dr. René Lavigueur

As far as I know, they are administrators. But they often have a background as practitioners. The president, Dr. Mauril Gaudreault, is a family doctor who has spent his entire career as a family doctor. It's interesting. At the meeting we had with them, the directors—there were four of them. The president was very uncomfortable and couldn't wait for the meeting to end. He didn't want to hear us. I was accompanied by specialists who know messenger RNA, qualified people. And the directors didn't answer any of our questions, even though we challenged them on the most sensitive subjects. We told them they were in breach of the code of ethics. And we got no comment except that afterwards we heard the president say, "The College of Physicians in Quebec is not a scholarly society." I don't know if that's going to be translated. Is it understood in English? I don't know how you say it: "Société savant." How's that? But it's interesting because it's a College of Physicians in Quebec that advocates for even more measures than the government is asking for, and yet is incapable of justifying these measures scientifically!

Commissioner Drysdale

[In English] My understanding is that the sole purpose of the College of Physicians is to regulate the safe practice of medicine in the province in which it acts. Is that correct?

Dr. René Lavigne

[In English] Yes.

Commissioner Massie

The question is whether the *raison d'être* of the College of Physicians is really to regulate medical practice to ensure that it's done in the best possible manner.

Dr. René Lavigne

—in its goal to protect the public. But when the College punishes a family doctor who has been doing his job for 30 years or a specialist who—one time—receives a report that isn't correct and then ignores it, he's going to be punished with a three-month suspension. So the College is like a police force that refuses to go beyond its mandate simply to punish. So if it is true that the College's proper role is to protect the public, it should get involved in public affairs. And here was a golden opportunity to say: "We have a code of ethics, we have an event, we can provide an opinion." What we were asking for was a moratorium on the vaccination of pregnant women and children. It was an extraordinary opportunity for a college to fulfill its function. I think perhaps we're the only ones in Canada to have challenged our College of Physicians; maybe there were others, I don't know. We challenged it on a deontological, scientific, and ethical level. And I wonder why it hasn't been done elsewhere in Canada.

Commissioner Drysdale

[In English] I'm waiting for the translation, sorry. I'm not totally familiar with the College of Physicians. I am with other professional organizations in Canada. So don't they also have a function to educate their membership? Don't they issue practice notes or warnings to the membership?

Commissioner Massie

The question is: besides controlling medical practice, doesn't the College of Physicians also have an important role to play in educating the profession's physicians and bringing them up to date on best practices?

Dr. René Lavigne

I can't really answer that, I don't know. I think so, but not in an extensive way.

[00:45:00]

Rather, it's our federation of physicians, our professional unions, who ensure the quality of and then education: continuing professional development. The College will punish people who practise outside the norms or who make professional mistakes according to recognized and established standards, but they are not very involved in education as such, as far as I know.

Commissioner Drysdale

[In English] So the College of Physicians does not have an ongoing educational requirement for its membership?

Dr. René Lavigne

Ah yes, oh yes. Are you translating the question?

Commissioner Massie

The question is whether there is an obligation to have continuing education for the training of doctors.

Dr. René Lavigne

Yes. There are a certain number of hours per year of continuing medical education that are mandatory over a five-year period; and this is very closely monitored by the College on an annual basis, yes. At the age of 70, I've just received a whole questionnaire on my practice; and then they can go on to examine my practice. So yes, the College has a role to play in monitoring doctors' practice and methods according to standards.

Commissioner Drysdale

[In English] It would just seem to me that if they're taking a role in policing continuing education that— The media and the government presented the pandemic to the world as if it was the most threatening event that had ever happened. And so you would have thought that the College of Physicians would have educated their doctors about the Canadian influenza pandemic plan which they had prepared in advance of the pandemic. So were you made aware of the Canadian influenza pandemic plan by any of the professional organizations?

Dr. René Lavigne

No.

Commissioner Massie

So the question that was asked was whether the College of Physicians has a function to update physicians' knowledge to ensure better practice. Since the pandemic represented an extraordinary public health event based on plans that existed before the start, which were pandemic preparedness plans, are physicians receiving ongoing training on these pandemic preparedness plans?

Dr. René Lavigne

In fact, it's not the College that does this. It's the Public Health Department, to answer your question.

Commissioner Drysdale

[In English] Did Public Health do it? Did Public Health provide you with the influenza pandemic plan so you'd know what they wanted you to do?

Commissioner Massie

Did you receive the Public Health preparedness plan? Have physicians had access to this information?

Dr. René Lavigueur

They surely have access. I confess that I haven't seen or read it.

Commissioner Drysdale

[In English] Given the information that we now have around the world, has the College apologized to you yet?

Commissioner Massie

I have to repeat that one. Given all the information available now, has the College of Physicians acknowledged or updated its understanding of the pandemic, and apologized for the vision that was shared at the beginning of the pandemic?

Dr. René Lavigueur

I think that the College of Physicians of Quebec, and not only the College of Physicians, but also the health authorities—the Department of Public Health, the Minister of Health, the politicians, the specialists who influence, the influencers—are hardening their position at the moment and are far from apologizing because the consequences are too great. In fact, we can draw a parallel with the silence after the Second World War, when we weren't supposed to talk about anything that had happened because too many people were complicit. Too many people favoured the measures. Then when they learn that it's being contested—that there are scientific studies showing excess mortality—it bothers them too much.

[00:50:00]

When you've been involved in promoting the vaccination of women and then children, and you see the consequences everywhere, it's too big a step to take. There's going to be a hardening of positions and that's what we're seeing. I don't know if it's going to explode or how it's going to end.

Commissioner Drysdale

[In English] Thank you, sir. Thank you for your testimony and your courage.

Konstantinos Merakos

So Monsieur Lavigueur, thank you very much for your testimony. Yes, thank you, and that's all. Beautiful. They're getting ahead of us, but thank you very much. A nice round of applause. Thank you, Monsieur Lavigueur.

[00:50:54]

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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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