VOLUME THREE

Witness Transcripts

Part 2 of 9: **Toronto, Ontario**

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This title has three volumes:
Volume 1: Executive Summary
Volume 2: Analysis
Volume 3: Transcripts (Volume 3 is further broken out into sections by City.)

Commissioners: Kenneth R. Drysdale
Heather DiGregorio
Dr. Bernard Massie
Janice Kaikkonen

Thank you to the thousands of volunteers across Canada who worked tirelessly to make the hearings possible.

NATIONAL CITIZENS INQUIRY

EVIDENCE
TORONTO HEARINGS

Toronto, Ontario, Canada
March 30 to April 1, 2023

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 1 Timestamp: 00:39:54–00:56:14
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Commissioners, my name is Buckley, initial S. I'm attending as agent this morning for the Commission administrator, the Honourable Ches Crosbie. I do apologize that we're starting a little late today, we had some technical difficulties. I would like to address the people that are attending online, just to describe the NCI to them, and then I would like to inform you of how we're going to proceed today. And then just turn it over to you, if you have any comments before we call our first witness.

So for those that are watching online and are not aware of the National Citizens Inquiry, we are a citizen-organized and -funded group that just had this vision of marching across the land with a set of independent commissioners to inquire into how all levels of government handled the COVID-19 pandemic, with a view to getting to the truth, and with a view to permitting ordinary Canadians to tell their stories and start a healing dialogue in this nation. We are totally citizen-funded; we have no large donors or anything like that. It costs us probably about $35,000 per hearing. So I'm going to invite everyone online to visit our website and to donate and keep this marching across the land.

I'd like to just turn then, Commissioners, to the witnesses that we have for you today. We have a set of expert witnesses that are quite diverse. We're going to be dealing with some medical issues today. We are going to be dealing with some scientific issues. We're going to be dealing with some drug approval issues with a particular regard as to children. We're going to be calling an economic expert today.

Some of the evidence that you are going to hear from these experts you are going to have difficulty believing; and the difficulty is not that you don't believe the experts. You're going to find the evidence difficult to believe because you do believe the experts are telling the truth. More importantly, we have a host of ordinary Canadians that have been brave enough to take the stand. And I have to report to you, Commissioners, that we had a number of lay witnesses back out of testifying out of fear. And that in itself is real-time evidence of the fact that, in Canada, people are still afraid to basically speak out against the government narrative, even if it's just sharing their own experience. And I hope you understand that the witnesses that have backed out from testifying had applied online to

the National Citizens Inquiry website seeking to qualify as a witness. They got through—we get so many applications that only handful get through our initial sorting process. They got through that process and each one that backed out had been interviewed at least twice by two different interviewers, and then late at the day: they were too afraid to attend today, and on the next two days, to give their testimony, because they were afraid of retribution. Some were afraid of losing their job, some were afraid of social pressure from their families and friends. And again, that speaks as evidence of just how divided we are.

And that got me thinking, because some of us have thought—you know, we've been divided into camps of the vaccinated and the unvaccinated, but I think it's more nuanced than that. I think it's really a division between people that trust the government and trust the mainstream media, that are supposed to be competing with each other, but surprisingly speak with one voice in echoing what the government's position is. And so we have a group of Canadians that trust the government narrative, and we have a group of Canadians that are skeptical of the government narrative. And what has flown from that is that those that trust the government narrative have tended to become vaccinated and those that don't trust the government narrative have tended to avoid vaccination where they could. And so when we think of the camps of vaccinated and unvaccinated, again I think it's more nuanced than that.

And I came to a realization as I was preparing to call witnesses for these proceedings, because I was interviewing witnesses that were vaccinated.

[00:05:00]

And I was interviewing witnesses that were unvaccinated. And the thing that struck me was how absolutely identical they were. I'm going to ask everyone watching to have an open mind because actually having an open mind is a decision. And if you have ears to hear, I'm going to ask that you hear. Because I think it will help us heal going forward if we understand that we actually have all had the identical experience.

So let me speak about the experience of the unvaccinated. I understand there's a whole myriad of experiences, but I think it's fair for us to say that a large number of people that we would call unvaccinated, or a large number of people that wanted to be unvaccinated but became vaccinated because they had no choice, they were coerced: this group believed that the vaccine was dangerous. They believed it was dangerous to themselves. They believed that it was dangerous to their loved ones. And when I say dangerous, I'm referring to literally an existential threat. I mean these people believed that they might die or be seriously harmed, or their loved ones, like their children, might die or be seriously harmed if they took the vaccine. Now, normally in Canada you wouldn't worry about having to take a treatment that you thought might be dangerous to you. But what happened was, the **government did everything at every level—did everything that they could, with the aid of the media, to coerce the people that did not want to take the vaccine into taking it. And the vaccinated participated in that coercion.**

I'll say that again: the vaccinated participated in that coercion. There was tremendous social pressure. Business owners made it a mandatory requirement to have vaccination. We put pressure on friends and families that are still divided to this day. So understand from the perspective of the people that we'll call unvaccinated, you became a threat to them. They were faced what they felt was a life-and-death crisis for them and their families. And if you want to get people, especially parents, very concerned and very emotional, you put their children at harm's way. So they had the experience—and we're just talking about the experience of both sides, understanding the experience—they had the experience of

facing a life and death situation, where the vaccinated were putting pressure on them and their families, and they felt threatened. They felt fearful. And then resentment came, and then hatred.

Now, let's talk about the experience of the vaccinated, because it's identical, except for the belief. But the experience itself was identical. And again, I understand that it will be a whole range of experiences and belief. But it's fair to say that a large group of vaccinated persons believed that COVID-19 presented a serious risk to themselves and to those important to them, including their kids. And when I say serious risk, they believed that they were at risk of death or serious harm, or their loved ones were at risk of death or serious harm. They were fearful. This was their belief. And then along comes the vaccine, literally like a messiah: it was their salvation. And it was put forward as a salvation. We have this crisis. We have this threat of death and serious harm, but we have the solution. We have a vaccine. If only, if only everyone would take it, we would be safe. But there was this group of people who we called unvaxxed, which in itself is a pejorative term. Our Prime Minister had some more colorful adjectives that I won't use.

But we had this group, this tinfoil hat-wearing, selfish, conspiratorial group that would not play along.

[00:10:00]

We would all be safe if we would get the vaccine, if we'd all do it, but this group wouldn't. So this group, in the eyes of the vaccinated, posed a serious threat to their personal safety and the safety of those important to them, like their children. And they were fearful. They were afraid. They became resentful, and they became hateful. They had the exact same experience as the unvaccinated had.

I think it would bode us well to understand, as divided as we are, that we've all had the exact same experience, and we absolutely need to come together. And that's part of what this National Citizens Inquiry is intended to do. We've experienced, with witnesses dropping out, that this division in Canadian society, this need to follow the government narrative, is still strong. Not long ago, we considered ourselves a country that cherished free speech. But there is an area of speech—because we still have free speech in a lot of areas—but where we don't have free speech, where your speech has a cost, is if you are now going to go against or participate in any activity that goes against the government narrative. And I think we need to understand that as long as we take that position, we're going to remain divided. Because that's what's dividing us.

It's somewhat appropriate that our first witness this morning is a Mr. Rodney Palmer, who is a former journalist and is going to be speaking to us about matters of journalism. And before we get to Mr. Palmer, we're going to watch a video clip of some of the news that in Ontario we would have experienced. Just to kind of bring us back, back in time, back to remember why we're here at the NCI now.

But before we do that, before we go into that clip, I'm just going to turn it over to the Commissioners, in case they have any opening comments or directions before we proceed.

Commissioner Massie

Good morning, everyone. My name is Bernard Massie, and I'm a scientist by training. As I mentioned at the Truro hearing, I decided to get involved in this exercise for a number of reasons. But if I want to summarize, the way I would frame it is that we human beings live

in a narrative. And the narrative is a kind of low-resolution representation of nature and reality. And the further the gap between the narrative and the reality grows, it has major consequences on our overall health and mental health. And what I found over the past couple of years was that the gap was really, really seriously big. And with my colleague Commissioners, I decided to get engaged in this adventure to try to write a new narrative, which we hope will be closer to reality. And from there, we can build a new reality, a shared understanding of the world we're living in, and live in a better, I would say, harmony with nature and our fellow citizens. Thank you.

Shawn Buckley
And I wasn't requiring the commissioners to all speak if they don't need to. Just if you had any opening comments.

Commissioner DiGregorio
I'd just like to thank you for your opening comments and reaffirm that we are here to hear Canadians, and to follow the truth and the evidence wherever it leads us, and keep an open mind.

Shawn Buckley
If we can start with that video and just bring us back to some of the things that we witnessed in Ontario while we were going through the COVID crisis.

[A video clip was played with Global News footage announcing the first cases and deaths relating to COVID-19 in Ontario. Transcripts of the audio content are below.]

[Video Clip] Global News reporter
Thursday, he was taken to Sunnybrook, where he was quarantined. At a news conference late this afternoon, Health Minister Christine Elliott said all of this should give people confidence that the system works:

[Video Clip] Christine Elliot, Minister of Health
"The patient was detected and immediately put in isolation. Lab tests were conducted and at the earliest signs of a presumptive positive case, Toronto Public Health launched extensive case and contact management to prevent and control further spread of the infection."

[Video Clip] Global News reporter
Toronto Mayor John Tory said in a statement: "Toronto Public Health is continuing to work closely with provincial and federal health colleagues to actively monitor the situation and respond as appropriate."

[Video Clip] Dr. David Williams, Chief Medical Officer of Health
Today, also, I'm sad to announce that we've had our first death [inaudible] related to COVID-19. And that tells us that, you know, while we haven't had any so far, it is a possibility we have been expecting to deal with during this time. So it's not unexpected. But it's still a person, the family and friends, and have our condolences onto the family and that. Because it still is a loss. And sometimes in some of these large events, we lose track of that. We want to make sure we remember that. Also, the number of cases in Ontario has risen rapidly. And over the weekend, we noticed that the cases moved from—almost doubled from 70 to 80 up to 170. And that was a rapid rise.

[00:16:19]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 1: Rodney Palmer (Parts I and II)
Full Day 1 Timestamps: 00:56:18–01:50:53/08:37:09–08:54:18
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

PART I

[00:00:00]

Shawn Buckley
I'd like to call our first witness to the stand. It's Mr. Rodney Palmer. Mr. Palmer, can I have you state your full name for the record and then spell your first and last name?

Rodney Palmer
My name is Rodney James Palmer and its R-O-D-N-E-Y and the last name is P-A-L-M-E-R.

Shawn Buckley
Mr. Palmer, do you promise to tell the truth, the whole truth, and nothing but the truth?

Rodney Palmer
I do.

Shawn Buckley
Now, my understanding is that you have worked as a journalist in Canada for 20 years.

Rodney Palmer
Yes, I've been retired for about as long, but yes, I did. I worked very intensely as a journalist here in the country for a number of media outlets.

Shawn Buckley
And that includes being a general assignment reporter for *The Globe and Mail* newspaper.

Rodney Palmer
Yes.

Shawn Buckley
And you worked as a daily news reporter at the *Vancouver Sun*.

Rodney Palmer
I did.

Shawn Buckley
You worked as a producer and investigative reporter at CBC Radio and Television.

Rodney Palmer
Yes.

Shawn Buckley
You were the foreign correspondent and bureau chief for CTV News based in India, then Israel and finally in China, based in Beijing.

Rodney Palmer
Yes.

Shawn Buckley
Can you tell us about your involvement in reporting on the SARS outbreak in China? Because my understanding is you were there at the time.

Rodney Palmer
I lived in Beijing and worked for CTV News every day, and that's when the SARS epidemic broke out. I followed it extremely carefully. I went to weekly briefings with the World Health Organization. I went to weekly briefings with the China Foreign Ministry and we attempted to cover the story as best we could from there.

One of the significant stories that I worked on was the virus hunters. I thought this was a great phrase. What's a virus hunter? And this is a group of academic experts that come into a situation like SARS when it starts. And China allowed them to get as far as Beijing but they wouldn't let them come to Guangzhou, where it was believed that was the patient one. And what they were trying to find was patient one.

So I had a little bit of experience with epidemics, pandemics, when COVID started. And I started noticing that it was extremely different. I was watching it very carefully as the news was trickling out of China. It hadn't come to Canada yet but, when they shut down Wuhan, I knew that it was very, very different. This was something that had not occurred before.

Shawn Buckley
Now, I'm going to skip over, unless we have time later on, about your involvement with reporting on biolabs in Canada. But you've been asked to testify about the standard process of newsgathering versus propaganda at the CBC, and I'm wondering if you can tell us about that this morning.

Rodney Palmer
So to begin my presentation?

Shawn Buckley
Yes, please.

Rodney Palmer
I started noticing that something very different was happening at the CBC because I'm familiar with the process. I wanted to talk today specifically about the CBC, although what I'm about to say goes for most media, news media, in Canada. But the CBC is very different. If you're the *Toronto Star* or CTV News or any private entity, Global News, and you want to publish something that maybe isn't true or you want to take the position of a pharmaceutical company, you can do that. If you want to trick your viewers into believing something that isn't true, there's really nothing to stop them from doing that. However, the CBC is a public entity. We pay for it. It broadcasts on the public airwaves, and we expect them to tell us the truth because they've done it for 50 or 60 years.

So what I started noticing was something very different. About a week, maybe two at the most, into the emergency, there was a story on "The National" by Adrienne Arsenault, one of the greatest broadcasters we have, a national treasure. Adrienne has a particular ability to appear to be discovering the facts in the moment, even if it's take-20. She can do it every time. She's a genius at what she does. But she turned this ability against us.

I saw a piece on the 4th of April where she opens up and she's looking at her phone and she says, "What do you do if this happens? Somebody sends you a family text, say it's your father, and he thinks that the virus was manufactured by China." This is on April 4th, 2020. It says 2023 on the slide. That's incorrect. It was 2020. And I thought, well, wait a minute. How do you know it wasn't manufactured in a lab in China? What evidence does the CBC have 20 days into this, or 15 days into this, that this was not manufactured in a lab? There was an assumption that she put forth instantly. And then she went to an expert guest who said, "Well, don't embarrass your father. You'll just push him away."

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You've got to bring him in and you've got to kind of convince him. And I thought, well, I'm a father. Who are you speaking to? You're telling my children not to believe their father. I have some expertise and some experience in this particular field. And I thought it was shocking that the CBC was trying to get in between me and my children. And the expert witness was from an organization called First Draft. And she simply says, "I'm from First Draft. We're a non-profit that helps people navigate misinformation on the media". And I think of non-profits, I think of the Cancer Society, the Diabetes Society. I don't think of a group of people who are attempting to change the minds of strangers from believing things that they don't want them to believe. I thought that was all very odd.

So I looked into First Draft and I saw that this organization was developed, and is developing, "new techniques and methodologies for investigating online spaces. Our latest approach revolves around the concept of recipes. As with food recipes," says their website, "these steps give directions to investigators" or to reporters. So they give samples of what you can do. They say, "here's an Investigation: How anti-vaccination websites build audiences and monetize information." This is two weeks into the emergency. "Here's the Recipe: how are these anti-vaccination websites funded?" Investigate the ad trackers with Gephi and DMI tracker tool. Now these are tools that they provide to, apparently, the CBC. Now there was a story that circulated later about anti-vaccination websites on Marketplace and how they make their money. So this First Draft group is now feeding the CBC their stories.

A second example: Pro-Russian networks are driving anti-Pfizer vaccine disinformation. Now, I don't know why the CBC has to get behind Pfizer, which has paid out the largest criminal settlement in the history of American justice, but this is what this organization is saying: "Don't be against Pfizer. The Russians are behind it." The recipe was: "Track misinformation across platforms such as 4chan, 8kun and Reddit." So they're even telling them how to go after them, where to go after them. They're directing the CBC. I was astonished that this organization was put forth as an expert on how to not believe your father, but not embarrass him at the same time. So this to me had nothing to do with newsgathering.

Ten days later, after the CBC did that story, the *Washington Post* did some real journalism. They pointed out that the State Department cables were sent from the US Embassy in Beijing to Washington in 2018, warning about the Wuhan Institute of Virology, that it was unhygienic. And in particular, they said there was "a serious shortage of appropriately trained technicians and investigators needed to safely operate" the Wuhan Institute of Virology. This is January 2018. And there were two cables sent, and the reporter saw one of them. "The first cable, which I obtained," he says, this is Josh Rogan from the Washington Post, "warns that the labs work on bat coronaviruses, and their potential human transmission represented a risk of a new SARS-like pandemic."

So not only at the moment when Adrienne Arsenault was telling you, "Don't believe your father if he thinks it came from a lab," it was not only probable that COVID came from the lab, but it had been predicted that it would happen two years prior by the US government. So how does Adrienne Arsenault say it wasn't and don't believe anyone, including your family?

Flash forward a year: *Vanity Fair* magazine, which is known for its excellent investigative reporting, published an extremely long and exhaustive piece where all they did was go online and look at publicly available scientific papers going back about a decade.

The first one in 2013 was by Shi Zhengli, who's the director of emerging infectious disease at the Wuhan Institute of Virology. She's known as the bat lady, and this is not a derogatory term. Actually, her scientist friends started calling her that because there was an outbreak of a SARS-like respiratory virus in a mine, and the miners died very, very quickly. And she is documented to having gone to that mine, scraped the bat guano off the mine, and brought it to Wuhan to examine.

In 2014, she began publishing about the coronavirus from Chinese bats. In 2015, there was another paper that *Vanity Fair* found where Shi Zhengli discussed successfully inserting a protein from this Chinese horseshoe bat virus into the SARS virus of 2002, creating a brand-new infectious pathogen. In 2015, this scientific paper was published.

[00:10:00]

***Vanity Fair* found it online. CBC could have found it, but they were too busy telling you don't trust anyone who believes this.**

In 2019, there was a paper actually published by one of the lab directors at Wuhan, outlining the safety deficiencies in the Wuhan lab where he worked. And in 2019, right around the time that the US government, the US embassy in Beijing was warning Washington about a potential SARS-like pandemic leaking out of this unhygienic lab, a number of the Wuhan lab scientists published a paper together describing genetically engineered rats that they had grown with humanized lungs and developed them in the Wuhan lab.

So this is a pretty hot smoking gun coming out of the Wuhan lab. There are three labs in the world working on coronavirus, according to the *Vanity Fair* investigation. Two of them in the United States, one of them is in Wuhan. If this thing started at a wet market outside the Wuhan lab, it was because one of the staff members of the Wuhan lab walked into the wet market and brought it there. That is the most likely scenario.

Now flash forward to this month, March 2023, US FBI Chief Christopher Wray says that China lab leak was most likely. The quote is, "The FBI has for quite some time now assessed that the origins of the pandemic are most likely a potential lab incident." So the CBC had no evidence that it wasn't. They wanted you to believe that it wasn't.

There's a definition of newsgathering, and you'll see interestingly that "newsgathering" is one word in the English language. It's not two words as it appears that it should be. And that's because it's very specific. It's the process of doing research on news items, especially ones that will be broadcast on television or printed in a newspaper.

Now, how much research was done by the CBC to determine, 10 days after the emergency, that it didn't happen in a lab? Another definition here is propaganda: "Persuasive mass communication that filters and frames the issues of the day in a way that strongly favors particular interests, usually those of a government or a corporation. Also, the intentional manipulation of public opinion through lies and half truths and the selective retelling of history." This is what was going on in that piece. That's why it felt so wrong to me because there was no news involved. There was only propaganda.

What the *Washington Post* did with its lab leak theory story, 10 days after the CBC said it wasn't from the lab, was newsgathering. It was investigative reporting. What the CBC did when it said, "don't trust your family if they think it came from a lab," that's propaganda. That's the difference in the definition of those two things.

The *Vanity Fair* piece: reviewing scientific publications for a decade, uncovering the fact that human lungs were engineered on rats in Wuhan lab in 2019 just before the outbreak, is newsgathering. Exceptional newsgathering, I'm jealous of how good that newsgathering was. What the BBC did reporting on the FBI, saying they've known for a long time that it came from the lab, was newsgathering. That's kind of news of the day, daily news. They said it. We're telling you they said it. What the CBC did by warning Canadians not to trust their fathers about a lab leak theory was propaganda.

March 4th, 2021, about a year after the emergency, the editor in chief of CBC News, Brodie Fenlon, wrote on his blog: "A recent survey found that about half of Canadians think journalists are purposely trying to mislead them." Well, that's because we're on to you. At

least half of us pay attention to our gut and we know that you are purposely trying to mislead us.

But Mr. Fenlon said that CBC is going to correct this. To promote trust in journalism, the CBC has joined four organizations. I didn't know that they joined these organizations until I began to look into this a little bit. One of them is called the Trusted News Initiative, which is designed to filter news through its own "Trust Filter System." Another one's called the Journalism Trust Initiative. It's basically the same name, but this one does more or less the same thing. Another one's called the Trust Project, and then Project Origin. Notice that none of these organizations have the word 'truth' in them. If you tell the truth consistently, trust is automatic. If you don't tell the truth consistently, you have to say things like, "please trust me."

I'm just going to quickly outline what these things are, because they're all basically the same thing. The Trusted News Initiative and the CBC announced together on the 27th, prior to the Adrienne Arsenault piece,

[00:15:00]

that CBC and Radio Canada are "joining an industry collaboration of major media and technology organizations to rapidly identify and stop the spread of harmful coronavirus disinformation."

I think the pandemic really started in China about four months prior to this, and four months prior to an unknown virus killing so many people, there is no disinformation. The scientists among our commissioners will tell you there is only information, and all information is critical at the beginning—particularly at the beginning. So immediately, they were in a position of pushing one side of the story. Stopping misinformation means censoring, censorship, pure and simple.

The Journalism Trust Initiative, a second organization that they joined, is run by an outfit called Reporter Sans Frontières, Reporters Without Borders. And when I was working as a correspondent in the Middle East, Reporters Without Borders would take the side of, say, a Syrian journalist who was writing something against the dictator Hafez al-Assad and maybe had been imprisoned, and they were trying to bring the attention of the world to this imprisoned journalist. That's the kind of excellent work this group did.

In 2020, it shifted completely to start something called the Journalism Trust Initiative, starting an algorithmic indexing based on their criteria to improve your revenues. Meaning if you run your news organization through their filter, they'll make sure that it gets up to the top of the Google page, so you'll get more clicks and more money will improve your **revenue. There was an incentive there.**

Project Origin is another one that is a collaboration between the CBC, the BBC, the New York Times, and Microsoft. And one of these organizations is not a news organization, it's a tech organization. One of the things they talk about here is that the "technical provenance approach, in conjunction with media education and synthetic media detection techniques" to help "establish a foundation of trust." Not truth, trust is what they're looking for.

One of their tools is called "The power of the machine—harnessing AI to fight disinformation." I can only surmise from this that Microsoft is using AI to identify anybody speaking words that they want to identify as to be censored or call misinformation, label misinformation, so you will agree with their censorship.

The next one is called the Trust Project. Now this one is largely tech. Craigslist, Google, Facebook, and Microsoft are involved, again, "Helping tech support trustworthy news." Helping tech. What do we care about tech and truth and news? How are they together all of a sudden? "We stand for integrity." They say: "Look for our 8 Trust Indicators. We built the trust indicators." So they have listed— All they have to do is tell the truth, they don't need no eight trust indicators. And interestingly, Google, Facebook, and Bing all use the trust indicators in display and behind the scenes. So somehow, they are censoring it before it gets to you.

These are the members of the Trust Project. Now, this goes way beyond the CBC. *The Globe and Mail* is also in there. CTV is a member. *The Walrus* magazine in Canada is supposed to be an independent thought magazine; they're part of this project. The Canadian Press. I put this up there to let you know that it is not just the CBC. The reason they all sound the same is because they're all part of this trust campaign.

But the CBC is also part of something else, it's something with just public broadcasters. It's called the Global Task Force for Public Media. "The Global Task Force exists to defend the values and interests of Public Media." Excellent. But it was formed to develop a consensus and a single strong voice among them. And that's the CBC, BBC News, ABC Australia, Korean Broadcasting—they joined recently—France Television, Radio New Zealand, ZDF from Germany and SVT from Sweden. Now, I can't imagine having worked at the CBC for almost a decade and being told every day, "Our job is to elevate the voices of Canadians on Canadian stories, to unite our vast country and make us all feel as one."

What single issue do we have with Korean Broadcasting when that is our mandate? What issue does Radio New Zealand have with Swedish television when their mandate is the same, to elevate their own people. This is a bizarre conglomerate of public broadcasters. And I would put forth to the panel that the public broadcasters are the ones that are not easily bought because the advertisers don't exist and therefore, they have no influence. So something else was done here.

[00:20:00]

Now the public task force is headed by our CBC president, Catherine Tate. She is the current president. Three months ago, she gave a speech at Simon Fraser University. The first word out of her mouth was "trust." "Trust seems to be in short supply." The next phrase is "disinformation," "conspiracy theories," "YouTube rabbit hole." This is the Trusted News Initiative mantra. This is what she was talking about at Simon Fraser University. She goes around, makes speeches and says, "Please trust us."

So let's get to what they do. In addition to the first piece that I saw on "The National" that **rubbed me the wrong way, I listened to a piece one day in my car by Matt Galloway. Again, a national treasure. I love this guy. When I first heard him on CBC Toronto, I thought, "Oh my God, there's a future. He might be the next Gzoski." And then he turned on us.**

He did a story on March 29th, 2021 where he interviewed a guy from something called the Center for Countering Digital Hate. And I thought this was going to be about anti-Semitism or something, digital hate. Instead, the guy said, "People who are recommending vitamin C intravenous and hydrogen peroxide nebulization are hate." And I thought, well, how is recommending health treatments— Vitamin C intravenous has been going on for 50 years. It's used in cancer treatment. It's used in all kinds of treatment. Hydrogen peroxide nebulization is a simple drugstore, hydrogen peroxide 3 per cent mixed with water and

vaporized into a mass so you clean out your nasal passage and stop viral replication and it's common. You can buy them.

So how are these things dangerous? How are they hateful? It was particularly interesting to me. But the expert guest went on to say that these people will kill. And he said that the hydrogen peroxide nebulizers, which are benign, are literally inhaling bleach. This was his words, literally inhaling bleach. It's actually not; it's actually literally a hydrogen peroxide nebulizer. It's literally nebulizing hydrogen peroxide. It's not literally inhaling bleach. Inhaling bleach is literally inhaling bleach. He lied.

So why is he lying to Matt Galloway? Why is Matt Galloway letting him lie to me on the radio? And I know it's a lie for a fact. The same guy from the Center for Countering Digital Hate, who also went on to say anti-vaccine misinformation is hate. Which I believe diminishes the power of that word for all those who have experienced it. He went on Marketplace to say this, but then Marketplace took it to the next level. They became a censor.

Marketplace reported 800 pieces of information to social media giants attempting to have them censored, claiming they were misinformation. And then they complained that the media giants only took down 12 per cent of what CBC said was wrong on the internet.

My questions are: Since when is the CBC deciding what misinformation on other media platforms is? What is it their business? They're the CBC. Do your job, pay attention to yourself. Why are you going out correcting, in your view, what's wrong with other media? How is the CBC or Marketplace or this reporter qualified to comb the internet for 800 posts and declare them to be false? We never found out in the piece. And who at the CBC is the arbiter of truth and misinformation on behalf of us Canadians, who like to decide for ourselves?

So I wrote a letter to the head of journalistic standards at CBC, Paul Hambleton, who has since left the position. I asked him to do three things for me please. I told him who I was and that I'd worked there and I named some people that we would know in common. And I said, "Please supply me with the policy at the CBC that describes the mandate to correct what you deem to be misinformation by other organizations. Please include the process by which information is deemed to be incorrect, and therefore requires correction or censorship by the CBC." And I asked to, "Please supply me with any other example outside of the COVID-19 story where CBC corrects what it deems to be misinformation on social media." Now he did reply to me, but he didn't answer any of those questions.

Another thing that the CBC has done very successfully is it's promoted a new identifiable group of Canadians and fomented hate against them: the anti-vaxxer. What is an anti-**vaxxer? Who is an anti-vaxxer? Does someone whose partner had a severe reaction to the vaccine and was told they must get a second one if they want to keep their job? And then they had a worse reaction and this happened. And I've talked to people, I know it exists. Then maybe they don't want their kid to get it. Are they an anti-vaxxer? Do they need to have mental correction, psychological retraining?**

[00:25:00]

What does an anti-vaxxer believe? We don't really know, other than it's bad and you should fear them, according to the CBC.

There was an interview with a Conservative member of Parliament named Marilyn Gladu from Sarnia, Ontario at a time when the House of Commons was about to reopen to parliamentarians and a number of the Conservative MPs had a very serious concern about the mandate against them. There was anywhere between 15 and 30 of them. They were starting a mini caucus of, I suppose, the unvaccinated. Now, Marilyn Gladu bravely took the interview with CBC about this because it was only going to go one way. And Katie Simpson, who— Again, an amazing journalist, I think Katie's fantastic at what she does— Pardon my language but she beat the hell out of this woman on the air. Everything that Marilyn Gladu said, which was reasonable and thoughtful, Katie responded: "Aren't you just giving air to the anti-vaxxers? Isn't this giving support to the anti-vaxxers?" The anti-vaxxer became the boogeyman in this story and Marilyn Gladu held herself extremely well.

At one point, Katie said, "Are any of your unvaccinated colleagues going to try to get into the House of Commons?" I thought, wow, you've just framed them as like break-in artists or petty criminals here. Marilyn Gladu answered, "Probably not. They need a passport to get in and they'll never get past the guard." And then she said, "Will you go to the Parliament?" And Marilyn Gladu very coyly said, "Well, show up on the day and see if I come." And she stopped the interview and repeated the question and said: "This is a matter of public safety. Are you going to come?" In that moment she framed every unvaccinated person, including her guest on the show, as a danger to public safety.

Katie Simpson had no evidence—and still has no evidence—that an unvaccinated person is any more likely to transmit COVID than a vaccinated person. And we now know that there's really no difference. If anything, if you have natural immunity, you're less likely to get it or spread it. She had no scientific evidence. She had no basis of it. That's because this was not newsgathering. She was practising propaganda.

An excellent example of CBC propaganda was a piece they had, "Meet the unvaccinated." Those people—who are these strange people? "Why some Canadians still haven't had the shot." The sub headline was: "Some suspect the science, some don't think they're vulnerable, and some just don't trust the government." There was no mention that the vaccines were not fully tested by the standards that vaccines have always been tested in Canada. No mention of that. People knew that but there was no mention that that's maybe why they didn't want to do it. There was no mention of the adverse reactions that were already at this point being reported on government websites, including deaths from the COVID-19 vaccines. They eliminated that side of the story. They suppressed one side. Because it wasn't newsgathering, it was propaganda.

On January 15th, 2021, the CBC published a story where they talked about a scientific paper that was written by a number of esteemed Canadian scientists and academics that the COVID-19 booster shots didn't work. They were only 37 per cent effective against **Omicron. The story was then updated. Somehow. they shifted the data and it was a slight difference. The CBC story was: the original study was "seized on by anti-vaxxers— highlighting the dangers of early research in pandemic." In other words, "Don't trust the scientists. The anti-vaxxers will put their message out." This study found that the boosters only worked 30 per cent. They were only 37 per cent effective. The story goes on to say that the study was revised. But not before being spread widely on social media by anti-vaxxers, academics and the Russians. So we got some boogeyman in there, the Russians, but they're saying anti-vaxxers— This group they're fomenting hate against is equated with academics now. Now they're belittling the academics because they don't like what they're saying. Not because what the academics are saying isn't true, but the CBC has a different message for us.**

This is the most mind-blowing part of this particular story. Bear with me here for a minute. When the findings were updated with additional data, they showed very different results, say the CBC. The researchers found that vaccine effectiveness was 36 per cent, even less, against symptomatic Omicron seven to 59 days after two doses. So after your second dose, you got about a month. And then it's only 36 per cent effective, with no protection after six months.

[00:30:00]

So they were no good six months later. By any measure of vaccine, they don't work, or our expectations of a vaccine, they don't work. But after six months—or after the booster, it was 61 per cent effective one week after the booster. Now notice, so that's the correction: instead of one week after the booster being 37 per cent effective, it was 61 per cent effective. This is a marginal difference. This is not a dramatic difference. It's particularly because there's a qualifying language. And I'm trained to recognize qualifying language because it's redundant and it should always be removed before broadcast. It used to be called "not ready for air," but now it's broadcast regularly. So 61 per cent effective one week after the booster. What about two weeks after the booster? They're not telling us. Maybe it went down to this 37, we don't know. Because they are selectively telling. This is—and the definition of propaganda—this is a half truth. It's not the whole truth.

This is a collection of headlines that were between May 2021 and September 2021. And I'll take you back to— This is the big push for vaccine mandates. The university kids all had to get vaccinated if they wanted to go to school. Government workers had to get vaccinated by around mid-September. I'll just read them quickly. A "psychologist explains vaccine hesitancy." "Experts weigh in on the possible factors behind hesitancy." "Black Canadians are more hesitant about COVID-19, survey says." "Vaccine hesitancy can make for awkward talks," like if you don't believe your father, "mediator says." "These people were vaccine hesitant. Here's why they changed their mind." May 12th, 2021. "CBC poll: Results give us an idea of who the vaccine hesitant in Alberta really are." Who are these strange people? "University of Calgary vaccine hesitancy guide gives doctors facts for struggling patients," who are struggling with whether to take the vaccine.

None of these offer a second perspective about why people might be vaccine hesitant. They strongly favoured one particular interest and that is defined as propaganda, not newsgathering.

The next thing that the CBC did in conjunction was the suppression of medicine. Ivermectin was shown worldwide to be effective, particularly in developing countries where they have it available because ivermectin is used there regularly. On September 2nd, 2021— again, right around the time when we needed to have no medicine because they wanted to force **the mandate. This is from CBC broadcast, "Health Canada is warning people not to take a drug meant for horses and cows to combat COVID-19. Ivermectin is a dewormer in animals," and "can cause serious illness, even death in humans."**

This is a lie that was told to Canada by the CBC on behalf of Health Canada. The fact is that ivermectin is human medicine. It's a miracle medicine, and its inventor was awarded the Nobel Prize in medicine in 2015. It says—and this is from the Nobel Prize website—he "cultured a bacteria, which produce substances that inhibit the growth of other microorganisms." Maybe, that's how it works. In 1978, he succeeded in culturing a strain called avermectin, "which in a chemically modified form, ivermectin, proved effective against river blindness and elephantiasis". In fact, it eliminated river blindness virtually in

South America through millions and millions of doses, and nobody dying from it like the CBC says you might.

And this wasn't just the CBC. This was a global push to suppress ivermectin. An attorney general in the state of Nebraska decided to do a legal opinion and sign his name to it, in which he said, "In the decade leading up to COVID-19 pandemic, studies began to show ivermectin's surprising versatility," which is why it's used for things other than river blindness. "By 2017, ivermectin had demonstrated antiviral activity against several RNA viruses, including influenza, Zika, HIV, and Dengue."

I covered a dengue epidemic in India in 1998, at which time the doctors told me the trouble with dengue versus malaria, where the symptoms are very similar, is there's treatment for malaria; there's none for dengue. And that was 1998. By 2017, they were realizing ivermectin was the miracle cure for dengue, or at least had been shown to have some positive results. Another review, says this state attorney general in Nebraska—and a review of course is a look at multiple, multiple studies. They review multiple studies and they come up with a final conclusion.

[00:35:00]

It "summarized the antiviral effects of Ivermectin demonstrated through studies over the past 50 years." It wasn't new and it wasn't deadly.

Shawn Buckley
Mr. Palmer I'll just let you know, we're about 10 minutes. Just to help time yourself. Thank you.

Rodney Palmer
Okay. So the Alberta Health Services on October 5th had published on their website that ivermectin is FDA- and Health Canada-approved for people. Not just cows and horses. It is used to treat parasitic infections, intestinal infections, and now even rosacea. The *Indian Express* wrote that the state of Uttar Pradesh, which has a population of about 250 million people, had dramatically reduced the COVID positivity rate and eventually—three months after this published article—reduced the COVID death rate to zero in Uttar Pradesh.

When a doctor named Daniel Nagase walked into an emergency room in Alberta and found three people dying of COVID—their charts showed that they were getting worse every day—he decided, based on the Alberta Health Services, based on these stories out of Uttar Pradesh, to ask them if they wanted to try ivermectin. It was their choice. They all said yes **and they all got better. Then he was fired for doing that. He spoke out about that and somebody recorded it and put it on a social media and the CBC did this story: "Doctor who says he gave ivermectin to rural Alberta COVID-19 patients prompts a warning from the Health Authority for spreading misinformation." In the same story, he says, "the drug worked quickly, allowing all three to leave the hospital."**

I called Daniel Nagase, Dr. Nagase. I interviewed him, and he said one of them was 90 and he went back to his nursing home. They almost got completely better within 18 hours. But another Alberta Health Services medical director barred the patients from getting any more of the drug.

Can you imagine? If you can't breathe and somebody gives you a pill and you can breathe, and another doctor comes in and says you're not getting any more? That happened. It's in this CBC News story. And they went after the guy who cured them. Dr. Nagase was removed from the hospital and relieved of his medical duties the following day.

The story here is that a doctor cured COVID with a pill that cost a nickel, that's already been working all around the world. We can all go back to our hockey rinks. We can all go back to our jobs. We don't need the experimental vaccine. There's a pill. All we have to do is put a good supply in every hospital in Canada. And if anybody gets sick enough that they can't breathe, they go into the hospital, they're administered ivermectin and 18 to 36 hours later, they're breathing and they go home. End. Of. Pandemic.

Dr. Nagase should be on a stamp. Twenty years from now, there should be a little vignette about that moment when he decided, "I'm going to try this drug and end COVID-19 in Canada." Instead, the CBC went after his throat. Because it's propaganda, it's not newsgathering. This is the photograph on the slide here of the ivermectin from the CBC website, under which the cut line says: "Ivermectin is used primarily to rid livestock of parasites." I'll draw your attention to the box in the photograph's hands and the yellow on the right-hand corner, where there is a picture of three human beings. This is international and multilingual. There's an adult and an adolescent and a baby. And the baby has an X through it because you give babies ivermectin in a liquid suspension so they don't choke on the pill. This is human ivermectin, photograph on the CBC website and they're saying it's for livestock. This is a lie, a half-truth, disinformation—propaganda brought to you by the CBC.

What the *Indian Express* did by telling what the Chief Minister said about ivermectin's success was newsgathering. What the CBC did saying ivermectin is for horses and cows and can cause death was a lie and it was only propaganda. There's no other way to describe it.

Quickly going, because I'm running out of time here, to the Freedom Convoy. I happened to be in Ottawa visiting friends. I had been doing some volunteer work with the Canadian COVID Care Alliance, which is an excellent group of scientists. I encourage everyone to look at their website if they're looking for truth instead of trust.

There's a photograph here of your witness standing in front of the Peace Tower in Ottawa looking down on all the Canadian flags, the Quebec flags, the Freedom Convoy. These are the photographs I took. Families, somebody holding the Charter of Rights. Freedom, lest we forget from the vets, and God Bless. This is what I saw and the very first report on the CBC was by an excellent reporter named David Common. And he's walking—you can look this up—he's walking through the crowd and he's feeling that positive energy and he can't even contain himself. He says, "It's a party, there's jubilance, thousands of Canadians protesting **the mandates." That was day one.**

[00:40:00]

On day two, these pictures emerged. Nazi flag, Confederate flag. The Confederate flag is largely meaningless in Canada because it doesn't have any history in our country, but it is a symbol of hate and it's used as a symbol of hate. When these photographs emerged, our Prime Minister came out and condemned the hateful rhetoric. He said he will not meet people who promote hate. So that was it.

If that's 100,000 Nazis out there, I don't know where we were hiding them before this day. But we had 100,000 Nazis according to the Prime Minister, who are promoting hate. End of story. No meeting, not going to discuss your issue.

So I did what any journalist would do and I looked for a reaction story. "The Prime Minister says this about you. What's your reaction?" I went up and I knocked on the very first truck that was very close to the CBC building, maybe about 200 meters from the CBC. I knocked on the very first truck and I interviewed the very first trucker.

[First video clip is played of Rodney Palmer interviewing truckers in Ottawa]

[Video clip] Rodney Palmer
What would you say to the politicians like Trudeau, Singh, the Mayor of Ottawa who say this is organized by the far-right extremists and the racists?

[Video clip] Trucker 1
I'd say you're all lying. You know you're lying. Look at me. Look right around in Ottawa. We are from every nation, every country, every background. Every colour that you can possibly find, you can find in Ottawa in the last couple of days. You know you're lying. And that's false.

Rodney Palmer
And like a good journalist, I went to the next truck. I didn't just take his word for it that he wasn't a white supremacist. I asked this man at the very next truck:

[Second video clip is played of Rodney Palmer interviewing truckers in Ottawa]

[Video Clip] Rodney Palmer
Is this a group of far-right extremists and racists?

[Video Clip] Trucker 2
That's just garbage. That's hogwash. Because they are people from all walks of life out here. I'm a man of colour. And I have every few trucks that go down, there's someone of colour here. There are people in the street that are coloured. I'm not too sure where they're getting that from or who they're looking at or who they're talking to, because this is nothing like that. Right? There might be a few folks here who want to spread a different agenda and try to tarnish what we stand for. But that's them seeing a far-right movement, that could not be further from the truth.

[Video Clip] Rodney Palmer
Why are you really here?

[Vide Clip] Trucker 2
I'm here to stand up for fellow truckers and push back. Because the government keeps pushing us, pushing us, and it's not democratic anymore. If the government will try to control the people and force you to do things against your will.

Rodney Palmer
Why weren't these guys on the CBC? It's their job to go out and do a live. It's not even hard, they just had to walk. It was right outside their door. I asked, I went out and I found another guy. Look at this guy. "Do I look like a white supremacist to you?" says this man of colour.

He is a very interesting guy. When he heard about the Trucker Convoy, he was living in Calgary. He got in the car with his wife and his very young child, I think his son was about four, and they drove all the way to Ottawa to support. But these three pictures were defining that movement: the Nazi flags and the Confederate flags. And I didn't see them. I was there those first five days. I didn't see any of these flags.

Rebel News, which is an alternative news, which was marginal because it's largely a conservative mouthpiece, I guess you would call it, trying to get rid of Trudeau and put a conservative government and that's kind of their position. But during the last three years, there's been more truth on Rebel News than I've seen on any other media in all of Canada. And I say that as an experienced journalist. Their intrepid reporter, Alexa Lavoie, who I think is one of the greatest investigative reporters in Canada today, noticed that these three pictures were taken by three different people. One of them by David Chan, a long-time liberal photographer. One of them by Andrew Mead, a known Trudeau photographer. And another by Randy Boswell, who's a reporter, a writer, I guess. But he writes a lot, oh, about misinformation, anti-vaxxers, conspiracy theorists, this is his—

So how did they all get in the exact same place? She noticed that the Peace Tower is in the same aspect ratio, the same distance, depth, as in all of the three pictures. All three of these people were in the exact same spot when that guy unfurled that flag. She was curious about that. These two pictures were the only ones seen of the Nazi flag. And the reason they're still pictures is because it wasn't unfurled long enough for any of the 10,000 cameras in the place to see it and film it. She went to the first one on the left, and she found that it's a little parkette setting. She found the setting and she noticed that it was nowhere near the protest. It was down on a little walkway. So this entire thing with all these flags was staged, according to the report.

The second one on the right is very interesting because the camera angle is from down below. And she tried to reproduce that camera angle, but she had to go down to the Rideau Canal, which was locked and closed because they do that every winter because of the snow, and it's for safety reasons.

[00:45:00]

So she wondered: How did someone get down to that spot in a locked and closed area at the moment that that flag was unfurled? And she pointed out that it was on the west wall of the Chateau Laurier Hotel next to the Parliament buildings, and that angled staircase only exists in one spot. And as soon as he's up to the pillar, he's on Wellington Street, and nobody saw the flag on Wellington Street, or filmed the flag on Wellington Street. So that was the moment that that flag was unfurled, and there was a photographer there at the moment to take the picture. So how did that get out so far?

She discovered— Alexa Lavoie of Rebel News discovered that the first person to tweet that picture of that nasty flag—it is a nasty flag, the Nazi flag—was Justin Ling, the CBC reporter. CBC website says Justin "is an award-winning investigative journalist who specializes in stories that are misunderstood." Justin said he didn't want to reveal his source. Who sent him that photo? I've seen several of Justin's pieces and he almost never reveals his source. You have to trust.

Shawn Buckley
And Mr. Palmer, I'm going to have to cut you short.

Rodney Palmer
Do you want me to stop now?

Shawn Buckley
Yeah, and allow the commissioners— They might have a couple of questions for you and then we have to take a break.

Rodney Palmer
Okay.

Commissioner Drysdale
I have a couple of questions. And by the way, thank you for your testimony. I don't particularly understand how a newsroom works, particularly at the CBC, and you talked about a number of people. At the beginning, you talked about Adrienne Arsenault coming up with this particular piece. In your experience in a newsroom, would Adrienne Arsenault herself or any of those other people just come up with a story and go on air? Or was this directed?

Rodney Palmer
Every story at the CBC National is a collaboration by many people, and there's a hierarchy of decision-making. But a journalist— If I was in Adrienne's position, the buck stops there. "You want me to say this? Show me the evidence that it didn't come from a lab before I go on the air."

I was in a situation a couple of times at CTV where I was asked to match a story by a competitor and when I investigated it, I found it to be untrue by the people that were in that story. And I had to report back that "I can't go on the air with this story tonight because it's untrue." And they said, "Well, the CBC, or whoever, put it on." I said, "Well, that's their error and not mine. And let's move on to the next thing." The reporter is responsible for the words they speak.

Commissioner Drysdale
Another question. You know, you showed us these organizations, whatever they were called, Trust Initiative, et cetera. And there was one slide that you had multiple different broadcasters on it. I don't know how many of them there were but there were many, many of them. If I also understood what you were saying, a lot of these broadcasters worldwide were saying the same things at the same time. When does an organization go from an association to a monopoly? And did you do any investigation into commonality and ownership across these different media platforms?

Rodney Palmer
I didn't, no. But when they all follow the Trusted News Initiative, then you have a single point of information coming down. So now there's only a single point. It's kind of like when the World Health Organization is feeding its member nations protocols on what to do: If you wanted to corrupt all those nations, you would only have a single target. That would be the World Health Organization and then all information would feed down from there. So by joining this trusted news initiative, they're all collaborating on this single idea.

Commissioner Drysdale
Another question. Given the current, or the recent, rewrite of the *Canadian Broadcast Act*, do you think that this rewrite will promote independent journalism in Canada, or will it have some other kind of effect?

Rodney Palmer
I have to confess, I'm not familiar with the rewrite of the Broadcast Act. But independent journalism is not being promoted currently in Canada. In fact, all the money that's flowing to the various journalism organizations is not flowing to Rebel News, oddly enough. And they are the ones that I see telling the truth.

Commissioner Drysdale
You mostly spoke about the CBC. But the other private broadcasters in Canada: Were they promoting these same kinds of stories?

Rodney Palmer
All of them, virtually all of them—all of the mainstream media are. They're all hooked onto this same IV drip of trust over truth. I cut a lot of it out for time, apparently not enough.

[00:50:00]

But the *Toronto Star* did a number of particularly horrific stories, one of which was putting a nine-month pregnant woman in profile or photograph saying— The headline was "Pregnant and hesitant." And the story was about her journey to decide to vaccinate herself with this unproven vaccine that was never tested on pregnant women. And it was to encourage readers to vaccinate themselves if they're pregnant.

Another one they did was they falsified their identity in order to get an appointment with a doctor that didn't want to do an interview with them. And then they got a prescription for ivermectin under a false name and then went and fulfilled the prescription under a false name. And then reported the doctor to the College of Physicians & Surgeons and then went front page with the story. It's atrocious, absolutely atrocious.

Commissioner Drysdale
My last question is: In the hearings in Truro, we had a number of witnesses—extraordinary witnesses actually, extraordinary Canadians—who came forward from different areas, different employment areas. We had nurses, we had doctors, we had construction workers, **I believe, who were fired from their jobs for either resisting the mandates or not getting the vaccinations. Are you aware of this happening with reporters and journalists in this area as well?**

Rodney Palmer
I met one who approached me and said that they worked for a major media organization, and I think they said they had to take the time off. They basically had to go home and not be paid and then they were eventually let back in when the mandate dropped. But I don't know how many. That was one person who approached me and I don't know how many others there may be.

Commissioner Drysdale
Thank you very much. That's all I have. Anyone else?

Shawn Buckley
Mr. Palmer, thank you very much for your testimony.

Commissioner Drysdale
There's another, one more question.

Commissioner Massie
Okay, thank you very much for your testimony. I'm wondering: I mean, propaganda has been around for a long, long time, everywhere. But I think in my youth it was not, at least I was not aware of it as much as I am. You've been working in the news industry for a long time. When did you start seeing that we were going in that slippery slope of propaganda? And I guess the question I'm wondering about is, what's the exit out of it?

Rodney Palmer
When I first started noticing it, I showed you, was within days of the emergency. The exit out of it is a big, big question. Because the CBC has not missed the story. The CBC has betrayed Canada and betrayed Canadians by resting on the laurels of decades of hard-fought journalists who did their work and entire careers of investigative journalism. And they're using that to trick us. They morphed into propaganda in a moment of exception.

The beginning of COVID, we were all on board with, "Let's all go hide and stay home because we're afraid." But the period of exception is over. You could forgive them for allowing themselves to be an apparatus of the public health because it existed. It was a broadcast system that we could send messages to on a daily basis. And in a moment of exception, you could say, "Okay, we're going to let the CBC be the public health system right now." But the emergency is over, and the exception still exists. So how we get out of this I'm not sure. But there would have to be a wholesale redesign of the CBC because I think that it would be extremely difficult for the number of people in that organization to admit to themselves as they go to sleep at night, that they caused deaths by misinforming people and disinforming people. It's a very tough thing to get out of.

Shawn Buckley
And if I can just break in, Commissioners, we have Dr. Robert Malone coming on in five minutes and 24 seconds, and we should take a break before then.

And I mean no disrespect, Mr. Palmer, your evidence has just been fantastic. But if the commissioners agree, I think we should stand down for five minutes.

[00:54:35]

PART II

[00:00:00]

Shawn Buckley
And I'd like to recall to the stand Mr. Rodney Palmer. We didn't have time to finish him this morning because of another witness being scheduled in.

Mr. Palmer, I'll just remind you that you promised to tell us the truth this morning. And you still promise to tell us the truth?

Rodney Palmer
Yes.

Shawn Buckley
Okay, so I'll just ask you to pick up where you left off.

Rodney Palmer
Yeah, just to refresh: if we can get the PowerPoint going, I was discussing the CBC specifically as my role as a journalist there previously, and the difference between newsgathering and propaganda. And I'll just try to get control over this and then go down to the slide that I was at, which was talking about the truckers' convoy and the nature of the photographs. These three photographs that had offensive racist flags and those were the basis on which the Prime Minister said he would not speak to anyone at the truckers' convoy protest.

And Rebel News had done an investigation showing that the flags were there very briefly, if not for split seconds, and they were taken by photographers that had associations with the Prime Minister's office. And we got to the point where the Rebel News reporter identified that the first tweet of the Nazi flag was by a man named Justin Ling, who works for the CBC. And the second tweet was by Amneet Singh, who works with Jagmeet Singh. And this was very curious, because the source of who took that photograph was never given. And so, Rebel News had done this amazing report, and I encourage anyone to look at it. It's about 17 minutes long; it's by an excellent reporter named Alexa Lavoie. And they plausibly connected these racist flag photos to Justin Trudeau, Jagmeet Singh and a CBC reporter who's known for broadcasting propaganda against people who question the government's COVID response.

So where is the CBC on this story? Why aren't they telling this story? And I would say that they're too busy practising propaganda, while Rebel News conducted the most important investigative journalism in Canada. I have not seen a piece that's better than this in the last three years. And the reason this is important is because this was the Prime Minister's founding myth on which he declared the truckers' convoy to be racist. And this is what people across Canada heard. And I've had dinner with good old friends who say: "Damn those truckers, those racists, those Nazis." And I think, "Well, I was there and you weren't." But, you know, I like to keep my friends so I don't say much.

But this was a founding myth, it was a false myth and it set the tone going forward for the Prime Minister to refuse to listen, to speak, to hear what those thousands of people wanted to say and instead to invoke the *Emergencies Act* and have them cleared out violently.

Another thing that was really significant was that in December of 2021, a CBC reporter quit at CBC Winnipeg. And I had heard this interview on a podcast, where this reporter, Marianne Klowak, who had 35 years of experience— I don't have 35 years of experience. This is a senior reporter, a senior journalist at CBC Winnipeg. And when you're at a smaller city like Winnipeg and you've been 35 years in the CBC, you're a celebrity in your town. And people were coming up to her and saying, "Look at the vaccine injury, and I know somebody," and we're hearing these people, and these stories were coming forth to her. So she did an interview with a couple of them. And then she found the Canadian COVID Care Alliance, which is an independent group of scientists who are publishing the truth about the—for example, analyzing the Pfizer data that was put forth to promote the vaccines. And she put two of them into the story and it was about to go to air. And somebody said, "Well wait a minute, this isn't what we're saying, we're not saying the vaccines cause injury, we're saying they're safe so, we better send this down to the Toronto Health Department for approval."

And so somehow, the Toronto Health Department had editorial control over COVID stories at CBC Winnipeg. And it came back with, "Yeah, you can put that story up but you can't use those two doctors with the COVID Care Alliance, you have to use these other two doctors who will say the vaccines are actually safe and effective." Things like this were happening so much to this reporter that she took an early retirement and left the job that she had loved her whole life and the people who become your family and your employer. This happened. She's spoken about it publicly.

[00:05:00]

At the same period, CBC Manitoba published a story that said any claims that COVID-19 vaccines may have long-term side effects are completely untrue. They had a reporter with people on camera, on tape, recorded saying they were injured by the vaccines. They had two university professors, and these were top people. This was one at UBC named Stephen Pelech who—as I understand, he teaches pharmaceutical regulation and development. And another professor of virology at the University of Guelph who would actually receive money from the Government of Ontario to develop a COVID vaccine. These weren't just people talking through their hat; they were the top authorities that any journalist would go to for expert opinion. And at the same time, CBC Manitoba says that it's completely untrue. That's what they put on air. This is a lie. This is disinformation and this is propaganda by the CBC.

One of the ways that they do this is they have their regular experts. And these are just a couple of them: Tim Caulfield and Maya Goldenberg. You can hear them regularly on CBC reports. Tim Caulfield isn't even a scientist; he's a law professor at the University of **Calgary. In April 2020, just when the emergency had been declared, he received $381,000 in federal and provincial grants to combat COVID misinformation: $381,000 and he gets to be interviewed on the CBC a lot. A year later, in April 2021, he received $1.75 million from the federal health minister directly to counter COVID vaccine misinformation. I've seen public conferences that are sponsored and led by him about how do you trust the media, who do you trust in COVID. And it's all this propaganda about vaccine hesitancy, pushing vaccines.**

And the other one: for example, Maya Goldenberg is a vaccine hesitancy expert. Who knew there was a psychological condition called "vaccine hesitancy?" I didn't know this. In April 2022, she received Government of Canada funding to study the politics of health and the root causes of medical distrust.

We distrust them because we're being lied to. It's that simple, I could save the money for them.

This is strongly favouring particular interests, which fits the definition of propaganda. Where they're not seeking other opinions to counter it, they're using the same people over and over, who are actually funded by the federal government to deliver a particular message. And they put them on as neutral experts and they don't tell the unsuspecting listeners to their dinner newscast that these people are actually paid to tell you what they're telling, they disguise it as news. They're disguising propaganda as news and this is happening daily on your CBC—even today.

By some miracle, at the end of January, three months ago, the CBC published a story that said that New Brunswickers, of all provinces, have reported more than a thousand adverse reactions to COVID-19 vaccines. Three hundred of them were serious. In the same story—this is called "burying your lead," by the way, in journalism—in the same story, across Canada, 10,565 adverse events were considered serious in nature. I can imagine what serious is, but I actually looked up what their definition of serious is: It's death, life-threatening, hospitalization or permanent significant disability/incapacity or birth defect. Ten thousand, five hundred and sixty-five Canadians.

About a month later, 200 of them went to the CBC building in Toronto and plastered the front of that building with pictures of their faces, their names, and what went wrong because of the vaccine. This is an act of mild vandalism, where these people are saying, "Enough, CBC. Here we are, we exist, we're Canadians, we're injured and all along you're saying it's safe and effective and we're suffering because of it." Ten days later, they still didn't publish a single story about all those people who went and plastered their faces on the front of the building.

On March 10th, I heard a very prominent show on a Saturday on CBC radio—called "Day Six" by, again, one of the most excellent broadcasters we have in Canada, Brent Bambury. Brent was doing a story on Saturday morning about a documentary called, "Died Suddenly." This is by an independent journalist who's actually trying to figure out all of these sudden-adult-death syndrome, what's going on, and linking it to the vaccines. But instead of having the documentary maker on, he said the documentary maker who made that is a right-wing extremist and connected to conspiracy theorists. And he had a second journalist on from *Mother Jones* magazine. Together, they just disparaged him and defamed him and said he has links on social media to some untoward people and he's a conspiracy theorist.

At no point—I didn't even hear about this documentary until then. And I went and looked it up, and I found out they interviewed morticians about why people are dying suddenly.

[00:10:00]

At this same time, on March 3rd—so seven days before—the Canadian government updated its info-base to point out that a total of 427 reports with an outcome of death have been reported in Canada following vaccination. This is from a Canadian government website. While the Canadian government is reporting 427 dead Canadians, and somebody did a documentary about this, instead of having the documentary-maker on, Brent Banbury simply ignored that there's 427 dead Canadians from the COVID vaccine and called this guy a conspiracy theorist. That was his item. It was ridiculous, it wasn't journalism. It was intentional manipulation of public opinion, which is propaganda.

Here's one little story. Carol Pierce—this is in *SaskToday*. Carol Pierce on the right died during the 15-minute waiting period after she got her booster. At minute seven, she keeled over on the chair and died. Did Carol believe the vaccines were safe and effective? She must have, because she took three of them.

Part of the sea change that's happening now is happening in the United States, with the Children's Health Defense that's led by Robert Kennedy Jr. And he has launched a lawsuit. This lawsuit was filed on January 10th and it is a lawsuit against the Trusted News Initiative members: Associated Press, the *Washington Post*, BBC and Reuters are named in this lawsuit. And specifically, the antitrust laws in the United States have to do with the monopolization. And what they're saying is, by shutting out voices like the Children's Health Defense and other people who are legitimate alternative news organizations, you're making it so they can't make money. So they're not getting them on the lie or censorship; they're getting them on their inability to make money, which is against the law in America. And we'll see how this lawsuit plays out. Remember that the CBC is an active member of the Trusted News Initiative, and whatever is said about these four organizations in this lawsuit can go for the CBC as well.

One thing that we have in Canada, curiously, under our Criminal Code, is that it is a crime for the willful promotion of hatred. To identify a group as anti-vaxxers simply because they choose, for whatever reason they have, or they've been asked by their doctor not to take a vaccine, the CBC has actively promoted fear and hatred against these people. Specifically, the Code says anyone who "willfully promotes hatred against any identifiable group is guilty." One of the defences is that if the statements were relevant to any subject of public interest, which could be COVID, the discussion of which was for the public benefit, which they could argue, and if on reasonable grounds they believe them to be true. I hate to single out Brent Bambury because I think he's awesome; but seven days after the Canadian government published that 427 Canadians are dead from this vaccine, there are no reasonable grounds for him to disparage somebody who's pointing that out. They are actively, knowingly, intentionally, and maliciously promoting hatred against people who are unvaccinated in this country.

In my summation: Between March 2020 and the present, CBC is suppressing critics of government policy on COVID-19 response. They are misleading Canadians that COVID-19 vaccines are 100 per cent safe. They are falsely broadcasting that ivermectin is deadly to humans, when in fact it is a life-saving medicine, and has been proven so in their own stories, for COVID-19. And they're promoting an identifiable group that they call anti-vaxxers, fomenting fear and hatred against them, in order to get more of these deeply flawed vaccines into the bodies of more Canadians.

None of this is newsgathering, which we all expect them to do.

They are standing on the shoulders of decades of excellent journalism to trick us into believing they're telling us the truth, and this is happening on the very next newscast you'll listen to an hour from now. They're collaborating with the Canadian government, which is causing confusion. Because we believe the CBC to be telling the truth, it creates confusion. Canadians are not informed that the vaccines have caused permanent side effects in tens of thousands of people and the death of hundreds of people at least. And if we can go by what other people have testified, maybe one per cent of these have been reported, and the government is admitting to 427 dead Canadians. They don't say that at the beginning. The vaccines are safe and effective, although the government does report that 427 Canadians have died. What if they said that? What if they said every newscast, "the government admits that 427 Canadians have died of COVID" and it's on their website?

[00:15:00]

How would that change the notion of who's right or who's wrong when they let it go in their arm?

I would put forth that this confusion was made possible because of the CBC. In fact, the government rollout of the vaccines was impossible without the collaboration of the CBC. They took an exceptional moment to decide that they would not be journalists, that they would instead be public health messengers. But the emergency is over and the exception continues. An exceptional time could be allowed for forgiveness, but the temporary suspension of journalism at the CBC starting in March 2020 and the adoption of its new position of government public health messenger has failed to expire with the end of the emergency. And the result is that Canada's national broadcaster has morphed into a state broadcaster. I worked in countries where there were state broadcasters: China, Syria, Malawi, North Korea. It's promoting government policy without question, while censoring, belittling, and shaming learned Canadians who dare to object and attempt to inform us of the truth.

Bad journalism is incompetence, but propaganda is a betrayal. And that's what CBC has done. It's betrayed us all.

Thank you.

Shawn Buckley
I'll just ask if the commissioners have any questions before I dismiss Mr. Palmer.

Mr. Palmer, thank you so much for coming both times, both this morning and this afternoon. The NCI is very grateful for your testimony and the insights you've shared.

Rodney Palmer
And I'm very grateful for all of you for doing this. Thank you.

[00:17:09]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 2: Dr. Robert Malone
Full Day 1 Timestamp: 01:56:26–03:09:10
Source URL: https://rumble.com/v2fgrx6–national–citizens–inquiry–toronto–day–1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. It's my pleasure to introduce our next witness, who is attending virtually, Dr. Robert Malone. Welcome, Dr. Malone.

And David, we don't have Dr. Malone on volume. Okay, we should be good to go. Can you just speak again for us, Dr. Malone?

Dr. Robert Malone
Test one, two, three.

Shawn Buckley
We can hear you. Dr. Malone, can I ask you to, for the record, state your full name and then spell your first name and last name for the record?

Dr. Robert Malone
My full name is Robert Wallace Malone, R–O–B–E–R–T M–A–L–O–N–E.

Shawn Buckley
And Dr. Malone, do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Robert Malone
I do so swear.

Shawn Buckley
And you had provided to me earlier a copy of your CV, which I've entered as an exhibit in this matter, [Exhibit] TO-23. And can you confirm that the CV you provided is accurate?

Dr. Robert Malone
It is accurate to the best of my knowledge.

Shawn Buckley
Dr. Malone, I'm going to ask you to just take a bit of time and share with the commissioners your involvement with the mRNA technology, your initial opinion about the mRNA vaccine, and whether or not you changed your mind about it.

Dr. Robert Malone
My involvement in the platform technology of the use of mRNA for a drug, or for vaccine purposes, begins in approximately 1987 at the Salk Institute Laboratories of Molecular Virology under Dr. Inder Verma, in which I was investigating the relationship of RNA sequence in structure to retroviral packaging. In order to do those studies, I needed to develop a system for producing large quantities of purified mRNA, which had the necessary genetic elements to ensure efficient translation.

So I developed that system for manufacturing purification and demonstration of the sequences necessary, and then tested that material—that composition of matter—for delivery into a variety of cells using all known delivery methods, including liposomal delivery methods available at the time, none of which were sufficiently efficient to allow any studies of gene expression off of such an RNA and verify the functional aspect of the RNA in cells.

And then had an opportunity to test a new technology that had been developed at Syntax Laboratories in Palo Alto involving the use of positively charged fats, otherwise known as cationic lipids, and their formulations to form self-assembling particles. These are referred to as self-assembling nanoparticles and are not liposomes. They're very different in composition, but they do involve lipids.

Once that suite of technologies was assembled, and even in anticipation of future studies in collaboration with Syntax, I filed patent disclosure for the use of mRNA as a drug in all of its applications from the Salk Institute. I believe that was 1987 or 1988. I have that document. And then it was countersigned appropriately by a postdoc in the lab and then showed that this would be reduced to practice for purpose of expression in all cell types identified at the Salk Institute, including insect cells and human cells and a variety of other sources. And then demonstrated that this was able to deliver mRNA into embryos in Xenopus laevis—this is the African clawed frog model that's commonly used in embryology and create transgenic Xenopus laevis embryos, otherwise known as tadpoles. And then in chick embryos. There was an ensuing set of patent disputes between the Salk Institute and the University of California, San Diego, which I was a student at,

[00:05:00]

and various professors asserting their primacy or involvement in the invention.

I left the Salk Institute with a Masters, having passed my PhD exams in lieu of a PhD, after developing PTSD and a nervous breakdown in the midst of the battles over my invention. I then joined a company called Vical, which was initially located across the street from the Salk on Torrey Pines Road in San Diego. And there had a series of additional discoveries having to do with both the delivery into mammals in a mouse model, as well as the use of the technology for vaccination purposes and its reduction to practice to elicit immune responses against influenza and AIDS or HIV antigens.

I then left Vical and went back and finished my MD and then returned to UC Davis as an assistant professor, obtained about a million and a half dollars in grants to pursue that research, and carried on with development and testing of a variety of cationic liposome formulations, including in collaboration with Boehringer–Mannheim and Promega. Some of those compounds ended up being marketed by Promega. Many patents came from that, including the nine original patents that were filed between 1990 and 1991 that cover the use of mRNA for drug delivery purposes as well as for vaccination purposes and the demonstrated reduction to practice.

So I am, in fact, the original inventor and played a key role in the series of inventions and am a named inventor on all patents relating to these initial discoveries. So that's my contribution. And for instance, these patents that are on the wall behind me are examples of those nine issued patents having to do with DNA and RNA delivery into mammals and cells for the purpose of eliciting an immune response. This is well documented in all those patents—which, by the way, were not cited by Moderna in their patent positions, nor apparently by CureVac or BioNTech. So there is a failure to cite prior literature on the part of all three of those companies.

Shawn Buckley
If I can just interrupt you—so with that background, with mRNA technology, can you tell us what your initial opinion towards the COVID–19 vaccines with mRNA technology was, and then if your opinion changed?

Dr. Robert Malone
My initial opinion about all of these genetic vaccines, as well as the standard vaccines that include full–length spike protein, is that they are encoding a toxin. I was very early in raising concerns that the spike protein from SARS–CoV–2 is functionally toxic. It is a toxin. And I was particularly alarmed by the reports I was hearing from Canadian physicians—who I will not name because they've been attacked by the Canadian government and had their offices raided—but they reported to me very early on about the enticement, coercion, particularly of children, to accept these products, and also the suppression of information about the adverse events.

My initial objections were that when I was notified by a CIA officer who was in Wuhan apparently on January 4th, 2020 of this novel coronavirus and the biologic threat that it represented, I performed—as is my usual practice because I am an experienced leader of teams in biodefense and a response to emerging infectious disease—I performed a threat assessment and determined that the most expeditious and highest probability pathway forward to protecting the population from death and disease due to this agent was to focus on repurposed drugs.

[00:10:00]

And my determination was: the normal pathway for the internationally-accepted pathway for development of a vaccine that was safe and effective would take far too long, typically many years. When I learned that these products were being advanced as gene therapy technologies, I was very well aware of the history of relative effectiveness and safety of adenovirus-vectored products, although concerned about such vaccine products employing a full-length spike protein, whether or not it has the two proline mutations that are in these current spikes that are used in the adenovirus-vectored vaccines.

And I was also concerned about the mRNA technology. In particular, it had a long history of inflammation, both within any tissues in which it was administered, and this had been my experience as an academic researcher. And one of the reasons why I had abandoned this technology was because I could not overcome the toxicity or inflammatory responses associated with these lipid mRNA particles, assembled particles.

Early on, when I learned that this was being advanced as the primary candidate by the United States and others, I contacted the University of British Columbia investigator who is behind the most important advances associated with these newer formulations—which are an improvement for in vivo delivery on my original technology platforms—and inquired of him: what was the full composition and nature and logic of the formulations that were being advanced clinically? And was reassured by him that the inflammatory problems that I had encountered had been resolved with these newer formulations and that they had solved the problem of tissue-targeting by identifying specific cationic lipid structures that would cause the formulations to remain localized in the draining lymph nodes from the tissues at the site of injection. So I was reassured that this was the case.

And then, as this new information came out as the vaccines began to be deployed—about the adverse events associated with them and the suppression of those adverse events in a systematic way by the Canadian national health service—that's when I really became more alarmed. And wrote a key paper—I think perhaps the initial paper—concerning the bioethics of what was being done and the failure to provide informed consent and to require informed consent in deploying these products, as well as the coercion that was being deployed by the Canadian government—by many governments, particularly in the West.

And then Dr. Byron Bridle identified the Common Technical Document [CTD]—is the regulatory term—which had been filed by Pfizer with many nation-states, including the Canadian government and the U.S. government. But [it] had been placed on a Japanese regulatory authority server and was identified by Dr. Bridle, who reviewed it and then asked for a second opinion from a news organization called Trial Site News that I had some affiliation with. Those documents were passed to me for my own review and assessment, as I'm a regulatory affairs and clinical research, clinical development, specialist.

And I was shocked by what I read, in that those documents clearly demonstrated a failure to comply with international and U.S. norms for preclinical assessment of vaccine products and preclinical assessment of gene therapy products—these all being based on gene therapy and so were gene therapy products, and remain so.

Shawn Buckley
Dr. Malone, can I just interject for a second? Because we're going to segue in a few minutes.

[00:15:00]

You were going to speak about what you describe as fifth-generational warfare. But before we go there, I'm just wondering if you could comment on Canada's policy of using these mRNA vaccines on children.

Dr. Robert Malone
So in my opinion, having studied the data, the risks of hospitalized disease and death in children are statistically negligible, approximating zero, very close to the asymptote of zero. So functionally, virtually no risks of the virus in healthy children. Healthy children handle this infection extremely well. But the risks of the vaccine, particularly the mRNA vaccine: all of the genetic vaccine products that express spike protein, as well as those that have pre-manufactured whole-length spike protein, have significant risks in children.

In particular, those risks are enhanced in young males. And in particular, there is a very clear, unequivocal, well-documented risk of myocarditis that, depending on the study—Clinical myocarditis event rate in young males is in the range of one in 1,000-1,500 to one in 3,000, depending on the study. And the overall event rate or serious adverse events for these products may be as high as one in 500; that's events that would cause people to be hospitalized.

And clearly, given that there is no significant clinical risk in children associated with the virus itself, the risk–benefit ratio of these products to the risk of the virus itself absolutely does not justify vaccination in children. And the data indicate that children can be damaged in their brains, in their endocrine system, in their heart, in their reproductive system, and in their immune system responses. Particularly there seems to be a dose-dependent effect of these toxicities in children and in adults. Over.

Shawn Buckley
Thank you. Can you share with us your recent conclusions and research into what you've termed as fifth-generation warfare?

Dr. Robert Malone
Yeah, give me a moment to arrange the screen, because I'm going to have to share the screen. One moment. I'm not very facile with changing the views, so it's going to take me a minute.

I usually have the organizers run the show.

[00:20:00]

Shawn Buckley
Would it be of some assistance to have our technical person contact you?

Dr. Robert Malone
No, it's a very idiosyncratic thing having to do with "where is my mouse" because I'm using multiple displays. There we go, swap displays. Now you should be able to see this, can you?

Shawn Buckley
We're still seeing you, yes, we're now seeing a meeting chat.

Dr. Robert Malone
Okay, you should be seeing the— So now I have to find; I had activated share screen.

Yes, so let's see, Zoom.

Shawn Buckley
It may have been on our end, and we just changed the setting, Dr. Malone, so if you could try again.

Dr. Robert Malone
Okay, one moment.

Shawn Buckley
There we go, it's showing your screen now.

Dr. Robert Malone
Good. Let's see if we can make this happen.

Okay, are you seeing a splash screen that says Fifth-generation Warfare and Sovereignty?

Shawn Buckley
Yes, we are, and that's on the full screen.

Dr. Robert Malone
Okay, so proceeding with that, then. I'm going to speak now about basically the psychological operations that have been undertaken by particularly the Five Eyes nations of Great Britain, the United States, Canada, New Zealand, and Australia, and their intelligence communities and military— [break in livestream audio at 0:23:07–12], referred in the industry to fifth-generation warfare.

In the COVID crisis context over the last three years, we have had clearly documented, including in Canada, the deployment of military assets—ergo personnel and their technologies—on civilian populations under the logic that it has been necessary to coerce, compel, entice, and otherwise convince the civilian populations to accept these unlicensed medical products that are neither safe nor effective, that have been marketed as vaccines, but which do not perform as vaccines in the sense that they do not prevent infection, replication, distribution to third parties, disease or death associated with SARS-CoV-2 infection. And so in sum, what has been done to us in terms of the psyops and the general term or the technology deployed, is fifth-generation warfare.

I'm going to introduce the audience in this testimony to fifth-generation warfare and its deployment during the COVID crisis. Fifth-generation warfare is termed a war of information and perception. In order to understand it, you need to understand that fifth-

generation warfare is not a fight over— It's not used for conflict over territory, but rather it is designed for conflicts to influence thought, belief, and emotion.

[00:25:00]

The first example of fifth-generation warfare in the modern era that was deployed was Twitter and Facebook having been deployed during Arab Spring in order to influence behavior of crowds during that social protest movement in the Middle East. It is not a perfect example of fifth-generation warfare because in fifth-generation warfare, the perpetrators, the opposition, is typically unclear. Fifth-generation warfare seeks to mask the involvement of whoever it is that's waging that conflict. But absolutely, fifth-generation warfare was a component of Arab Spring. And during Arab Spring, a key fifth-generation warfare device or weapon was deployed, and that is Twitter.

Twitter is both a weapon and a battlefield in the new world of fifth-generation warfare. Twitter is specifically designed and has capabilities to map and influence behaviors of individuals and crowds and down to the level of mapping their emotions, thoughts, opinions, and their ability to influence others. This is why you experience things like shadow-banning or amplification of a given tweet or message on social media: this is typically algorithmically-based alterations in the distribution of information and its emotional content to those that are participating in social media platforms.

Of course, all these social media platforms have the ability to precisely triangulate individuals in three-dimensional space because of cell tower triangulation and they are typically integrated in the intelligence community into functions such as Gorgon Stare; that provides extremely high-resolution imaging of individuals and can be used to target individuals both emotionally, psychosocially, as well as with kinetic weapons if necessary.

Over the last three years, Western governments, non-governmental organizations, transnational organizations, and the pharmaceutical industry, together with media and financial corporations, have cooperated via public-private partnerships such as the Trusted News Initiative to deploy a massive, globally-harmonized psychological and propaganda operation—the largest in the history of the western world. With this campaign, the governments of many western nation-states have turned military-grade psyops, strategies, tactics, technologies, and capabilities developed for modern military combat against their own citizens. This is well-documented and was predicted in a series of classic texts and also discussed at length in my latest book, *Lies My Government Told Me and the Better Future Coming*.

It's also these methods— [break in livestream audio at 0:28:09–13] COVID–19, the Great Reset, and the Great Narrative— Klaus Schwab being the leader of the World Economic **Forum. Before fourth- and fifth-generation warfare, modern warfare was a duel on a larger scale or a continuation of politics by other means, with core elements of rationality of the state, probability in military command, and rage of the population, according to Clausewitz in his classic text, *On War*.**

Today, in the context of fifth-generation warfare, there is no clear distinction between state, non-state, combatants, and civilians. And there is absolutely no boundaries in terms of ethics or rules of engagement. It is total, unrestricted warfare. It is clear that Western nations—as I mentioned, particularly the Five Eyes nations—have deployed this military-grade psyops technology on their civilians, in many cases through the operations of military operational groups that are trained in psyops. This includes, for instance, the 77th Brigade in the United Kingdom. That's now public information.

Many of this has come out through Freedom of Information acts and Twitter File disclosures. And it has really been a central feature of governmental efforts to manipulate populations and coerce them to accepting whatever the narrative is promoted by the government and the World Health Organization.

[00:30:00]

Just to put a pin on it, the U.S. government, through the Department of Homeland Security, has defined terms which are equated with domestic terrorism that relate to this. And those are: "misinformation," that means any information being spread in public which is different from the approved narrative from the regional health authority—so, I guess that would be your NHS—and the World Health Organization; or in the U.S. that would be our Health and Human Services. Any information which is different from that approved by those agencies is defined as "misinformation." If it's spread benignly, through ignorance or whatever, that's "misinformation." If it's spread for political intent, that's defined as "disinformation." If it is information being shared which is true, but causes concerns about government and government integrity, that is called "malinformation." All three of those classifications in the United States are defined as domestic terrorism by the Department of Homeland Security.

In general, thinking about these concepts of generations of warfare as discrete entities is really misleading. They're more like generations or gradients. First generation being, you know, sticks and stones and swords and mounted combat with lances. Second generation you can think of as the First World War being a great example and the American Civil War. Third generation employed the Blitzkrieg, which allowed the decentralization of command authority to the German army, which allowed them with even inferior technology to bypass, for instance, the Maginot Line in France. So third generation is mechanized warfare, focused on speed and maneuverability. You can think of the Ukraine conflict as an example of third-generation warfare in progress. Fourth-generation warfare was designed for asymmetric warfare against large state actors. We can think of this as terrorism, or we can think of it as insurgency efforts, such as for instance, the American Revolution against Great Britain is an example. But in the modern context, fourth-generation warfare deploys both propaganda and battles over territory, including use of kinetic weapons by the likes of Al Qaeda, the Taliban, various actors in Syria, and going back to the Viet Cong. I argue that the United States military has never won a fourth-generation conflict.

In order to try to overcome that problem of the advantages posed by internet and network effects and these insurgency strategies that are highly decentralized in terms of leadership, creating a situation where state actors face kind of a whack-a-mole problem, they've developed a fifth-generation warfare, which is based on information and perception manipulation. It does not typically involve non-kinetic weapons, and is not a battleground over territory but rather a battleground over your mind and its perceptions and its availability of information.

These new tactics have created a totally new battlescape here—one that is very Salvador Daliesque, in which it's very difficult to understand the nature of the conflict, who the combatants are. And typically, the combatants that are propagating this information warfare into a population seek to become as obscure as possible and act with as little energy as possible. This is a very subtle manipulation of information. It is basically the modern epitome of psychological operations and the use of psychology to influence behavior of groups and populations.

As I say, it's very, very difficult to really come to grips with fifth-generation warfare as you begin to understand it. In particular, because there are absolutely no boundaries in terms of truth, ethics, of manipulation of media, integrity of information, social organizations, et cetera.

[00:35:00]

It is complete and total information warfare with absolutely no boundaries. This is what's been deployed against your population there in Canada.

This type of warfare targets the cognitive biases of individuals in organizations in a very strategic fashion. We're all familiar with trolls and bots, et cetera. But it's very different. It's concealed, it's impossible to attribute, and it focuses on the individual rather than on groups in many cases. It is truly a war of how you think. I argue that in the context of fifth-generation warfare, when it is being deployed by governments against their own populations, the concept of sovereignty is irrelevant. It is obsolete. It's an anachronism. There is no sovereignty in an environment in which everything which you obtain in your information space, all of your emotions, everything is manipulated towards the end of whatever the goals are of the nation-state. That is modern fifth-generation warfare, information warfare, and that is what's been done in Canada. It's well-documented.

These are key characteristics of fifth-generation warfare. I mentioned Arab Spring. The Israeli–Palestinian conflict was another example. The Havana syndrome—where we had diplomats in the United States in Havana, Cuba that experienced an unknown mental compromise or psychological state after deployment of some sort of unknown energy weapon—is a clear, explicit example of fifth-generation warfare. It was targeted, it was effective, and there is no knowledge of what caused that effect or who was deploying it on the American diplomats. Perfect example of fifth-generation warfare.

I mentioned the concept of sovereignty. What is world health when public health policy and pharmaceutical interventions are transformed into just another fifth-generation warfare weapon? How can a democratic system of government continue to exist if the existing leadership of a nation-state feels that it's acceptable to deploy these types of technologies on their own population? As I said, the idea of sovereignty becomes irrelevant.

These are examples in the lay press from Canada and the UK documenting the deployment of military campaigns involving fifth-generation psychological warfare and information warfare against the Canadian population. When you say, "conducting propaganda during the pandemic," this is fifth-generation warfare. This is what was deployed on you by your own military. This is from the Canadian Joint Operations Command, et cetera. As you notice in this article by David Pugano [sic, Pugliese], in one of your lay press publications, "This **plan devised by the Canadian Joint Operations Command relied on propaganda techniques similar to those employed during the Afghanistan war." In other words, that's a euphemism. They deployed the fifth-generation warfare technology designed to combat the Taliban against you, the civilians of Canada.**

Now this is an example of one of the battle groups in the United States, the 4th Psychological Operations Group based in Fort Bragg. This is a recruitment video just to give you a sense of the nature of this technology. This is the group that was developed from the ghost army of World War II that was used to fake the German army about the landing at the end of the war.

[Dr. Malone plays a recruitment video for the 4th Psychological Operations Group in the United States from 00:39:22 to 00:42:48. No exhibit number is available.]

Dr. Robert Malone
So I hope that convinces you that this is a real process, threat, and technology. As I mentioned, it's deployed in the United States, in Great Britain through the 77th Brigade—one of the members of the 77th Brigade is actually a member of Parliament—and obviously in Canada, as documented by your own press, and New Zealand and Australia, all part of the Five Eyes Alliance. There are a series of core technologies that are used. One of them is the OODA [observe–orient–decide–act] Loop, which is also a core strategy for instance in fighter pilots currently, in which there are very rapid response cycles to new information.

Another key technology and concept is the Milgram Experiment, in which people were subjected to shock—surreptitiously, not actually—and it demonstrated the willingness of individuals to deploy potentially life-threatening shocks if authority figures told them to. Another example is the Asch experiment, in which it was demonstrated that the effects of social pressure can cause a person to conform to the willingness or interests of authority figures or organizations. People are willing to ignore reality in order to conform to a group. This also relates to the work of Hannah Arendt, Joost Meerloo, and most recently Matthias Desmet involving mass psychosis or mass formation or mass hypnosis—are all three equivalent words.

Another example is the Operation Lockstep, the idea of using a pandemic to impose tighter, top-down control modelled after the Chinese social credit system, which has been foretold and evaluated in a variety of planning documents and analysis documents by the Rockefeller Foundation and the U.S. intelligence community.

[00:45:00]

I've mentioned Five Eyes Alliance multiple times here. I don't think I need to cover it again. You're aware that Canada is part of the most powerful and longest-standing intelligence organization in the history of the West. You may not understand that, for instance, Wikipedia is very actively edited by individuals who are tightly associated with MI5. What we have is reciprocal relationships between the Five Eyes Alliance countries in which, for instance, things that are prohibited from being performed by the Canadian intelligence service or the American intelligence service are performed as tasks by, say, Australian or United Kingdom intelligence services—which are not prohibited from taking those types of actions against civilian populations in other Five Eyes Alliance member states.

Another key concept is the Overton Window, which is the range of policies which are **politically acceptable for discussion, known as the Window of Discourse. And fifth-generation warfare methods seek to actively manipulate the Overton Window for strategic and tactical advantage. So for instance, when you experience the "fact checkers," or the censorship, shadow-banning, et cetera on social media because you are communicating something like the slide deck from the Canadian COVID Care Alliance that technically accurately discussed the nature of the Pfizer clinical trials: that is a clear example of third-party actors constraining the Overton Window, making it so that these things are not socially acceptable to be discussed. This is a key strategy and tactic in fifth-generation warfare.**

Another one is the exploitation of cognitive biases associated and described as the Dunning-Kruger Effect, the relationship between average performance and actual

performance on a college. So self-perceived performance. In other words, the difference between what people think they are able to perform and their intelligence levels and their true capabilities. People have a strong tendency to always overestimate their ability to assess information and their own intelligence, and this is actively exploited using fifth-generation warfare technology.

Another example is bad jacketing or snitch jacketing. This is this common strategy that we're seeing deployed and has been deployed for decades—for instance, by the FBI to create suspicion and division within organizations that are resistance group. And what's done is to seed the idea that members of the group are bad actors, that they in some way are actually acting on behalf of a third party, typically the state or intelligence community. And so, this is often referred to as "controlled opposition." That's the typical strategy that's propagated into a population: somebody who is being very effective as a leader within a protest group or organization, then rumors being spread about them that they are actually acting on behalf of the opponents, the state, or whomever.

And this is another video prepared by Mikki Willis that describes bad jacketing. It's called "Our Birthright," and it's another example of the fifth-generation warfare technologies that have been actively deployed, including in Canada during the trucker strike event.

[Dr. Malone plays the video, "Our Birthright" from 00:48:57 to 00:55:35. No exhibit number is available.]

Shawn Buckley
Dr. Malone, can we just let you know that we're having trouble hearing the sound on this presentation?

Dr. Robert Malone
So sorry that you didn't get adequate volume. I hope you could understand most of that. The point is that these are the technologies that have been deployed and continue to be deployed against us. There are third parties that have been clearly identified as disruptors who were involved in disruption of the Canadian trucker protests as well as the American trucker protests. We do have infiltrators. They are using these technologies. They appear to be state actors that are working as subcontractors.

How can we defend ourselves against this? We can basically learn the technologies. When we do so, we become resistant to them, just like we're more resistant to modern marketing technology, which is very closely related. As we master the technologies and understand them more deeply, we can begin to deploy them ourselves rather than just being victims.

There are many offensive ways to use this, and there are many different offensive ways that they're used against us through chaos agents, generation of fake sock puppets, bot trolls, flash mobs, et cetera. And of course, the aggressive deployment of censorship, gaslighting, and other technologies, which are used particularly on social media and in corporate media, often with a sponsorship from governments—including your own government, as I've mentioned.

I conclude this talk, then, about fifth-generation warfare with the suggestion that you seek out the variety of different sources of literature that provide more information about this. And of course, we've written about it extensively in our book, *The Lies My Government Told Me*, as well as in our Substack, rwmolonemd.substack.com, if you wish to understand more

about fifth-generation warfare, nudge technology, and associated psyops that are deployed in Twitter and other social media platforms.

With that, I thank you for your time. And let's see, I need to stop sharing my screen.

Shawn Buckley
Yes, if you can return to view of you, I think our commissioners likely have a few questions for you.

Dr. Robert Malone
I'm trying to get there.

Shawn Buckley
There we go. We can see you.

Dr. Robert Malone
Okay, we should be back, and thank you for your attention.

Commissioner Massie
Thank you very much, Dr. Malone, for your fantastic testimony. When I understand it, you did a journey from the science and the technology and how the science and the technology is being deployed for all kinds of applications, some of which we can actually question, as you mentioned in the end.

If I can come back to science and technology—because I'm a scientist; I was working in gene therapy in the early nineties and I've been following your work. If we can come back to it— If we can explain to what extent the science, for example, of the mRNA technology has not been developed to the level that would justify its use in, I would say at this point, all kinds of application, including the COVID vaccine, but now they want to move it in many other types of applications— It is my understanding based on the latest result that have been published on the quality, or lack thereof, of the product produced at large scale under so-called GMP [Good Manufacturing Practices], which we can question the quality.

Do you think, based on your expertise on the technology, that this product can actually be produced anytime soon under large-scale and GMP quality, irrespective of what kind of vaccine you might be proposing?

Dr. Robert Malone
Okay, so your question is basically—to use regulatory terminology—you're speaking about adulteration, potency, purity, and identity of the medical product.

[01:00:00]

The biological medical product, which has been marketed to us as a vaccine. Do I understand you correctly?

Commissioner Massie
Yeah, exactly. My question is: In your expert opinion are we ready to produce these products under compliant GMP? And if not, what would it take to get there?

Dr. Robert Malone
We have been told that the products are compliant with GMP. But it has not been disclosed to the general public: the contents of the material and its composition, the manufacturing process, and I'm not aware of what the release criteria are. I do know that there have been multiple independent assessments. And let's park that for a minute, I want to come back to that. There have been multiple independent assessments that document, for instance, quite a significant concentration of contaminating plasmid DNA in these preparations, which suggests that the purification process to remove the plasmid DNA template for the manufacturing of the mRNA has been—the most gentle way I could put it would be "inadequate."

Contamination of DNA in vaccines has long been a problem, no matter what the source. For instance, live attenuated or purified subunit influenza vaccines also have problems with contaminating DNA from cell lines or from chick embryos, for example. There is absolutely, based on the independent assessments, significant contamination of plasmid DNA. And it's been reported that that DNA, in the case of the bivalent products, includes a full-length plasmid that includes a simian virus—forty sequences, including promoter enhancers. And I'm not clear about replication origins.

In addition, it's very clear from the analyses that the mRNA transcripts present in these preparations of gene therapy products used for vaccination are often truncated. It's basically impossible with T7 RNA polymerase to prevent the premature termination of the growing chain of mRNA. So one ends up with a composition of matter that has significant contamination with sub-full-length transcripts, which may have their own biologic properties. And the proteins that they encode may have their own biologic properties.

In terms of the overall formulations, clearly this technology—developed at the University of British Columbia in large part—is not as advertised. It does not remain at the site of injection. It does not remain in the draining lymph nodes. It is not targeted. In fact, it is generally distributed throughout the body and seems to have some particular affinity as a formulation of the product for a variety of tissues and organs that are associated with significant pathology. And this includes brain, heart, and—most worrisome—reproductive tissues, including ovaries.

We have the inadvertent disclosure by a Pfizer global director recently, with Project Veritas, that Pfizer believes, for instance, that the reproductive complications associated **with the vaccines—ergo, the dysmenorrhea and menometrorrhagia that women commonly experience—is actually due to damage to the, in their words, "hypothalamic pituitary adrenal gonadal axis." That's another way of saying damage to the endocrine system. This is apparently a leading hypothesis at Pfizer for these female reproductive consequences. And of course, women are not the only ones that have an endocrine system. And this is not restricted just to adult females. Particularly worrisome is the prospect that these materials may be damaging the endocrine system of developing children, in my opinion.**

We also have the toxicity, which is unresolved and never assessed to date,

[01:05:00]

of the pseudo mRNA itself. The composition of matter of this material that is being synthesized chemically through, basically, an enzymatic reaction substitutes the normal uridine for pseudo-uridine. Pseudo-uridine is a molecule present in very precise places in natural mRNA, but it is not typically incorporated into all of the uridine-coated components of the mRNA molecule or messenger ribonucleic acid molecule. Pseudo-uridine is typically very selectively modified in cells in our bodies rather than being incorporated wholesale throughout the RNA. This is the invention of Kariko and Weissman that's used in all of the marketed or distributed mRNA-based vaccine products.

And the reason why the pseudo-uridine was incorporated was because of the problem that I mentioned previously: these formulations are highly inflammatory. And the incorporation of pseudo-uridine into mRNA acts through various cellular signaling pathways to down-regulate inflammation and immune response. Unfortunately, that has two aspects. Down-regulating the inflammatory and immune response is good in the sense of reducing the effects of the formulation itself on inflammation, but bad in that it's nonspecific.

We do know that, for whatever reason, these products when administered—these biological medical products marketed as vaccines—are eliciting damage to immune responses. And we can observe that because one of the common adverse events is the reactivation of latent DNA viruses, such as Epstein–Barr virus, cytomegalovirus, and shingles of course—which are common adverse events associated with the post–vaccination syndrome.

In short, what we have is clear evidence of unresolved and inadequately-characterized toxicity associated with the delivery formulation—with the mRNA itself and with the encoded payload spike. None of these were characterized in the way that is normally prescribed in well-established regulatory processes, in terms of characterizing the potential toxicity of all components of a final drug product. And the presence of these contaminants of DNA and sub-transcript mRNAs are clear evidence of adulteration in the final product. Unfortunately, the contract clauses of Pfizer and Moderna have been such that there has been, in general globally, a restriction on the ability of national health authorities to perform lot release-testing and characterize these contaminants.

And so governments throughout the world and their regulatory authorities have basically caved to pressure from the pharmaceutical industry to bypass their normal processes in ensuring purity, potency, and lack of contamination in the products that have been administered—often through mandates or other forms of coercion or compulsion. They have bypassed their own norms and so we're not able to really verify in a rigorous way—in a way that would normally be performed—whether or not these products are adulterated. But the current evidence suggests that they are significantly adulterated and the data are clear that they are neither safe nor effective. Over.

Shawn Buckley
Dr. Malone, thank you. And do the commissioners have any other questions of Dr. Malone?

Yes, so there's another question. Dr. Malone, we are very tight on time, so I'll ask if you can be very succinct in answering the questions.

Commissioner Drysdale
Thank you, Dr. Malone. We've had a number of witnesses talk about COVID–19 and how they recognized at a very early point in the pandemic that the disease targeted—perhaps

that's not the right term. But certain people, certain stratifications of the population were more susceptible. In other words, if you were obese, or if you were elderly, they told us that you are more susceptible to the disease.

[01:10:00]

My question is really focused at the second part of your presentation. That is: When you talk about these fifth-generation techniques, are they stratified in the population? In other words, have you seen markers that show that it's more younger people, or older people, higher population-density portions of the country are more susceptible to this technique?

Dr. Robert Malone
This is not my core competence, psychology. This is not what I was trained in— Or psychoanalysis, others have had that training. I can tell you definitively that there was a study of a randomized clinical trial with the six-month follow-up of approximately 600 subjects in 10 different groups performed by Yale University—the funding for that was not disclosed—before the vaccines were ever available. It piloted various messaging strategies and tested whether they were effective at different populations, in terms of the messaging regarding generating a willingness to accept these vaccine products and to influence other parties to accept these vaccine products. I've documented that both in Substack—it's a published peer-reviewed paper—and in my book.

So there absolutely is evidence that these campaign tactics—of, for instance, speaking about guilt, social obligations, risks to the elderly and grandparents, et cetera—were absolutely tested in a randomized clinical trial prospectively, in order to generate the message content that was deployed throughout the Western world to convince, compel, and entice different populations to accept these products. And in particular, the logic that it was necessary to vaccinate children in order to protect the elders. Over.

Commissioner Drysdale
Thank you, Dr. Malone. I have nothing else. Anyone else?

Shawn Buckley
Dr. Malone, it's truly been an honor to have you join us today. And on behalf of the National Citizens Inquiry, we thank you so very much for attending and sharing with us.

Dr. Robert Malone
Thank you for the opportunity. I hope it was helpful, and I wish you the best of luck there in Canada.

Shawn Buckley
Thank you.

[01:12:44]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 3: Dr. Bruce Pardy
Full Day 1 Timestamp: 03:09:14–04:13:32
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
So our next witness coming to the stand is Bruce Pardy.

Mr. Pardy, I'll ask you if you can state your full name for the record, spelling your first and last name.

Dr. Bruce Pardy
My name is Bruce Richard Pardy. First name is spelled B-R-U-C-E. Pardy is spelled P-A-R-D-Y.

Shawn Buckley
Bruce, do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Bruce Pardy
I do.

Shawn Buckley
Now, you had sent me earlier a copy of your CV, which we've kind of pre-entered as Exhibit TO-6. Would you confirm that the CV you sent me was correct and accurate?

Dr. Bruce Pardy
It is correct, thanks.

Shawn Buckley
Now, you are a professor of law at Queen's University.

Dr. Bruce Pardy
Correct.

Shawn Buckley
And you are the executive director of Rights Probe. And that's a law and governance think tank, and division of the Energy Probe Research Foundation?

Dr. Bruce Pardy
That's right.

Shawn Buckley
And then you're also currently a member of the Ontario Bar.

Dr. Bruce Pardy
Correct.

Shawn Buckley
Now, you've asked me to let the commissioners know—and this would be a lawyer thing—that you are not opposed to questions being asked during your presentation, because you're going to cover different subjects. And the commissioners might not be aware: judges interrupt lawyers all the time in court. So it's kind of the common thing.

You've been called to explain how the legal system enabled governments and public health authorities to put COVID measures in place. And would you please share with us your thoughts on that?

Dr. Bruce Pardy
Yes, by all means. Thank you very much for having me. Is there a trick to starting the PowerPoint? Do I just click on?

Okay, very good.

Shawn Buckley
You have it.

Dr. Bruce Pardy
Great, great, great, okay.

So I want to start with this thought, which is that the most powerful ideas are the ones you don't know you have. And one of those ideas is the problem here. I want to try to answer this question for us today.

During COVID, of course, people were told what to do and what not to do. They were told not to walk through the park. They were told to close their businesses. They were told their

kids couldn't go to school. They were told that they couldn't go into the store without a mask. They were told they couldn't have a job without a vaccine. And so on.

And during this period, people thought the law would save them. This seemed like society unravelling. It seemed insane. And they thought, "The law will save us. The law is solid. The law is written down. The law will bring this back." And it did not. Many people tried. They found a lawyer; they brought an action; they brought a challenge to this rule or that. And those challenges, for the most part, were rejected. And the question is, why?

And there may be many answers to this question, but I would like to suggest two. The first one is that this is a reflection of the triumph of the administrative state. That system of governance is based upon an idea. And that's the idea that I want to talk to you about, this is the important idea that we don't know that we have.

And the second reason is that the Charter that a lot of people put a lot of faith in did nothing to push back against this idea. In fact, in some ways—because of the way it is interpreted and applied now—the Charter, instead of opposing that premise, that idea, in some ways now facilitates it.

So the premise, this idea that is the problem, let's start with this.

Our law is based upon ideas.

[00:05:00]

Now it might seem that the law consists of books, of words. You go off to the shelf or onto the internet. And you open it up and you see what the words say. And that's the law. And that's true of course, to an extent. But the legal system is also based upon a certain number of ideas.

Here's one of the ideas. That the state is based upon three different branches: legislature; the administration or the executive branch, as it's sometimes called; and the courts. And one of the important ideas that we have had in our law for a long time is that these three branches of the state do different and distinct jobs. And one of the ways that we are protected from our state, from our own state, is that these three branches are distinct and they cannot do the job of the other. In other words, it prevents power from being concentrated in any one organ or person.

Legislatures legislate. They pass statutes that contain the rules. Courts take those rules and they apply them to particular cases. And the administration takes the rules that the legislature has passed and they enforce them, they carry them out. Now, one way to understand which part of the state we're dealing with at any particular moment is to think about it this way: We know what a court is. And we know what a legislature is. A court has a judge and a room, and it involves a dispute and evidence and so on. And a legislature has elected people and they pass statutes by vote. Everything else—everything else—is a part of the administration: the cabinet, the ministries, the departments, the agencies, the tribunals, the commissions, the law enforcement, and so on and so forth.

Now, here's a basic idea: The administrative or executive part of the state is authorized to do nothing unless the legislature has passed a statute saying that it can. And that's a great rule. That's a rule that the courts did enforce and still technically do enforce. But here's the problem: The ideas upon which our legal system is based are changing. They're evolving, if you like. But they're evolving in what I would consider to be a very dangerous way. Here is

now what is happening— And it's been happening for quite a while, this is not just a COVID thing. But it reached its height during COVID.

Here's what's happening: Legislatures, instead of passing statutes that contain all the rules, are now passing statutes that delegate rulemaking authority to the administration. It doesn't mean— I'm not suggesting that there aren't statutes with rules in them, that wouldn't be correct at all. But more and more, our statutes include sections that say, "and Cabinet can make regulations about these things." Or, "the Minister can decide this list of things." Or, "this public health official can do these things." Or, "this commission can do that." And the actual rules—the actual rules that apply to us day-to-day, more and more— are not in the statute. They are in the rules made by the administration.

Now you'd think, well, hold on, wait a minute. Surely the courts would prevent this from happening because now you're concentrating power. Now, the executive branch is doing the job of the legislature. But the courts have long said, "No, no, it's okay. Legislatures can delegate their rulemaking authority to the administration. And when they do so and when the administration makes these rules and does its stuff, what courts should do is to defer. We should give room to the administration,

[00:10:00]

to the officials, to the public health officers, and so on, to do their thing. We shouldn't look too closely at it because, after all, they are the ones with expertise and we in the court are not."

So here's what we get: You get delegation from the legislative branch, and you get deference from the courts. And what you end up with is an administration that has the following mandate: It has the discretion to decide the public good. And that is the idea that has triumphed. And that is the idea that triumphed during COVID. On steroids. If you like, this is the holy trinity of the administrative state: delegation, deference, and discretion. The discretion to decide the public good is the premise of the administrative state.

And here's the implication: When we talk about data, when we talk about medicine, when we talk about whether masking works, talk about whether the vaccines are safe and effective, we are arguing about, "What is in the public good?" That does not challenge the premise of the system that is in place. Here's what this premise means in a little bit longer detail: that individual autonomy must yield to the expertise and authority of officials acting in the name of public welfare and progressive causes.

So just very briefly, here's what I mean by a premise. This is just a very short thing about deductive reasoning, right? You start with a proposition: "Cats have tails." That's a premise. **You plug in a bit of evidence; sometimes it's called a minor premise, but a piece of evidence. You're trying to connect two things: the premise with a piece of information. And you get a conclusion. Simple enough.**

Here's the way the premise in this situation works. Here's the premise: Officials have discretion to decide the public good. Here's the evidence: Officials mandated a vaccine. Note the nature of this evidence. This evidence is not about the vaccine. It's not about its safety. It's not about its efficacy. It's not about whether it's in the public good. It's the evidence about what the officials with the authority did. If you put that premise together with that fact, what you get is the conclusion. The conclusion is: Therefore, vaccine mandates are in the public good. That's what follows from the premise. And you cannot

attack that conclusion without attacking the premise. And attacking that premise, for the most part, has not been done.

Why is that? Because the premise is very deep. We have lived with an administrative state for decades. People think that's what government is. If you went up to people on the street and you said, "We shouldn't have officials with the ability to decide the public good," they would look at you like you were from a different place. Like, "What are you talking about? I don't understand what you mean. That's what government does."

And I'm here to tell you: that is not necessarily what government does. It is what it does now; but it is not the only way to design your government. And the fact we have designed our government in this way has led to this problem. And there is no way to avoid the problem again, the next time, unless the premise is challenged.

So here's what I mean about all of the issues that so many people have been talking about.

[00:15:00]

The masking. The lockdowns. Do lockdowns work? Did they work? Did they stop the spread? Did they cause more harm than good? Did social distancing have a rationale? Was six feet right, or should it have been five or seven? Was there any data? Was it ridiculous or not? Do masks work? What's the data? What are the studies on masks? Is it as ridiculous as it looks to be, or is there something to it?

What about the vaccines? Were they tested properly? Do they cause these problems? Do they actually stop the spread? Do they actually stop the severity of symptoms? All of these questions—they're very important questions, to be sure. Very valuable to know about what the actual information is on all of these questions. But all of these questions are trying to debate, what is in the public good? And to concentrate on that is to miss the problem.

The problem is not the last part of that statement; the problem is the first part. You must challenge the premise that our government officials have the expertise and authority to tell us what to do in the public good. Because that is the idea that is now running the show.

In other words, it would be a mistake to think of this COVID debacle as a matter of a collection of bad policies. Now, they were, in my opinion, for sure. But that's not the real problem. The real problem is that the officials inside the state were able to produce a set of bad policies. If government officials have unchallenged authority to decide the public good and thereby to override individual autonomy, bad things inevitably follow. What they can do, they will do. And in a sense, what happened during COVID was the culmination of this trend, if you like—this evolution of the nature of the administrative state. If you like, it was **the pinnacle achievement of this managerial state apparatus. It was a great opportunity for people who have authority to manage society, because that's what they think they're for.**

Now, as I say, COVID was not the first time. These things have been in development for decades. Decades. Over a long period of time, these things have come forward. But COVID may have been the most extreme example, certainly in living memory. So that's part one. That is the problem about the premise. That is the idea that's leading the charge, the idea that must be challenged.

And part two is: Well, what happened to the Charter? I thought the Charter was there to protect my individual rights. It looks like it should, it's a roster of what appears to be individual freedoms: freedom of speech; freedom of religion; freedom of conscience;

freedom of assembly; freedom of association; the right to equality; the right to life, liberty, and security of the person. What happened?

Well, the way our Charter reads combined with the way, over a long period of time, the courts have interpreted those words, means that the Charter does not now prevent the administrative state from overriding individual autonomy in the name of public good. Now occasionally it will. In the law of course, you can't make blanket statements about things because cases go this way and that. But if you look at the trend over time, the Charter now is as much a legitimizer of the administrative state as it is an opposer of it.

And note this: This administrative state I keep referring to, this managerial governance mechanism,

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or collection of agencies and departments and people who manage society, is explicitly provided for in the Constitution nowhere. Our Constitution does not say we shall have an administrative state. It doesn't prohibit it. It doesn't prevent it. But it doesn't prescribe it either. It has just grown up over time.

So the Charter is not a foundation. Unlike what many people think, and understandably so, the Charter is not the foundation of our legal system. Instead, it is merely a gloss, if you like, on what the legislature and the executive branch can do.

Now it used to be—and some would argue still is, and that's a fair argument—that the foundation of our legal system was both the common law: that is, law developed on certain subjects by the courts over a long period of time, from case to case to case to case. The law of contract, the law of torts and negligence, the law of property are still largely common law subjects. In other words, you can't find the whole law by looking in the statutes. And the other foundation is the "separation of powers" idea that I referred to at the beginning: the legislature does this; the administration does that; and the courts do this. And they should all be separate to protect us all from their domination. Today though, for the most part, I would contend that even though those ideas are still around, they have been put aside in terms of their hierarchy in favour of this primary idea I mentioned to you earlier, which is this holy trinity of the administrative state: delegation, deference, and discretion.

So what about the Charter? Well, two things I want to say about the Charter. Number one, these COVID rules and the people who put them in place got around the Charter by going around to the back door. And b), I want to talk about the courts a little bit. But let's do the first one first: going around the back door.

What I mean is that some things are able to be done indirectly that are not able to be done directly. Here's an example. Let's say that a province had put in place a mandatory vaccine policy. I mean, actually mandatory. I don't mean a passport. I don't mean at your workplace. I don't mean for school. I mean actually mandatory in this sense: "If you do not get a vaccine," the rule says, "we will fine you or put you in prison." Okay, well, now that is an actual mandatory vaccine. And we have section 7 in the Charter. Section 7 says, "Everyone has the right to life, liberty, and security of the person." Security of the person will include the notion of bodily autonomy. It's where in the Charter you will find the idea that you have the right not to give consent before medical treatment. A medical practitioner and the state need to get your voluntary informed consent before they can apply treatment. Okay.

If we had a mandatory vaccine, an actual mandatory vaccine? That—you'd like to think, I would think—would violate section 7. That would be unconstitutional. But that's not what we had. We had something much more clever. We had a collection of policies put forward by, enacted by, directed by, promoted by the agencies of the administrative state that said, "Listen, you can do what you want. You don't have to get a vaccine. But by the way, if you don't get one, you might not be able to have a job. You won't be able to fly on a plane or a train. You maybe can't go to a restaurant. Maybe your kids can't go to school.

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But it's still your choice. We're not requiring you to get one. We're not coercing you." And they're right. In the strict legal sense, that is not unlawful coercion.

Why? Because they're not making you—with the force of the state, with fines or imprisonment. It doesn't fit within the idea of unlawful coercion. The argument that they were making about this does fly. It fits within the gaps in the Charter. So those people who thought, "Well, we have security of the person in section 7, they can't make me take a vaccine." And those people are right. They can't make you take a vaccine. But they can set up consequences if you don't, and thereby avoid the Charter protection. Compulsory vaccines are likely a violation of section 7. But vaccine passports probably are not. And that's what the courts have said. And this is just one example of going around the back door, of doing indirectly what cannot be done directly.

Let me give you a concrete example of how this works outside the COVID situation. And this is going to sound banal, but it's abstractly similar, so you can see it. Let's say a province creates a rule that applies to all retail establishments—stores and restaurants and so on—that says, "You cannot go into the establishment, a public commercial establishment, without shirt and shoes." Some people might say, "Well, hold on, wait a minute, I have rights. I have Charter rights. I'm being made to wear something that's a violation of my person. My clothing or lack thereof is an expression that violates my freedom of expression." And so on and so forth. You can see the argument that for someone who doesn't want to wear a shirt, this is actually a violation of their choice.

But of course, this is not going to work, because there are rationales for the rule. The rationales are public decency, public health. We don't want you walking around in a restaurant without a shirt on—just not going to look good and it might be unhealthy. There's going to be a social consensus and a legal rationale for having the rule. Therefore, you're not going to be able to reject it. The answer's going to be, "Look, you don't have to go to the restaurant if you don't want to wear a shirt." And that's exactly the kind of argument you heard with the vaccine passports: "You don't have to have one, just don't go. Now, the fact that you can't basically do anything without the vaccine is not our problem. Because it's **a series of choices. And the Charter does not entitle you to be free of consequences," is the way that they would put it.**

So here are the other kinds of rights in the Charter that have been tried as arguments against various COVID rules: freedom of assembly and speech, conscience and religion; mobility rights in section 6 for the refusal to take the unvaccinated on planes and trains; freedom from arbitrary detention [for] the mandatory quarantine hotels that they ran for a while. For the most part, these didn't work. And of course, even if they had worked— And sometimes they worked. Sometimes you had a rule that so plainly infringed one of these rights that the court had to say so. And then found another reason why it was still okay.

And this is the main reason, this is the famous section 1 of our Charter. This is the "reasonable limits" exception. These rights and freedoms guaranteed in the Charter are "subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." Now, that's wide enough to drive a truck through if you want to. And some courts used that exception to say that even though this rule—

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For example, there were rules prohibiting gathering for church services at the same time some stores were open, because gathering in stores is one thing that the state approves of and gathering in churches was another thing that they didn't want to happen. And those rules clearly infringed your right of assembly, perhaps your freedom of religion and so on. The court said, "Well, they do, but it's a reasonable limit because of the situation that we are in."

And for the most part— And I want to be clear that courts don't act as a monolith. No one sends a memo from on high to all the judges and all the courts saying, "Here's the attitude you should take about this." That's not the way it works. And I'm not suggesting that all the courts and all the judges are all thinking the same way. That wouldn't be correct. But if you look at the pattern, for the most part I would argue that courts largely embraced not only the premise of the administrative state, but embraced the government COVID narrative. And you can see that if you take a wander through the various cases that have been tried over the past two or three years. You'll see that in their decisions. In black and white, they have said things that have suggested that they are totally on side with the danger that has been portrayed, that the virus poses, and the efficacy of the various rules that have been tried and put in place.

Here are just a couple of— I'll just take you through some examples. This is just to give you a flavour of the approach that many courts have taken.

Here's a case from Manitoba: "[T]he factual underpinnings for managing a pandemic are essentially scientific… [and] fall outside the institutional expertise of courts." We don't know how to do this. And we don't want to do it: "it is not an abdication of the court's responsibility to afford the [public health officials] an appropriate measure of deference." There's the deference I was speaking of. There's the deference that makes the administrative state powerful. Courts don't want to deal with this. The judges don't have the expertise in these subject areas and the officials do. That's the rationale.

Here's another one. "[L]ike times of war… pandemics call for sacrifices." This court is equating COVID with being at war. And during times of war governments are entitled to expect sacrifice from their citizens. In other words, "You will do as you are told, because **we're in a crisis here. And we are not going to tell the government not to do what it wants to do." That is a reflection of the premise of the administrative state.**

And note this— necessity. Necessity is so often the rationale for putting public welfare ahead of individual autonomy. You can find necessity pretty much anywhere you look if you want to find it.

"If some are unwilling to make such sacrifices … [the Constitution] will not prevent the state from performing its essential function of protecting its citizens from that risk." And note the end there. It is not a given that the job of government is to protect citizens from risk. That is the job of the administrative state. But it is not the job necessarily of any government organization, of any conception of what government's supposed to be.

There is the big idea that we don't know that we have. The idea that government has the job of protecting its citizens from risk. That is part of the premise that must be challenged. I would say, in my opinion,

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that the role of government is not to protect citizens from risk and that that function is the citizens' job to do on their own. But if you accept that premise then you get the COVID regime.

Another example. This is a case from Nova Scotia dealing with protests outside against lockdowns. "[Protesters] are uninformed or willfully blind to the scientific and medical evidence that support those measures." Now, of course, we have a pretty good idea now that actually that's not true. In fact, it might be actually the reverse, that the protesters actually had it exactly right. But that was not acceptable then. Why? Because of the premise—because officials had said, "We're going to have lockdowns." And officials have the authority, expertise, and discretion to decide the public good. There's your logic. If the officials have said so then that's the conclusion: Therefore, the protesters must be wrong.

This is not based upon evidence from the court—or induced in the court. I mean, there was evidence. As there is in any case, you'd hope to have conflicting evidence. It's the purpose of experts coming into a courtroom: I think this, I think that. Those two things conflict. The job of the court is to resolve that conflict and decide whose makes more sense. But in so many of these COVID cases, the court would be inclined to dismiss the evidence of those who were challenging the rules and to embrace those producing evidence on the part of the government. So the protesters show "a callous and shameful disregard for the health and safety of their fellow citizens."

Just two more—and then I'm basically done. And if there are any questions, I'd be happy to take them.

I'm able to take judicial notice. Now, here's a very interesting thing: In a number of cases, especially family law cases, a number of courts took judicial notice. Judicial notice means a judicial conclusion of facts not based upon evidence. Judicial notice is a thing. It's designed to allow a court to assume certain facts as true even though there's no evidence—because those facts are so notorious that nobody would spend time debating them. "The sky is blue." A court can take judicial notice of the fact that the sky is blue. Who would say otherwise? But the efficacy and safety of the vaccine was at least in part the issue in the case. And yet, in these cases—at least a handful of them—courts took judicial notice of the safety and efficacy of the vaccine precisely because they did not want to delve into the evidence.

And finally, here's a really neat one. This is from an Ontario court. "The measures"—the COVID measures that are being challenged in this case; the COVID measures themselves, the ones that say, "can't do this, can't do that, must do this"— these "measures protected the constitutional rights of those individuals to life and security of the person." You see now how the Charter is being exactly turned around. Instead of protecting you from the tyranny of the state, the Charter in this paragraph is now being used as a rationale and justification for why the state must come down and tell you what to do in order to protect your neighbours.

So maybe I'll stop there.

Shawn Buckley
Professor Pardy, before I let the commissioners ask you questions, I wanted to ask if you could also comment perhaps on the doctrine of mootness and how that has been applied to thwart some Charter cases.

Dr. Bruce Pardy
Sure, yeah. Mootness is this idea: Courts are tasked with resolving live disputes. If you went into a court today and said, "You know, I've always wondered about this question. What would happen if—?" If you did that, the court would throw you out because it's not a real dispute.

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It's theoretical and therefore moot. It's a waste of judicial resources and time. It's got to be concrete; it's got to be a real thing. So mootness comes along when a dispute that was real at the beginning becomes theoretical because something changed. The rule, for example, that was being challenged was repealed, taken away. The person with the problem doesn't have the problem anymore because the rule is gone. And on that basis, courts will dismiss suits that are moot if the rules are withdrawn.

However, the problem with doing that is that you essentially give a licence to the government to bring the rule back. If you do not resolve the legal question about whether the rule was constitutional to begin with, then it's still an open question. And a few months or a few years down the road, the government could say, "Well, we didn't get into trouble the first time. Let's do it again." Or even more— In an even more sinister way if you wanted to go this far, if you were the government, you could think, "Well, you know what? If we just keep playing this mootness game, we can put on the rule for as long as it takes the case to get to court. Before we get to trial, we'll just take the thing away. It'll therefore be moot. The thing will be dismissed for mootness. And therefore, we can put the rule back on." Sort of a cat and mouse game. That's the kind of reason why courts have the discretion to hear a case which is technically moot. And they often do. But in this COVID era, some courts have declined to do that. For the reason, I would posit, that they don't want to. They don't want to be the ones to decide the COVID question. And understandably so.

Here's one of the mistakes that people who have opposed COVID rules have made, in terms of their thinking. They thought, "This is crazy. Something strange has happened to society. I'm going to take this mess to the court to have them sort it out and put things back together again." You are essentially asking the courts to serve a political function. Courts don't want to do that. They don't like to get involved in politics to that extent. Predictably, the situations in which they've been tried to be given that mandate, they've backed away **from it. And I quite understand that. But I think that's the story on the mootness.**

Shawn Buckley
Thank you, Professor Pardy. I'll allow the commissioners to ask you questions. When you conclude, if you can give your thoughts of perhaps how this could be changed to prevent the administrative state. But we'll let the commissioners ask you questions first.

Commissioner DiGregorio
Thank you, Mr. Pardy, for your testimony today. I wrote down a hundred questions but wanted to hear your presentation throughout before I tried to put them in some order that

will help us to take this—what you've told us today—and develop it into recommendations in our final report. And so that's kind of how I'm framing the way I'm going to ask these questions.

In trying to pinpoint where the problems are that we can address, or provide recommendations to address, I heard you talk about an issue with the role of delegation from the elected legislation to the unelected administrative regime, let's say. I heard an issue with the courts providing deference to the administrative state. I think I heard you talk about potentially the Charter being too weak to have protected rights robustly and that it could be overcome indirectly. I'm just trying to think about, on each one of those levels, what we could recommend.

And if I start with the delegation problem: Do you think that what's needed is a different standard, maybe legislative standards, as to when and how delegation can be given from the elected legislature to the unelected administrative state?

Dr. Bruce Pardy
The short answer is, yes. And thank you for the question. In a way, this is the question.

There is at least theoretically a doctrine, a non-delegation doctrine, which we don't have in this country. The Americans do have a form of a non-delegation doctrine in some places. It's not robust, but it does exist.

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In this country, we have essentially had the rule that a legislature can delegate its powers any way it likes as long as it maintains the right to take them back.

A better rule, in my view, would be a non-delegation doctrine that said the following thing. This work, by the way, has been done by a fellow named James Johnson, a very thorough legal scholar and researcher. He's made this case in an article, amongst other places, in the *UBC Law Review*. But he says this: "Legislatures should have the job of articulating the substance of the rule." In other words, our MPs and MPPs are elected to make policy decisions. That's legitimate. And as long as they make those judgment calls, that's fine. Those judgment calls between "this" and "that;" about where the line should be drawn; what the considerations are; what values or virtues are going to be reflected in the rule: that's a legitimate thing for elected officials to do. Because they're elected, they have democratic legitimacy. But the job of making that call, making that difficult political call about where to draw the line, the substance of the rule should be made in the legislature. So if the people don't like it, number one, they can see it being made; and number two, they **can kick the bums out next time if they don't like it.**

What should not happen is that the statute should avoid having to make the hard call and send it off to some dark room in the back. Where you can't see the rule being made, sometimes you don't even know what the effective rule is. Okay? That's the essence of the non-delegation doctrine. It should be sunlight; it should be democratic. It's not that the governments can't make policy choices; it's that they're not being made by the right body. And that's the essence of a non-delegation doctrine.

Commissioner DiGregorio
Thank you. So then, moving on to the issues we've seen with the courts throughout the pandemic, you identified—I think quite rightly—that there's been a lot of deference given by the courts to the decisions that have been made. And in terms of thinking about recommendations we could make to maybe strengthen the role of the courts, do we need statutes that set out perhaps better standards of evidence that are required before deference is provided? Maybe rules around when judicial notice can be taken, do we need to strengthen that area?

Dr. Bruce Pardy
Yes and no. Certainly, rules of evidence are within the realm of the legislature to act upon. But there are some things about whether courts should get deference and the nature of judicial review and so on that the courts are going to view as in their area and not the legislature's. In other words, we have—and quite rightly and good that we do—we have a tradition of judicial independence. And the courts as an institution, again quite rightly, are going to look askew a little bit at legislative attempts to curb what it is that they can do when they review the very legislation that they are asked to do.

In a sense, it's a constitutional dilemma. You want these three separate branches to do their job. And you want them to do it properly. We see a problem about how they're doing that job independently. And yet when one branch comes along to try and tell the other branch to do their job properly, that's interference with that branch by the first branch. So I don't have a simple answer to your question. It's a very good question. It's worth looking at the degrees to which legislatures could stipulate the legal rules about evidence to be applied in a court. On the other hand, the rule of judicial review, the constitutional standards for assessing when deference is going to be given and so on, is largely common law in the sense it's developed by courts. And we should probably be careful about treading on that territory.

Commissioner DiGregorio
Thank you. Lastly, I'd just like to ask you about your views on the Charter. And I think I heard you essentially say that a lot of the rules that were put in place did not violate the Charter. I think that could probably be argued both ways by many lawyers. But let's accept that perhaps that is the conclusion that the courts will reach.

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Is it then your opinion that our Charter needs to be changed or revised?

Dr. Bruce Pardy
Oh, I think our Charter needs to be revised. Yes, definitely. I think it has proven to be inadequate to the task that people expect of it. I think the prospects for revising it are very, very poor. And I would even be reluctant to go down that road because once you open it up, you are also subject to the forces that might want the Charter to be more what it's becoming instead of less. In other words, a Charter looks like a roster of individual rights and freedoms. Over time, it is probably less of that and more of a progressive blueprint for common interventions.

For example, the way that the Supreme Court over a period of decades has interpreted section 15(1), which is the equality provision: from one that I read as providing in section

15(1) a requirement for equal treatment in the law, the Supreme Court has basically said that 15(1) and (2) together require substantive equality. Now, that is a real conflict in vision. If we opened up the Charter, I would be concerned that we would go further down that road instead of back to the one that I would like to see.

Commissioner DiGregorio
All right, thank you. I'm going to stop my questions there.

Commissioner Drysdale
Thank you for your testimony. Like my colleague, I have a hundred questions. And although we have the ability to ask those hundred questions, I don't think anybody would stay for them. But I have a few questions. And we've talked about—or you've talked about—the three branches of government, if that's the right term. You know, we often talk about another branch of government unofficially. And I ask this question because when I look around this room—and I looked around; I did this as well in our last hearing and I will do it in every hearing—I only see a very thin representation from that other branch of government. And I'm talking about the press.

Dr. Bruce Pardy
Right.

Commissioner Drysdale
But in my mind, there's another component as well and that's the component of the people. I start to look at the participation in our political system. And I start to look at the numbers of people that vote or don't vote and the number of people that get elected by acclamation in our country. And I also look at the incredible power of each of the leaders of the two or three political parties we have. In other words, the candidate doesn't even get to run unless they're vetted by that.

So having said that giant mouthful, how do we re-engage the public? How do we re-engage the press in an honest and open way? Big question, but would you agree that that's kind of the fundamental of getting change? Because if you're not holding the big stick, they won't make the change. And you can only hold the big stick if you can engage the population. Is that a reasonable statement?

Dr. Bruce Pardy
Yes, absolutely it is. But it's also all tangled up, the problem that is, right? Because it's not just a case of electing the government that you will solve the problem. Because the idea is deep enough so that the particular stripe of party that's in power doesn't actually change the game. Elections and democratic participation and so on is very important, but it's not the whole story either. I'm afraid I think it goes back to the set of ideas people carry around.

Let's talk about the press for a minute. For some reason, we have come to the idea—a lot of people have, I think, in the here and now—that the job of the press, whether or not it's the legacy press or the new independent press or for that matter just people online, that their job, their responsibility, is to tell the truth. In fact, that if you are speaking— Whether it's in a forum or online or as the case may be, that if you are not speaking the truth that you are

not really exercising your free speech legitimately. And that's, in my opinion, completely wrong.

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Free speech, upon which our press traditions are based, is not based upon truth. As soon as you have the idea that people have to speak the truth to be allowed to speak, now you've got a real problem. Because now you have to define what the truth is. And the only party able to do that is the government. So now you have free speech that's supervised by government approval of what you're saying. That's the opposite of free speech.

You're allowed to say what you think, not because it's true, but because it's what you think. And that's got to apply to the press too. And the job of a free citizen in a democratic country is to take all the things that they hear from everywhere and to understand that it might not be true and decide for themselves what is. And that's just one of the many ideas we have to get embedded into our people again.

Commissioner Drysdale
I have another one. And I very much enjoyed your talk, and I learned a lot from you. But my question to you is: Would you consider what happened here, in your opinion, to be a significant breach of at least what Canadians' perception of their freedom is?

Dr. Bruce Pardy
I think it was a breach of their perception, yes. Part of what happened during this period, if I can put it this way, is a lot of Canadians discovered that their perception was wrong. And that's a hard lesson. We've been assuming that the system works in a certain way and that we have certain rights and freedoms. It says so in the document. Why wouldn't we believe in it? And then this thing comes along and you find out that what you thought is not true at all. So if there's any silver lining to this period, it might be that the curtain has been pulled back on the way the thing actually works and what it actually means. And having discovered that, now's the time: if we don't like what we see, got to fix it.

Commissioner Drysdale
Next question has to do with— This is going to sound odd, but why are you here telling me this? The reason I say that in the way I'm doing it is because, if reasonable people consider what happened to be a fundamental challenge to what we understand our country to be, why is the head Solicitor General of the country or the Supreme Court Justice not sitting in that place to explain it to us as Canadians? Rather than—and not to be insulting but, you know—a university professor or a lecturer?

Why is a Supreme Court justice not sitting here telling me what it is?

Dr. Bruce Pardy
There are many ways to answer that question. Here's one of them. Number one because it would probably be out of line for them to do that. But also, because—and I don't want to speak to every single one of them—a lot of them will believe in the premise I discussed. They really do think that it is the job of government to protect us and to manage society. It is the job of public servants to fix social problems. That's part of the premise. And if you were to stand up in public and say, "No, no, no, no, no, no, no. Governments and their

officials should not be primarily involved in bringing the power of the state to bear to fix social problems and keep people safe." Okay? Now I'm talking heresy. Absolute heresy. Certainly, amongst that population of people who are, after all, involved in their careers in that enterprise: if you were to be a person with prominence in that area and stand up and say that, you will be undermining the whole machine.

Commissioner Drysdale
My last question is, what is the standard for the courts or the police when it comes to making a ruling like you talked about the ruling at Gateway Bible Baptist Church [*Gateway Bible Baptist Church et al. v. Manitoba et al. (2021)*] in Manitoba?

Dr. Bruce Pardy
Right.

Commissioner Drysdale
So they make a ruling.

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And then evidence becomes public shortly thereafter that proves that ruling incorrect. What is the process? Can the courts readdress that on their own? I'm wondering what the process is.

Dr. Bruce Pardy
Yes, it's very unusual to go back to a case. The general rule is that once a decision is done, it's done. In very narrow circumstances, in certain kinds of cases, if new evidence does come to light— For example, let's say somebody has been convicted of a crime and is in in prison and new evidence comes to light. There's a process for applying to reopen the situation. But in general, of course, that is not what's done. The new evidence becomes relevant to the next time around if that issue should rise again. But for the most part, a case is a finished case.

Commissioner Drysdale
Thank you.

Shawn Buckley
I see we have another commissioner.

Commissioner Massie
Just one question.

Shawn Buckley
And I do too. I'll let you go first. Professor Pardy, we clearly did not give you enough time.

Commissioner Massie
Thank you so much for your presentation. It really helps me to understand a lot of situations we're in. I just want to come back to your administrative state, which is probably prevalent in all of the Western society.

Dr. Bruce Pardy
Absolutely, yes.

Commissioner Massie
And to me, I've been living in the administrative state during my career. One of the things I've always struggled with is that there seems to be a disconnection between authority and accountability. Is there a way to reintroduce true accountability within the administrative state?

Dr. Bruce Pardy
That's a very good question as well. You would think—you would like to think that authority would come along with accountability. Those two things should really travel together. But they often don't. And part of the reason for that, and this is reflected in the law, the way the courts have developed it as well, is: if you are trying to sue the government for negligence, for example, you are able to sue them for operational failures. So let's say the government has adopted a policy of paving roads in a certain way, in a certain place, in a certain frequency. And they fail to do that properly. The road isn't well done; there's potholes; it's dangerous. And you have an accident on the road because of their failure to carry out the policy. You can do that. You can hold the government liable for its negligence, as long as it's an operational failure. You generally cannot sue the government for its policy decisions. If the policy creates bad outcomes, there's no cause of action.

And that makes sense in a way, for this reason. All policy decisions create some bad outcomes for somebody. That's the nature of a policy decision. It's a matter of weighing costs and benefits and drawing a line somewhere. And some people are going to be on one side of the line, and some people are going to be on the other. So, it'd be very problematic for us to say you can sue them for policy decisions. That probably won't work, right? It's part of the democratic process to give the elected officials, as I said before, the power to make those kinds of policy decisions. And you would never be able to sue a legislature for the policy that it put inside a statute that was properly passed. That just wouldn't go.

Shawn Buckley
Because of time I'm going to defer on my question. We must take a lunch break. But Professor Pardy, I want to thank you on behalf of the National Citizens Inquiry for coming, for sharing your thoughts. I think I speak for the commissioners and everyone present that you have made us think about things in a different way and we thank you for your contribution.

Dr. Bruce Pardy
Thanks for having me.

[01:04:18]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 4: Marc Auger
Full Day 1 Timestamp: 04:54:05–05:09:05
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Marc Auger
It's Marc with a C, M-A-R-C, Auger, A-U-G-E-R.

Shawn Buckley
And Mr. Auger, do you promise to tell the truth, the whole truth, and nothing but the truth?

Marc Auger
Yes, I do.

Shawn Buckley
Now, you were a professional firefighter for 30 years.

Marc Auger
Yes.

Shawn Buckley
And I want to say you had the good fortune of retiring just as COVID was hitting, but—you retired just before COVID hit.

Marc Auger
Yes, I did not have to deal with any of that.

Shawn Buckley
Right. But you had to deal with your father, Pierre. Can you please share with us what your experience was with him and the different COVID policies?

Marc Auger
Yes, my father had early onset dementia and he could not live on his own, so he moved in with my sister and lived with her for about three years. But on June 7, 2021, we had to admit him to long-term care. And that was at the height of COVID when there was a bunch of mandates and restrictions. I was his power of attorney and at times I was not allowed into the home to visit him and it made my job as a power of attorney very difficult.

Shawn Buckley
Now, when he moved in, were you allowed in that day?

Marc Auger
The day he was admitted to the long-term care, yes. I had to go in to fill out a bunch of forms.

Shawn Buckley
Okay, so you were allowed in that day but then you weren't allowed in after that.

Marc Auger
Yes, there was periods of times I was not allowed in.

Shawn Buckley
And what was the reason you weren't allowed in?

Marc Auger
At that time, I was unvaccinated.

Shawn Buckley
And how did that make you feel?

Marc Auger
Segregated, very segregated. I don't think I should have been prevented from going into the home just because of my vaccination status.

Shawn Buckley
Right, so I mean, even if you tested negative, their policy was that you couldn't go in?

Marc Auger
Well, at the time, there was no testing when he was admitted. Later on, they did bring in rapid testing; and since I was a primary caregiver, I was allowed to get back in and see him on November the 23rd. And the frustrating thing for me is to this day, when I go visit him in long-term care, I still have to rapid test. Everyone rapid tests before they can go in and visit.

Shawn Buckley
So you mean in March 2023?

Marc Auger
Yes, I was there last week and everyone who goes to visit in a long-term care home has to rapid test.

Shawn Buckley
So he went into long-term care on June 7th of 2021. You weren't allowed back till November 23rd 2021. Did you notice a difference in your father when you were allowed back?

Marc Auger
Yes, I did notice. When I was in to visit him, his dementia declined. And I'm convinced that the decline was due to him being basically locked in his room. They received all their meals in the room. I couldn't come and visit. My sister could visit because she was vaccinated. And she had to try to explain to my father why I could not come in and visit him.

Shawn Buckley
Now, after you started being able to visit him, did you notice a change? You were able to start visiting again in November and you'd noticed a decline.

Marc Auger
Yes.

Shawn Buckley
Did anything happen after you started visiting him?

Marc Auger
After I could go in and visit, the very first time I saw him, he didn't even recognize me. And then after a few visits, he could recognize me, but it was like every time I went, there's different rules. So sometimes we'd have to meet outside. They'd have a table set outside and he would be in his wheelchair on one side and I'd be on the other side of the table, masks sitting outside, trying to carry on a conversation with someone with dementia. It was very frustrating.

Shawn Buckley
Now, I want to change subjects. You went to the hospital back in October of 2021.

Marc Auger
Yes.

Shawn Buckley
Can you tell us about that experience?

Marc Auger
I ended up showing up at a hospital on a Friday night with severe abdominal pains.

[00:05:00]

And after a bunch of tests, I was diagnosed with appendicitis and I needed emergency surgery to remove my appendix. I was admitted to the hospital at that time, and I was laying on a bed, a stretcher in the hallway. And as they were doing the admitting to the hospital, the nursing team was doing all the paperwork and they said part of being admitted to the hospital and needing surgery is we have to do a COVID test. But they weren't concerned because they knew I was fully vaccinated. And once I informed them that I was not vaccinated, the whole demeanor changed. The nurse left the bedside, came back and said, "We have now found a room for you." Originally, they told me I'd have to spend the night in the hallway on a stretcher because there was no rooms.

Shawn Buckley
So can I just break in? What you're telling us is— You're told you got to basically spend the night in the hallway on a stretcher—

Marc Auger
Waiting for surgery.

Shawn Buckley
When they think you are vaccinated. But the minute they find out you're unvaccinated, they found a room immediately.

Marc Auger
Yes, I was rolled in on the stretcher into a single room, you know, glassed-in room. And that's where I spent the night: in this glassed-in room on the stretcher. They didn't even transfer me onto a hospital bed. I spent the night on the stretcher.

Shawn Buckley
Now, were you tested for COVID during your stay?

Marc Auger
Yes, they did the test. Once they knew they were admitting me, they did a test and the test did come back negative.

Shawn Buckley
So the hospital knows that you do not have COVID.

Marc Auger
Yes.

Shawn Buckley
So did the treatment improve when the test came back?

Marc Auger
I felt very segregated. I was in a room by myself, had to wear a mask the whole time I was in this room. And one of the most disturbing parts of it was, through the night I had to get up and go to the bathroom. And there wasn't a bathroom in the room. So I got up off my bed, went down the hallway to the bathroom. When I came back, I noticed there was a yellow Post-It Note stuck on the glass lighting door and it had one word written on it. "Unvaccinated."

Shawn Buckley
And how did that make you feel?

Marc Auger
Not very good.

And it just sort of— I was on my own, you know. My wife could come in and see me. She went home for the night but she was in in the morning again. But she was the only one that was allowed in.

Shawn Buckley
Did you get much nursing attention that night?

Marc Auger
I only recall a couple times the nurse came into the room to check on me.

Shawn Buckley
Now, you're waiting for surgery.

Marc Auger
Yes, I had surgery the next day.

Shawn Buckley
And this is emergency surgery?

Marc Auger
Yes, they had to call in a surgeon and an anesthesiologist and two surgical nurses to do my surgery, and I was the only surgery done that Saturday.

Shawn Buckley
Am I correct in suggesting to you that this was a life-and-death situation?

Marc Auger
That I cannot answer, but I was in a lot of pain and they told me that they had to come out. So that's why they did it the next day.

Shawn Buckley
Right. Now, you were telling us that at the hospital, you were treated differently once they found out you were unvaccinated. Has your status changed, your vaccination status?

Marc Auger
Yes, I did get vaccinated. I 100 per cent regret that decision I made. I was not anti-vaxx, I was vaccine-hesitant. And the reason I was vaccine-hesitant is I have had two bouts of pericarditis in my lifetime: once as a teenager in high school and once in my 20s as a firefighter. And both times it was very painful and I required medication to get over the pericarditis. And I started doing research at the very beginning of COVID and what I could find out—it seemed like it was very hard to get information—but I did find out that the mRNA vaccines and the AstraZeneca vaccines both had possible side effects of heart inflammation, and I wasn't willing to take the risk.

So I researched Johnson & Johnson.

[00:10:00]

And at the time, Johnson & Johnson was purchased by the Canadian government, but they did not release it to the provinces. So I basically waited until it was available in Ontario before I considered taking it.

Shawn Buckley
Sorry, I turned my mic off.

Did you feel that you were perfectly free to take the vaccine or not take the vaccine?

Marc Auger
No. To this day, I feel like I was 100 per cent coerced into that decision. Mainly because of the experience I had in the long-term care home trying to look after my father, and the experience I received at the hospital as being an unvaccinated patient needing surgery.

Shawn Buckley
What happened when you were vaccinated?

Marc Auger
I was very hesitant at getting vaccinated. The last vaccine I did receive was a shingles vaccine and I did have a reaction to that, which was another reason I was vaccine-hesitant.

But I just felt like I was being coerced into doing this because if I wanted to do anything, I had to be vaccinated.

So I got vaccinated on December the 23rd, and the next day I felt like I got run over by a truck. I was in a lot of pain. I have arthritis. It just seems like my arthritis flared up. For the first week, I was in a lot of pain. Then ever since then, my arthritis has been worse. I've talked to my doctor about it, and my doctor has no explanation. She just suggested to increase my arthritis medication.

Shawn Buckley
And so this was a sudden change?

Marc Auger
The day after being vaccinated, I was sore for a week. Like it was hard getting in and out of bed, walking up and down stairs; everything hurt, just hurt. And then for the first year, my shoulders— I had a hard time sleeping on my side, my shoulders would hurt. It's been progressively getting better because it's been well over a year, but I'm still not back to the way I felt pre-vaccination.

Shawn Buckley
Now, you have not gotten your second shot.

Marc Auger
Well, that's one of the reasons I did decide to go with Johnson & Johnson because it was a one-shot vaccination; you're considered fully vaccinated. And it was a viral vector vaccine, which was closer to the flu shot, which I have received before and didn't have reactions to. But one thing that really frustrates me is when you see anything in mainstream media, they always talk about two shots. To be fully vaccinated, you need your two shots. But Johnson & Johnson wasn't that way—at one shot you're considered vaccinated—but they never talk about it. Why did the government push the mRNA vaccines? Did they want multiple shots? I don't have the answer.

Shawn Buckley
Mr. Auger, you've had several experiences concerning government policy decisions on COVID. What would you think we should do differently if we were to face this again?

Marc Auger
Everything. To me, anyone who spoke against it was silenced. There should have been more open conversation about getting vaccinated and not getting vaccinated, side effects. It just seemed very rushed to me. And the government just kept moving the goal post, you know? It was, "Get your two shots, you're done." "Now, get a booster," you know? "Now, mix and match vaccines." It just— It was like the science was changing constantly and they didn't really have the science to back it up. It just kept changing, it just happened too quickly.

Shawn Buckley
Thank you Mr. Auger I have no further questions. The commissioners might have questions.

So we're good. Thank you so much for your testimony.

Marc Auger
Thank you for the opportunity.

[00:15:00]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 3: Catherine Swift
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[00:00:00]

Shawn Buckley
So our next witness today is Catherine Swift. Catherine, can I get you to state your full name for the record and spell your first and last name for the record?

Catherine Swift
Catherine Susan Swift, C-A-T-H-E-R-I-N-E, S-W-I-F-T. Like Taylor.

Shawn Buckley
Thank you. And Catherine, do you promise to tell the truth, the whole truth and nothing but the truth?

Catherine Swift
I do.

Shawn Buckley
Thank you. And I'll say it's nice to finally meet you in person; we've spoken several times on the phone. Now, you are currently president of the Coalition of Concerned Manufacturers and Businesses of Canada [CCMBC].

And I need you to speak, not nod, because we're being recorded.

Catherine Swift
Yes, I am.

Shawn Buckley
Can you just give us a brief idea of what the CCMBC does?

Catherine Swift
We're basically an advocacy organization for businesses. We started off exclusively representing manufacturers, but in the last couple of years we've branched out to other sectors of the economy. Most of our members are still in Ontario, but we do have some elsewhere in Canada. But we're still largely Ontario-based. And basically, we just advocate on the issues that are most important to business at any given time: taxation, regulation, red tape, energy. Energy issues have been huge lately as manufacturers in particular consume quite a bit of electricity, for example, and other energy sources. But there's a whole range of different issues that we end up getting involved with and we're quite independent relative to other business organizations. Most business organizations are somewhat financed by government and they often end up more as a representative of government than they actually end up as a representative of business. So we very deliberately don't do that.

Shawn Buckley
And you used to be at the Canadian Federation of Independent Business?

Catherine Swift
Yes, I was the President and CEO of the Canadian Federation of Independent Business for 20 years. And I was Chief Economist there, and some other positions for another seven— So I was there almost 30 years.

Shawn Buckley
Right. And prior to that you were in government and banking; you have a long history as an economist and then running basically, business organizations.

Now, you have surveyed a number of the CCMBC members to get their feedback on how government COVID policies affected them. Is that correct?

Catherine Swift
Yes, that's correct.

Shawn Buckley
And we've invited you here today to share with us what businesses are reporting back to you. So please do share with us what you've discovered.

Catherine Swift
Yeah, I sort of divided the responses I got. I surveyed about 23 businesses total. And I divided the responses into the really common ones that virtually everyone had and some of the more anecdotal stories that might have been unique to one business or two businesses.

In terms of the common issues, the three most common issues: I would have to say the number one issue was issues with employees. Now, there was quite a diverse range of issues with employees and that's not surprising. In these types of businesses— I might add that most of our members are probably small to medium-sized businesses, so the business owner typically has a lot more interaction with the employees than you'd find in a big corporation, where people don't even meet the CEO in their entire careers and whatnot. So

they have more of a personal connection with their employees. And the number one issue was the government assistance discouraging employees from working. Despite how many measures the employer may have put in place to— And people were scared, let's face it, there's no question about that. But no matter, employers tried to do their best to have their employees realize they were running a very clean, very safe workplace in all kinds of different ways.

But the fact that the government assistance— And not just the magnitude but also the duration of the government assistance because it went on and on and on long after— Really, there was a big concern about COVID. And also, the fact that there was very little— and we know this from other sources—very little qualification for these monies. They were basically distributed very freely. And we know a lot of 16-year-olds that never worked in their life got CERB [the Canada Emergency Response Benefit] and whatnot. But that was frustrating for employers.

Most of these businesses—in fact, almost all of them—stayed operating. They were all designated as essential. So they weren't closed. Of course, the closed businesses had a whole different set of issues.

[00:05:00]

But those employee issues were very extensive.

Naturally, there were a lot of cost increases that businesses had to comply: putting partitioning in, changing the spacing of employees in their workplace. Some of the employers had vaccination within their workplace, if that was possible. Others facilitated employees getting to vaccination if they wanted it. And so there was an increased cost. And there were some government programs that were supposed to cover some of those increased costs. But most of them didn't find them sufficient or found they were just so difficult to apply for, they just got frustrated and said, "Forget it, I'll just absorb the costs of that." So the employee issues were very, very extensive.

One other factor I heard was the demonization of unvaccinated employees within the workplace and how it was divisive within a workplace for that reason. And one business gave me the example that they happened to have a union and the union couldn't decide whether they were going to defend the unvaccinated. One day they'd be on their side, then the next day they'd be vilifying the unvaccinated and siding with— And they said it was just so chaotic and divisive for that business. It really was problematic for the operation of that business. So that was kind of an odd result that happened there. So that issue.

And I don't know if you want me to get into all the anecdotal stuff now, or exactly how you want to, because there were a number of—

Shawn Buckley
I actually think when you're on a topic, that might be helpful. You're talking about employee issues and some specific examples on how the benefits basically were too generous and too long. That created, I presume, employees quitting or staying at home rather than coming to work, so some examples on that would be helpful.

Catherine Swift
Yeah. Well again, a lot of people decided they liked staying home. And again, that's understandable, and that was facilitated obviously by the benefits, and so the difficulties in operating were problematic. There was also the case that when the money was sloshing around so very liberally—literally and figuratively—that people found they would know in their neighbourhood, say, that somebody was getting benefits. And everybody was sort of aware and almost competitively comparing what was going on. Because some businesses, if they could afford it, actually shut down for periods of time. And that would naturally mean that our members' businesses were looked upon as problematic because they kept operating. And so there was a number of really interesting, I guess, impacts there.

Some of the employers were of course trying to support their employees as best as possible. And they did feel, and I suspect you've heard this from other people, that the alarmist news—constant drumbeat of alarmist news, death counts every day, and all this—was way over the top. In the case of media, you can expect that but governments were very unhelpful as well. They sort of went to the extreme instead of possibly being a little more moderate in their approach.

Something also with the CERB benefits that was commented on, and partly the notion of them going on longer than they really needed to: They seemed to be very politicized as well. A lot of employers felt they were more a tool for the government to try to gather votes than to actually be necessary. And actually—of course a lot of money was spent as well, a lot of tax dollars was spent—they almost weren't even pandemic-related anymore. They became a political tool to encourage people to vote Liberal. In terms of—

Shawn Buckley
Can I just stop you there, I just want to make sure that we understand what you're saying. Can you share with us maybe a conversation or two? You don't have to disclose the person or persons, but I just want to make sure we understand. Because I believe you're saying that business owners are reporting back to you that, at some point, having to take these measures felt more like a political exercise than a public health exercise. And I think that's an important point for us to understand.

Catherine Swift
Yeah. Well, it was just that they lasted much longer than— They were renewed and then of course we did have a federal election in 2021. The linkage with that federal election seemed to be pretty direct, so that was the sense that a lot of businesses had.

[00:10:00]

I just want to mention the other two of the big three, so to speak: naturally, supply chain. Everybody knew there was massive supply chain problems: costs increased dramatically, tripling, quadrupling costs for materials and, if you could get it at all, things like lumber, steel and so on. Also, naturally personal protective equipment [PPE], sanitizer, all of those kinds of things were difficult; and everybody I think faced that.

One of the almost funny stories was that a number of businesses found toilet paper was being stolen out of their business washrooms, so they had a terrible time trying to keep toilet paper in the washrooms. One business in particular said he just decided he would he would give employees so much toilet paper every week and they were responsible for

keeping it because it was just getting crazy that he couldn't keep toilet paper in the washroom. I thought that was a totally unexpected outcome, at least in my view.

So yes, the supply chain problems were extremely problematic. And interesting enough, a lot of them are just starting to be resolved fairly recently. So even though we think the pandemic has been largely—the worst part's been largely—over for a year or so the problems continued with things like the supply chain.

Shawn Buckley
Can you give us an example?

Catherine Swift
Well, lumber quadrupled, for example. A lot of the manufacturers naturally use a lot of those types of materials as inputs. It was massive price increases or just unavailability, period. Naturally that meant they had to either slow down their operations or temporarily postpone, and so on. So that really affected people a great deal and increased their costs, and they couldn't necessarily increase their prices to accommodate that.

The other big issue was transportation-related, and this was very much a policy driven problem. Because, for example, a lot of these businesses do business in the U.S. And U.S. truck drivers were about 50 per cent vaccinated. So when they imposed those constraints at the border that the truck drivers—sitting in their cab alone all day, not probably seeing hardly anybody—needed to be vaccinated, that immediately took a whole pile of these truckers right out of the equation. I heard of many, many businesses that did business in the U.S. that couldn't get somebody to ship to the border from the US because they would mostly be American truck drivers.

Shawn Buckley
Can I interrupt you? At the time we never imposed a requirement on Canadian truck drivers driving within Canada to vaccinate, did we?

Catherine Swift
Not domestically, but to cross the U.S. border we did.

And another interesting observation that one business made was he believes the government overstated the extent to which Canadian truck drivers were vaccinated. You might recall there was talk of 90 per cent or so, so the government said, "Well, this policy won't be horribly damaging because most, the vast majority—" He felt it was probably more like 60 per cent that that was actually true about. And we never really saw any reputable data on that. So there was no one to sort of challenge it one way or the other.

But naturally, the fact that Canadian truck drivers all of a sudden also needed supposedly to be vaccinated across the border caused an awful lot of problems in addition to the U.S. situation. Again, we saw— One example I actually heard quite frequently was costs for say, a load, like one tractor-trailer, went from about $1,500 to about $8,000. So that was a very significant increase. And it was just shortages. There were just shortages of drivers, that was the problem there. And that was 100 per cent policy-created. That didn't have to happen.

Those, I think, were certainly the big three issues that virtually all businesses faced in one way or another.

Another complaint we heard quite a lot of was about the programs that were directed to businesses themselves. Some of them were wage subsidies to retain employees. But one thing that really was problematic for an awful lot of businesses was that the government—notably the feds, sometimes Ontario was involved as well, and sometimes other provinces, but it was notably the federal government—was paying companies to manufacture, say, PPE.

[00:15:00]

Because there were shortages, because they didn't keep sufficient supplies in the various government agencies that are supposed to do that. And I heard a number of examples. There was one particular example that 3M was given $40-odd million, it was big chunk of money split between Ontario and the federal government. There were all kinds of smaller firms that easily could have done that. 3M, it was to make N95 masks. And 3M, they built a whole new facility to do this when existing Canadian companies were well capable of doing it, but they weren't Liberal enough. They didn't have that partisan connection. They didn't donate to the Party. I also heard that there was an auto parts manufacturer that was paid to switch production to masks. And again, it was ridiculous. There were already firms out there that could easily have ramped up production, but they weren't in the right riding. It was a partisan decision not a sensible health-based or sensible business decision. So that was a very common issue I heard as well.

And also, just eligibility. We know this because we've seen some case studies about how businesses didn't need the money, but nevertheless were still giving out bonuses; so highly profitable, but they were accepting government money. And there was such little oversight on the part of government to the individuals and businesses that they were shelling out money to that much more got spent. And obviously, this had competitive implications for businesses as well. So sometimes their competitor would get some contract which made utterly no sense, and it would damage someone's business as a result.

Something we did as an organization actually was: we shared a lot of information among members. Sometimes, some particular commodity that was in demand, one happened to have a stockpile of and could help others and so on. And we also attempted to deal with the Ontario government in particular in terms of trying to suggest some best practices. Because a lot of these policies made zero sense from a business standpoint. They didn't consult business, they just put in some top-down kind of policy—obviously without thinking about it very much. And it caused all kinds of problems. This 3M example of the fact that they built this new factory: a neighbouring business actually had to shut down twice at a very **inconvenient time—and they wouldn't change it—to permit this new plant to be connected to the electricity grid. So that's just, again, a particular example, but they weren't listening to business at all. They were just applying these policies willy-nilly over the top and often in a kind of way that made people even more worried than they had to be.**

This is also another red tape-related issue: some businesses were required to do daily assessments, temperature-taking and that kind of thing, and actually filling out paper. And some of the businesses said, "Where did all this paper go? I can't believe anybody actually looked at it because it was just so voluminous." It just seemed like a stupid policy to be doing, as they felt that it wasn't even getting used by government once it was done. The inconsistency as well—this is something for the future. Every government in Canada was doing different stuff and there was no commonality. Businesses that operate in more than

one jurisdiction had different rules apply to them and it was absurd to try to implement all these different kinds of rules. In future, businesses [sic] should get their act together and coordinate policies and have consistent policies—instead of making businesses jump through all these hoops that are different depending on where you're located. So that was another factor.

We had a number of comments on the healthcare system in general. One business actually had an employee that was ill, couldn't get treatment in the hospital, and passed away when normally that particular health issue should have been treatable. This business owner very much felt—obviously the person lost their life—and they felt that if times had been normal and the hospitals hadn't been so inefficient, then they would have been saved.

Another gave the example of one of their senior employees whose mother ended up having to go into a hospital for some reason, caught COVID when she was in hospital, and passed away. And the woman was so worried because this had happened to her mother that she retired much earlier than she was planning to do.

[00:20:00]

And the business lost a senior valued person as a result. So the problems in the healthcare system obviously had a pretty big effect on businesses, as it did on all of us.

What haven't I touched on here? I guess some of the other anecdotal issues that I can mention: I had the complaint frequently that the federal government in particular, but some of the provinces as well, and much of the media reporting, created almost a hysteria. You would think a government role would actually be to calm people down, but no, it seemed to be quite the contrary. And because none of them looked like they had any clue what they were doing, even though they all have departments that are supposedly tasked to deal with this, it created more problems than it solved. One business mentioned that they happened to have an engineer employee, but he became so absolutely paranoid that he poisoned the entire workplace for this particular business and created an awful lot of problems, and that was just one person.

Another story that was, again, a little bit strange was that people were so worried about coming to work but then they'd encounter each other in the local Walmart. Because they didn't know what to do with their time, so they'd go out shopping or something like that. That was interesting. And the fact that a number of them said some of their suppliers were small firms; and even though they weren't at-risk businesses, they were nevertheless shut down. It infuriated them to see the Walmarts and the Costcos and the Home Depots and so on remaining open when some of their smaller suppliers that they dealt with for ages were closed, or were shut down, and there was absolutely no reason that should have happened. **So that was another problem that arose.**

One business mentioned that— You know the old adage that 20 per cent of the people do 80 per cent of the work? He said, during the pandemic, it became more like 10 per cent of the people did 90 per cent of the work because of all the changes. A lot of businesses were still looking to hire even during the pandemic because they were losing some employees to various things. But they were competing with government that was basically paying people to stay home.

Another interesting observation was that in 2020, for a few months, the CRA told businesses that they didn't have to make source deductions. It was supposedly to provide a break, I guess. But of course, they were ultimately due and they had to catch up later. And

so businesses had problems after the fact because naturally, they had to pay a lot more for those source deductions than they would have had to if they'd been able to just do them on their regular monthly basis or quarterly basis, depending on the size of the business.

I think those are most of the main points that I found with my interviews of these different businesses. Perhaps there are some other questions that you might have?

Shawn Buckley
I'll open you up to the commissioners. I did want to ask because you're well-positioned to answer the question: What do you think government should have done or could have done differently to make things more reasonable for these businesses? I get the impression from your evidence that there was a lot of frustration that things didn't seem fair or thought-through. I mean, even just small suppliers being closed and yet bigger suppliers, where you'd think people would be more at risk, being left open. I'm just curious what your thoughts would be.

Catherine Swift
Yeah, I think there's a few things that governments could do better. Again, consulting with business to see what would work for them. Not that that would be a perfect solution, but they virtually did no consultation with business. In our particular case, we were providing government with information as to best practices, what we thought would be better ways to do it. They did none of it. There was clearly no responsiveness to that. So that was obviously a problem because I think they could have had a lot better policies if they'd listened to business.

The consistency issue: Why couldn't governments get together and do things comparably in different parts of the country,

[00:25:00]

municipal, federal, and provincial? So that they didn't impose different rules all the time, much of which didn't seem to make any sense at all. The partisan element of it definitely came into play. Granted, to be fair, of course none of us— You had scientists disagreeing with each other, you had doctors disagreeing with each other, and the so-called science on it was not settled, I guess you could say. But often political considerations seemed to override the science that they did know about. So that would be something: In future, try to justify these things, not just throw everything at the wall and see what sticks.

But most of it is really consulting instead of a top-down approach—just talking to people and being responsive, of course. Because that one person that just asked them to delay the closure of his plant by a week and they couldn't do that. Why not? That kind of thing, to me, just seemed utterly ridiculous. They put a major cost on his business because of having to shut down at a very, very bad time for that particular business.

So those are certainly, I guess, some of the main things that could and should be done better next time. It's funny too because when you think: what we initially heard in the pandemic was it was no big deal. And, "Oh, we've dealt with SARS. We dealt with SARS back in 2004, so we're all equipped." But there's departments in every single government whose full-time job is to deal with this and clearly none of them were doing their job. None of them were doing their job. So going forward one would hope there's better oversight of

that and that people will actually have sufficient PPE, for example, in storage and be much better prepared for these kinds of issues.

Shawn Buckley
Thank you. I'll open it up to the commissioners for questions.

There's no questions, okay. You were too clear and succinct, Catherine. Thank you very much. I just I had one follow-up question, because you indicated, "We had communicated to government." I assume you're talking about the CCMBC. Do you recall what some of the communications were to the government?

Catherine Swift
Yeah, actually, I'm going to provide those to you. I've been collecting them the last few days because people had to go back in their history. But they were some of the things that I've mentioned: the notion of having consistency in policies. Giving firms notice too—that was one. You can't implement something in five minutes reasonably. So giving firms notice if there were significant changes, which there were throughout.

There were some programs that intended to compensate businesses for things like having to put in partitions. I know one firm said they put in automatic doors so that nobody had to touch anything, accommodations like that. Make those programs simpler. Because they were so convoluted to deal with an awful lot of businesses just said, "Forget it. I'll just spend the money, because this is so ridiculously bureaucratic to have to deal with it." So simplifying that would be a good example.

But I'm going to be able to send you some stuff once I sift through all these emails that I've gotten from people.

Shawn Buckley
Super, so we'll add that then as exhibits when you collect those [no numbers available].

Well, Catherine, thank you very much for attending. On behalf of the National Citizens Inquiry, we thank you very much for your input.

Catherine Swift
Great. Thank you.

[00:29:06]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 6: Elizabeth Galvin
Full Day 1 Timestamp: 05:38:20–06:03:19
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
So our next witness is Elizabeth Galvin. Elizabeth, I'll ask you to start by stating your full name and spelling your first and last name for the record.

Elizabeth Galvin
My name is Elizabeth Galvin. And it's E-L-I-Z-A-B-E-T-H, and Galvin is G-A-L-V-I-N.

Shawn Buckley
I'll also ask you to move the microphone a little closer because you have a soft voice. And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Elizabeth Galvin
I will.

Shawn Buckley
Now, you're here to share actually a very sad story about three different young ladies. And so, can you share with the commissioners what I'm referring to?

Elizabeth Galvin
My daughter, Danielle, died by suicide in January 2022, a day after her 20th birthday. The week before that, another second-year student at the University of Guelph died by suicide. They didn't know each other. At the time, the University of Guelph administration had closed their campus to in-person learning, campus activities, even though the university had mandated students be fully vaccinated before starting school that year. Their decision followed Doug Ford's decision—

Shawn Buckley
So I'm going to just ask you not to read. And I—

Elizabeth Galvin
Sorry.

Shawn Buckley
And you were going to tell us about three young people.

Elizabeth Galvin
Yes.

That same week, a 20-year-old young woman in Mississauga named Suri, she also died by suicide alone in her apartment. Because at the time, our province was locked down again for— Doug Ford's administration said two weeks. And then maybe three weeks, maybe longer. So that was the atmosphere when these three young women died by suicide.

Shawn Buckley
Now, just so that the audience and the commissioners understand: These three young women basically would have been of the same cohort, graduating from high school at the same time?

Elizabeth Galvin
Yes, so in March 2020 when it all started, these girls were all in their last year of high school. Now Grace, who was in second-year university at the same time that my daughter was, she was from the U.S. But Suri was from Ontario, from the south. And so, they were—

The high schools, if you remember back to March 2020—all the schools were closed. Just slammed shut one day. These Grade 12s finished the last three and a half months of their school year learning virtually. After a couple of months, they had almost no instruction. What the teachers did was they used their marks up to March 2020 to figure out their final marks. These were the kids that were preparing to go to post-secondary school in the fall. Their last year of high school, they had no prom, no graduation, no Grade 12 end-of-year, end-of-high-school trip. Nothing. There was nothing for these kids. They had an online graduation. We tried to make it as fun as possible, but—

Shawn Buckley
How did your daughter respond to— Because, I know I had a daughter and she was so excited about the high school graduation. And planning parties with her friends and the dress and the whole thing. How did Danielle respond to basically losing out on something that most young ladies look forward to for years?

Elizabeth Galvin
Well, she was sad about it. It was isolating. We were all very isolated at the time, if you remember. And so we just had a family, you know, event. We watched it on— It was a virtual graduation. The school did a video and they streamed it and we watched that. But

she was thinking ahead to the fall. And we all thought that by September things would be back to normal, so we just tried to concentrate on looking ahead.

[00:05:00]

Shawn Buckley
So in March, when they're closing down the high schools, Danielle had to be making a decision right around then about the following year, didn't she?

Elizabeth Galvin
Yeah, I think February 1st is the deadline to apply for post-secondary. Going into the summer though, there were not a lot of jobs for these kids because so many businesses were shut down, as Catherine talked about. She was actually looking forward to working at Ford, where her late father had worked for 20-something years and that would have helped her to save money for post-secondary. But they weren't hiring students that year. So she had two minimum-wage jobs, but one of them was at a dry cleaner's and it closed down. So she only had one minimum-wage job.

But June 1st is an important date.

Shawn Buckley
That's when she had to make a decision.

Elizabeth Galvin
June 1st is the deadline for the Grade 12s—was that year—to accept offers from universities. At that time, the universities had announced their intentions for September: what it was going to look like; whether it would be virtual learning or in-person learning; and more importantly, whether their residences would be open. Residence is such an important part of going away to school to spread your wings and meet other people and, you know, mature. McMaster announced they wouldn't open their residences. Queen's announced that they would open their residences, but only to single rooms. So those first-year kids knew that they may or may not get a room at Queen's. Western University and Guelph University announced that they would open their residences fully.

So on June 1st, by midnight, we had to make a decision. Danielle and her sister and I sat there going back and forth. Danielle's older sister was going into fourth year at Western. So Danielle couldn't decide between Western and Guelph. But a really important part of that decision was residence. And she decided on Guelph. So that was that.

Two days later, Guelph University came back and said, "Nope, we're not opening our residences." What happens when you accept an offer through the Central Application Centre is all the other offers are rescinded. What these kids were accepting and buying: they were buying an education. They weren't going to get the product that they thought they were going to get. And it was two days after that very important deadline. So I started— I called the university, I called my MPP, I called the Minister of Colleges and Universities. I'm like, "Can they do this?"

When I talked to somebody at the University of Guelph, they told me that the Wellington-Dufferin-Guelph Health Unit advised them not to open their residences, so they didn't. I

don't know why the Wellington-Dufferin-Guelph Health Unit was running Guelph University. But apparently, that was it.

Shawn Buckley
So—

Elizabeth Galvin
And the Minister of Colleges and Universities— Went to my MPP, Effie Triantafilopoulos, and she talked to the Minister on my behalf, Ross Romano. And we were told—

Shawn Buckley
I'm going to ask you not to read please. Sorry.

Elizabeth Galvin
That the Ministry does not usually interfere with the operations of colleges and universities. So no standard.

Shawn Buckley
So basically, it was a bait and switch for Daniel. She chose Guelph because they were representing that the residences would be open and she can have that experience.

Elizabeth Galvin
Yes.

Shawn Buckley
She chooses. As soon as you choose, that's it—you're pulled out of the system. She couldn't choose to go to Western after that. And then two days later after her choice, they basically say they're closing the residence.

Elizabeth Galvin
Yep.

Shawn Buckley
Now, you fought and fought and fought and got her into residence. But it wasn't normal residence, was it?

Elizabeth Galvin
I got a group of parents together and we lobbied the university and got a meeting with one of the vice provosts, lovely woman. And some of the kids in that group of families that we were talking with each other—some of them just said they're not going to go to first year. They're going to postpone it a year. Some students tried to get into other schools. Some of them were successful, some of them weren't.

Shawn Buckley
Liz, it's just that I'm looking at the clock and we have six minutes. So I want you to just focus on Danielle's experience when she went in September, 2020.

[00:10:00]

Elizabeth Galvin
Okay. So September, 2020, first-year university was like this: no frosh week, no clubs or sports, no in-person classes—it was virtual—no varsity sports. But no discount on any of the fees. They paid their full fees to go. Residence itself, she was in Lenox Addington. Two kids at this end of the hall, two kids way at the other end of the hall. It was like *The Shining* hotel. Long, dimly-lit hallway with closed, locked, unmarked doors. Only two kids to a bathroom. The cafeteria in that residence was closed.

But education delivery was even worse. Four out of five of my daughter's professors did not deliver a virtual lecture. They basically sent them emails, told them what to read, told them what book to buy and read, and, you know, "The test is on Thursday, good luck." She was forced to do a lot of self-learning. No discount on tuition—I'm not sure if I mentioned that. By comparison, Western University, where my other daughter was going, that school mandated that their professors provide a virtual lecture to their students; all the profs had to do that. And they did. And it was much better. And the residences were fully functional and everybody was fine.

Shawn Buckley
Liz, what happened in November 2020?

Elizabeth Galvin
In November 2020, while Danielle was living in this bleak residence—it was so, just, Deadsville. She attempted suicide. She left a message to a friend who found her. Anyways, was rushed to Guelph Hospital. I get a call. My other daughter and I—because she was learning virtually as well, so she was at home—we went running up there. And the hospital wouldn't let me in "because of COVID." They wouldn't let me in. My 18-year-old daughter is in a life-or-death situation, and they wouldn't let me in. And they would barely talk to me. They couldn't talk to me and tell me what was going on because she was 18.

I didn't know what to do. We stood in that parking lot at three in the morning just—Anyways, eventually, we went home. But nobody would talk to me about, and tell me what to do, and give me some guidance. They released her in less than 72 hours. I've since obtained the file from the hospital. Every— Every time they could check it off, it said, "danger to herself," "danger to herself," "danger to herself." Yet they released her. I just— I don't know why. I've made calls in to them; I'm not finished talking to them yet. But they could have put her into an inpatient program called Homewood. And they didn't.

Christmas comes. She comes home. She decides she's going to move out of that residence. She's going to move to another residence. At the time, Guelph was slowly bringing kids into the residences one by one, but there's only a few hundred students on campus. Wasn't a lot.

Shawn Buckley
Liz, can I get you to stop looking at your notes. I know you're nervous, but—

Elizabeth Galvin
So she moved into East residence, which are townhouses that can house four kids. But it was just her and one other student in this residence at the time. So the campus is still really quiet and sort of dead. And the campus police were given the authority to give out tickets to students who were out of line. At the time, there were various rules, if you remember. All the different regions had different rules of gatherings: you could have five; you could have ten; you could be inside; you could be outside. So it's very confusing.

She turned 19 in January and celebrated her 19th birthday with one other kid. So two weeks later one of the rules changed; it did in our area, we could have five people. So they had a get-together, a party, as people do, with five students. The campus police gave them all COVID fines of $880 each. Very stressful. They didn't know how they were going to pay this. So that— That was very, very stressful.

First year ends, they come home for the summer. She comes home for the summer, same job situation. So many things were closed. She couldn't get a very good job. She's working, you know, a minimum wage job again. And then the kids have to look for someone to room with in second year. The difficulty was, you know, over 4,000 kids are learning virtually, so it's hard to meet other people.

[00:15:00]

Most of these kids just had to answer an online ad, roll the dice and move in with somebody in September. Her friend that she was supposed to move in with hated University of Guelph so much that she quit and transferred to Windsor, where she could live at home. Because it was just so depressing there. And all the while, the media is bombarding us all with this— all these cases, everyone's sick. And just causing all this fear and stress and anxiety. And it just— It did not help her mental health, or the other two girls.

So September, second year. I'm almost done.

Shawn Buckley
September, what happens there? She moves in with somebody. She—

Elizabeth Galvin
In second year, she moves into a house with a family friend whose son was off-campus. He needed a room; he moves in there. And then two more people move in who are strangers. So not ideal. And then in-person classes resumed, sports resumed. Varsity sports started up again. But she wasn't the same. That last year and a half had taken such a toll on her mental health that, looking back now— I can see it did on me, too. I mean, I took a leave of absence from work, just from stress. And I was trying to find ways to help her because I didn't know what to do. I didn't get any guidance from these health professionals. But I can see now, looking back, she'd given up at that point.

So September, she's in school and classes are on. But we were always under the threat of, "It might close down again, it might close down, if the numbers go up." In December, we got vaccinated; we're fully vaccinated. Christmas was spent not with family because I caught Omicron. But my two daughters living in the same house didn't catch it and we were all fully vaccinated. I don't know, that's when I caught it. So we didn't see our family again. That was the third year in a row we didn't have Christmas with our family.

Shawn Buckley
Can I just stop you just so people understand. So Danielle came home for Christmas to be with the family, but because you had COVID, you guys couldn't spend Christmas with the family.

Elizabeth Galvin
Yeah. I mean, the media was—they'd say, the numbers were ramping up. And Omicron. And don't be around people. And so, to be safe, we didn't go and get together with our family.

Shawn Buckley
And were you guys able to be with family the year before at Christmas?

Elizabeth Galvin
No.

Shawn Buckley
So this is the second year in a row.

Elizabeth Galvin
It was actually the third year. But that's because one of my brothers-in-law was not well. And that's when the rumours of COVID were starting, in December 2019.

Shawn Buckley
So what happened in January then of 2022?

Elizabeth Galvin
Oh, January. The government locked us down again. And the University of Guelph followed suit right away. Even though these kids were all fully vaccinated, healthy, young people, they shut it down again. I wrote to everyone. I wrote to the Minister of Health; I wrote to the university; I wrote to my MPP; I wrote to many people. I wrote to the Provost, Charlotte Yates.

Shawn Buckley
I'm just going to stop you about that and tell us about— Just focus on Danielle, not what you did for the university. And I'm sorry, it's partly because we're out of time. But I also want you to focus on the story.

So in January basically, things are shut down again. And you're telling us: at the University of Guelph, you had to be fully vaccinated.

Elizabeth Galvin
Yeah. You had to be fully vaccinated to go to school that year, 2021-22. But they closed the campus down anyway and—

Shawn Buckley
How did Danielle respond to that?

Elizabeth Galvin
Well, she was isolated. They were isolated. They're in their rooms, in this house with three other students who were just as isolated. You could see them. They were so withdrawn. She just, you know— When you're alone in a room and you're by yourself, and it's— You have a lot of time to think.

[00:20:00]

It just would have been better if they had been on campus and doing things and being with other people. They needed it at that point. They're, you know— all of the kids.

On January 17th, while the students were learning virtually, the University of Guelph called a snow day and cancelled classes. A week later, they were still not allowed back in the classrooms. And that's when we lost Danielle.

Shawn Buckley
Now you've thought about this a lot. And we're trying to ask all witnesses how things could have been done differently. And I think you have a special insight into how young people were affected by this. So please tell us your thoughts on how you think things could have been done better or differently.

Elizabeth Galvin
Well, the stats that came out— Do you mean the stats that I found?

Shawn Buckley
You can tell me whatever you want about how you think things should be done differently.

Elizabeth Galvin
Well, as early as 2021, I read an article that anorexia cases had doubled. Suicidal thoughts had tripled. Forty per cent of parents observed a deterioration in their children's behavior and mood. Sixty per cent of parents met the criteria for depression themselves. Opioid deaths were up 80 per cent. And eating disorder program referrals were up 90 per cent from the year before.

Shawn Buckley
These types of things you were reading, did they match what you were seeing with Danielle and her friends?

Elizabeth Galvin
They did in my case. And then part of it is sort of looking back and just knowing that three young girls—two 20-year-olds and a 19-year-old—committed suicide in January. They were so distraught. They just couldn't go on any further. I mean, that's evidence that these lockdowns, they didn't work. They hurt people. And that can't happen again.

And yes, I have some recommendations that I'd like to make, if I could. Number one, I think the Canadian Media Fund needs to be abolished. I think that the media was not reporting—The way they reported the numbers weren't percentages of people or ages of people. It was just these numbers, these high numbers all the time. And it created a lot of fear and panic and anxiety.

Number two, family members must not be barred from entering a public hospital when their loved one is in a life-or-death situation, no matter what. A perfectly healthy person like me should not have been locked out of that hospital that day. I would have been able to talk to those professionals and gotten some advice on what to do. And if a person is deemed a danger to themselves by medical professionals in a hospital, they should not be released.

Number three, I think the federal government should come up with a Bill of Rights for Canadian students that guarantees a certain standard of education services that they are paying for. If they're not going to get what they're paying for, they should get some of their fees back.

Number four, unelected bureaucrats and local public health units should not be allowed to dictate everything that happens in our society without public input and debate. Businesses—and colleges and universities are considered businesses—must be allowed to make their own decisions.

Shawn Buckley
And Elizabeth, do you have just one more? Because we are so, so over time.

Elizabeth Galvin
I do. I just have one more. Young healthy people can't be shut out of schools as long as they were ever again. When it became evident that young people were not at great risk but they were suffering mentally—and then especially after they were vaccinated—they should have been allowed to go back to in-person learning.

It's proven that these lockdowns affected their mental health, social and educational development. And we're still feeling the effects today.

Shawn Buckley
Thank you. Commissioners, do you have any questions of Elizabeth?

Elizabeth, thank you for sharing your story. I know that took a lot of courage. And on behalf of the National Citizens Inquiry, we thank you for your testimony.

Elizabeth Galvin
Thank you for having us.

[00:24:59]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 7: Oliver Kennedy
Full Day 1 Timestamp: 06:03:19–06:16:08
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Our next witness is Mr. Oliver Kennedy.

Oliver Kennedy
Afternoon.

Shawn Buckley
Mr. Kennedy, can you start by stating your full name for the record, spelling your first and last name?

Oliver Kennedy
My name is Oliver Kennedy, O-L-I-V-E-R-K-E-N-N-E-D-Y.

Shawn Buckley
And Mr. Kennedy, do you promise to tell the truth, the whole truth, and nothing but the truth?

Oliver Kennedy
I do.

Shawn Buckley
Now, you are a recreational therapist.

Oliver Kennedy
Correct.

Shawn Buckley
And you've worked 20 years at that job. You're no longer there but you're going to tell us about that. So tell us what happened.

Oliver Kennedy
I worked for my employer for close to 20 years as a recreation therapist, working with seniors and disabled individuals. And in the end, I was terminated from my position for not taking a COVID vaccine.

Shawn Buckley
Now, can you tell me basically, a little more detail. So why didn't you want to get the vaccine?

Oliver Kennedy
To me, things felt very rushed. It was something that— Being in the healthcare setting, I understand informed consent. And it was just something that at the beginning, when the vaccines came out, it seemed very much like a choice. And even though things were rushed, it was a quickly-produced vaccine. I wanted to do as much research as I could on it. And it just seemed that a lot of the data I was looking for was just not available, either publicly or from my employer when I asked for it. So that's what sort of led me to vaccine hesitancy, as others have mentioned. And it was just something that I wanted something to be safe in my body, that I understood. And I couldn't find any information really that would allay any of my fears that I had, and nobody could provide it for me.

Shawn Buckley
Now, before it became a mandate at your place of employment, did the culture change? Did people start interacting with you, basically, about whether or not you should be getting the vaccine?

Oliver Kennedy
Yeah. I had managers who at first said that there'd be no coercion, no bullying in the workplace, and that they'd see to it that people would get fired if they were bullying people into getting vaccines. But by the end of it, she was coercing me by yelling at me to get a vaccine. And it was very unfortunate, because it was just a period of a couple months between her telling everyone you couldn't bully someone to then becoming the bully herself.

Shawn Buckley
Can you just describe for us briefly what some of that bullying looked like?

Oliver Kennedy
Well, in one case, it was another employee who had just come into work and walked right by me and remarked how the unvaccinated were the reason why we were still in this pandemic. And she knew I was unvaccinated. She didn't see I was sitting there. But at the same time, there were lots of people who would make those small comments and just sort

of decide for you that—or decide themselves that—you were the bad person for not doing this. Whereas you were just sort of, as I said, waiting for more information to make an informed decision when you could. But that never really happened.

Shawn Buckley
Did you have an incident with your immediate supervisor where, basically, she shouted something out for all the staff to hear?

Oliver Kennedy
Okay. I didn't know if we were going to go there, but yeah, she just said, "Go get a fucking vaccine, Ollie." And I was shocked by this because she had an open-door policy; it was at a nursing station. And as I left her office, everybody who was in that nursing station was looking right at me and had heard exactly what had been said. And they were shocked. I was shocked myself because, again, after being told nobody will be bullied into getting a vaccine, the very same person who did that was the one telling me to get a fucking vaccine.

Shawn Buckley
Now, the person who said they wouldn't bully you—

Oliver Kennedy
Sorry?

Shawn Buckley
That's the same person who said no one would get bullied?

Oliver Kennedy
Correct.

Shawn Buckley
Okay. My understanding is, it was October of 2021 when your employer made it mandatory to be vaccinated.

Oliver Kennedy
Correct.

Shawn Buckley
And then, so you were suspended for a period of time?

Oliver Kennedy
Yes.

Shawn Buckley
And how long were you suspended before you were terminated?

Oliver Kennedy
December 3rd, I believe, was the day I was suspended from work. And then that continued up until, I believe, early February when I was terminated over a Zoom call.

Shawn Buckley
Over a Zoom call. And what was the reason given for your termination after 20 years?

Oliver Kennedy
For willful misconduct for not getting a COVID vaccine.

Shawn Buckley
Now, is there a consequence to being fired for willful misconduct when somebody like you might go to employment insurance for benefits?

Oliver Kennedy
Well, that's what I did. I held off, thinking that they would bring me back to work between December and February. But once they did terminate, that's when I did go and apply for employment insurance.

[00:05:00]

And it has been an uphill battle completely doing that. From being told that I'm not looking for work and I'm not qualified— I'm not looking for qualified work because I chose not to vaccinate—that was very difficult. Because, while I was out looking for work as hard as I could, and then to be told that I was limiting my work because I was not getting vaccinated to go find those jobs: it was really difficult to hear an employee from the Government of Canada telling me I was being denied benefits for that reason. And in my initial refusal of benefits, I then did appeal the decision. And at this point I was then again denied benefits, to which I again appealed the decision. And recently in March I've just had my Social Security Tribunal, and I'm currently waiting on the decision for that.

Shawn Buckley
Okay. Now, did your decision not to get vaccinated affect you in any way socially?

Oliver Kennedy
I have very few friends now. Out of all my friends, I'd say about 95 per cent of them have decided that I'm not a good person anymore. A lot of the folks that I used to work with and hang out as well won't return my calls, and I'm considered persona non grata. My family for a while did turn their backs on me—and that really hurt. You think you've got someone who's going to be in your corner all the time. The only person who's been in my corner the whole time has been my wife. And it's difficult losing all your friends that way, especially when you're still in chat groups with people where they're calling you all kinds of bad

things, while they're listening to a narrative and thinking that they're better than you because they're simply following what someone else told them to do.

Shawn Buckley
Right. Now, you also had an experience concerning seeking a surrogate for getting a child. You don't have to talk about that, but you want to talk about it?

Oliver Kennedy
My wife and I, we were looking to start a family. And just the way biology goes, we couldn't conceive together. So we were looking for a surrogate. And that, I'll tell anybody, is an expensive and heart-wrenching process. But I wouldn't discourage anyone if that's the route you decide to go. But to find a surrogate can be a very, very difficult endeavor. You're competing with lots of other people in your same situation. There are no regulations. And sometimes it's the Wild West involving money, commitments, and whatnot. And to find and come to an agreement with a surrogate can be a very arduous process. And for my wife and I over the period of COVID happening—because COVID started just as we were finally getting to the point of finding a surrogate—it's been very difficult.

We lost three surrogates total because of COVID. One was at the beginning and she was worried about the health ramifications of coming from Alberta to Toronto. And that's understandable. This is someone who was going to do us a very nice and amazing solid—a service. And because of that the reason she decided not to help us is acceptable: she had her own family to think about.

However, after taking more time to match with other surrogates, we did lose two surrogates after that. Because when the topic of vaccination came up, when it was in the first week, where the person simply stopped returning our calls after having matched and started doing legal work, which is very expensive to redo— And it was something that my wife and I thought that we should make sure that this person understood that that's where we were. And while we were wonderful people up until that point all of a sudden, we were no longer, and weren't getting any communication. And then that did happen again with the second match where, again, we look at each other saying, "We're not terrible people." But this is the way people I guess think we are, because of the way the narrative has been painting us.

Shawn Buckley
Now you had an encounter with your doctor. You were trying to get an exemption. Can you tell us about that conversation?

Oliver Kennedy
Yes, so I contracted COVID in December after being suspended. It was around Christmas time, and my wife and I both had COVID and we both recovered by New Year's. So while being on suspension, I spoke to my doctor and I said, "Well, okay, I've got antibodies now." And he agrees, "Yes, you've got antibodies and you should be fine." I said, "I'm healthy and I'm ready to go back to work, so can you write me a note then that states that Mr. Kennedy has antibodies much like any COVID vaccine and should be allowed to go to work?" The whole idea of this is what mankind's been doing for how many thousands of years.

And my doctor took one look at me and he said, "What do you want, me to lose my license?" Because even though he did agree with me and has agreed with me on many points—we've disagreed on other points as well—

[00:10:00]

he agreed that I did not have enough information to make an informed decision. And he said, "What are you going to do?" He says, "If you decide not to take the shot, you're going to lose your job. At the same time, I will not write you a note that says that you do not need a COVID vaccine," because he did not want to lose *his* job.

Shawn Buckley
And then my last question is, what do you think should have been done differently by the government?

Oliver Kennedy
I heard other folks say everything and I concur. It's just a matter of, where do you start? The muzzling and the quieting of people who simply had another viewpoint—whether it was scientific, medical, social, nobody really got listened to. And it was sort of "my way or the highway." It seemed that that was dictated at so many different levels. The question was, whose way still is it and which highway are we going on? Because between the different directives from provincial, municipal, federal, public health, nobody really knew what was going on. The left hand didn't seem to know what the right was doing. And that was still very apparent even when I was working. Everybody was sort of, "Let's see if this works, let's see if that works." And while trying to lead and show that they knew what they were doing, you could see: at some points, nobody knew what they were doing.

To admit that, I don't think we're ever going to see. But to maybe put safeguards in place so that people have to at least test what they're going to try on us. Because lockdowns—don't think those worked. Vaccine—don't think it worked. There's so many things that you can look at what people in charge did—and they didn't work. And each time it was an, "Oops, well, we tried our best." Sometimes trying your best isn't good enough if you're hurting people. And there was a lot of hurt done to people. And I'm not the worst done by, but at the same time, I've been hurt. And I think that if nothing does change, people will keep getting hurt.

And so yeah, I'm not quite sure what more to say. Because, they've done wrong, they didn't get it right. But they still seem to have their head in the sand thinking that if we keep doing the same thing, we'll get it right.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions. Thank you.

Oliver Kennedy
Thank you very much.

Shawn Buckley
Thank you for your testimony. On behalf of the National Citizens Inquiry, we appreciate your testimony, Mr. Kennedy.

[00:12:49]

Final Review and Approval: *Jodi Bruhn, August 16, 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.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 8: Richard Lizotte
Full Day 1 Timestamp: 06:32:07–06:55:57
Source URL: https://rumble.com/v2fqrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Welcome, Richard. And I'll ask if you can speak very loudly, because you're sounding quiet.

Richard Lizotte
Okay, how about now?

Shawn Buckley
That's a little better. And I'll ask if you would be kind enough to give us your full name for the record, spelling your first and last name.

Richard Lizotte
Sure. My full name is Richard Lizotte, R-I-C-H-A-R-D, L-I-Z-O-T-T-E.

Shawn Buckley
And Mr. Lizotte, do you promise to tell the truth, the whole truth, and nothing but the truth?

Richard Lizotte
In the name of my Lord and Savior Jesus Christ, I affirm to tell the truth.

Shawn Buckley
Thank you. Now you worked for your whole career as a paramedic, and now you're retired.

Richard Lizotte
That's true.

Shawn Buckley
And you're here to tell us the story about your older brother, Jerry.

Richard Lizotte
That's true.

Shawn Buckley
Can you tell us about Jerry, and we'll just maybe back up to when COVID started, hit in March of 2020?

Richard Lizotte
Sure. I can tell you a brief history of his health prior to his vaccinations. He was 85 years old and very vibrant. In fact, you'd never guess he was 85. He exercised every day. He had a stationary bike in his living room. He watched sports while he did that—45 minutes every day. He went to the coffee shop 5 days minimum, 5 days a week, sometimes 6 and 7. He met all his peers, his coffee buddies, there and they chit-chatted. He was heavy into bluegrass music, loved sports, and he lived a pretty vibrant life.

Shawn Buckley
Was he on any medications?

Richard Lizotte
He was briefly on blood pressure medication in 2017, and then his blood pressure was under control mostly through exercise and diet. And no, he was on no medication.

Shawn Buckley
Okay, so when COVID hit, he's not on any medications. Is he seeing his doctor for any reason at that time?

Richard Lizotte
No. In fact, he didn't like going to see doctors. So you can probably count the number of medications that man had on your two hands in his entire life.

Shawn Buckley
Okay, so what happened as COVID went on?

Richard Lizotte
Well, his first vaccine was on February the 27th of 2021. And very shortly after that vaccine, he lost his taste, which was something very critical to him because he loved to eat. And he lost his taste and his smell as well. He never really talked about his smell so much,

but his taste of course—that was very important to him. All his coffee buddies and himself, I think they went to every restaurant in Chatham, Ridgetown, Blenheim, Wallaceburg. They ate out a lot, plus he loved my wife's home cooking, so the taste thing was a real concern for him. That was the biggest change after the vaccine, number one.

Shawn Buckley
And how significant was that—the change? Like, I think you gave an example of salt and sugar.

Richard Lizotte
Yeah, we tested him. This was probably a few months after his vaccine. We tested him and he could not tell the difference between salt and sugar. So that affirmed to us he was really accurate in not being able to taste.

Shawn Buckley
Okay, and what happened with the second shot? And I'll just ask, do you recall what brand of vaccine it was?

Richard Lizotte
Yes, it was Pfizer.

Shawn Buckley
And were all the shots Pfizer?

Richard Lizotte
Yes.

Shawn Buckley
So what happened with the second shot? Do you recall when that was?

Richard Lizotte
Yes. Vaccine number two was June 16th of 2021. And shortly after getting that, we noticed—and it was a slow progression, but definitely a progression—his cognitive functions started being affected. His memory wasn't as good. He showed a little more disinterest in things.

Shawn Buckley
Now, can I just stop you about his memory? When you say a slow progression, are we measuring in months? Are we measuring in weeks?

Richard Lizotte
I would say, after his shot, we probably noticed it about a month later. His first sign of some cognitive function delay, and then it just progressively got worse.

Shawn Buckley
Okay. And so describe that, give us some details about that.

Richard Lizotte
Well, he was always pretty sharp when it came to sports and remembering records and statistics and stuff like that. He began just not remembering those things. And events even in our own family life, he just started not remembering those things. And, yeah.

[00:05:00]

That was a big thing for him. And even his bluegrass music, which was his entire life, he just started not remembering the bluegrass festivals and concerts that he went to in Kentucky and Tennessee and all through southwestern Ontario.

And like I said, this was a progressive thing. We noticed it about a month into his second vaccine, and then it just continually got a little worse as time went by.

Shawn Buckley
Did anything happen to his appetite?

Richard Lizotte
Well, of course. When he couldn't taste anything. I remember we used to have him over quite often for supper, and he used to always comment on my wife's cooking. He didn't comment anymore, because he couldn't taste his stuff. And he stopped going to restaurants because he's "Why would I spend money?" He says, "Everything tastes the same anyways." So right away, his socialization started dropping right then and there; going to restaurants less and even started going to the coffee shop less, which was a real indication to us that something's not right.

Shawn Buckley
What about his mental state, his mental health?

Richard Lizotte
His mental health, he was so fear-mongered by COVID, that was the thing that— He was so fear-mongered that that became his whole life. I know he and a lot of his peers, they practically locked themselves in their homes and apartments, ordering food out, they were so fearful of this. And my brother slowly stopped watching as much sports and concentrated more on CNN, CBC, CTV, and just COVID-related. And, he became so fixated on that— And you know, constantly washing his hands. And he just wore a mask even to leave his apartment to go down the hall to put his garbage away; he'd put his mask on, nobody around. So he was really fearful of COVID.

Shawn Buckley
Now, do you remember when he had his third shot?

Richard Lizotte
Yes, his third shot was December 1st of 2021.

Shawn Buckley
And what happened after that?

Richard Lizotte
There was a sharp decline in his health after that. We noticed that his legs started swelling. Total apathy, he was energy-less. He had abdominal discomfort. His abdomen actually became distended. We kept telling him he should see the doctor, but he didn't want to see the doctor. But it got so bad that he agreed to go. I took him on December 21st to see his family doctor.

Shawn Buckley
What about his colour?

Richard Lizotte
His colour was very pale—very pale. And he had lost weight prior to the distended stomach, because you couldn't tell he'd lost weight when the stomach was distended. But prior to that, he started losing weight. That occurred before the third vaccine; he actually started losing weight. And then after the third, he was so pale, it was really quite awful. And then of course, he started having swelling in his legs and his distended stomach.

Shawn Buckley
So you took him to a doctor?

Richard Lizotte
His family doctor, yes.

Shawn Buckley
And what happened?

Richard Lizotte
Well, I regret this. I went to all his appointments for the last years, even his orthopaedic surgeon—he had a knee surgery in 2016. I went to all of them. This particular one, I did not go in. I was having some little problems myself with shortness of breath. They insisted I wear a mask. I wasn't wearing a mask. I told my brother, "You're going to be okay to go in by yourself?" And he said, "Sure." And he wasn't looking very good then. So he went and he came back after the appointment. And the doctor had given him an over-the-counter medication for cramps, because he was complaining of cramps, for his stomach. And he told me, "He said I'm good to go. He said, 'I'll see you in a year.'"

Now, I think he probably misunderstood the doctor, because this was December. I think the doctor probably meant I'll see you in the New Year. But he took it as I'll see you in a year.

And he was so disappointed, he said, "That's it. I'm not seeing this guy anymore." So that's what happened there.

[00:10:00]

Shawn Buckley
What happened after the doctor's office? What did you observe with your brother's condition?

Richard Lizotte
Well, man—he started declining really quickly. And he didn't want to see his family doctor. He didn't want to go to the hospital. I thought to myself— "Listen, you saw a cardiologist a number of years ago for a brief period of hypertension." And he saw him once a year, just as a checkup, and it was all flying colours, no problem. I says, "What if I call him up and I kind of make it—it wasn't a fib, but—kind of try to make it look like it was a heart problem with the swelling of the legs." I kind of suggested maybe CHF, congestive heart failure. So as soon as I mentioned that, the secretary says, "Yeah, you better bring him in."

Shawn Buckley
And I'm just going to back you up because you said he continued to decline. Can you give us some specifics perhaps about his belly and his legs, for example?

Richard Lizotte
Yeah, for sure. His legs kept swelling. His distended stomach kept increasing. Severe constipation. He had almost zero appetite, he forced himself to eat. In fact, we almost forced him to eat something. And more pale: he became a little bit more diaphoretic and sweating.

Shawn Buckley
Can you tell me about the fluid in his legs and what was happening there?

Richard Lizotte
Well, it was just a build-up of fluid. There was just a build-up of fluid. And prior to us taking him to the cardiologist, there was even some weeping. We noticed in his bed there was some wetness, and we thought he had voided himself, urinated, and he said, "No, no, no, I'm fine." He was dry there. We noticed that there was some weeping from the skin of his legs.

So that was really triggering us that he didn't want to see his family doctor, so let's see if we can see the cardiologist, and maybe through him, we can get a little bit better result.

Shawn Buckley
What happened at the cardiologist?

Richard Lizotte
Well, we brought him to the cardiologist. And unfortunately, he didn't show up that day—for whatever reason, he probably had a legitimate reason—and we saw a nursing

practitioner and she was very good. She took one look at my brother and said, "Oh, he's in big trouble." She ordered some Lasix right away—fluid pill, 80 milligrams a day—and she ordered an ultrasound of the abdomen and an x-ray. And she said, "Yeah, your brother is in deep trouble." So we couldn't get it done the next day; the second day is when we took him in. It was a Friday, I remember that. And we took him in to get the x-ray and the ultrasound, and that took a whole day to get that done.

We brought him home; we fed him supper. He lives in Chatham. We came back home to Wallaceburg and by the time we got home, there was a message from the cardiologist—not from the nursing practitioner but from the cardiologist, who had seen the report. And he said, "I've got to see your brother right away. I have him in for Monday morning." So then we brought him in Monday morning and actually saw the cardiologist.

Do you want to know what happened then?

Shawn Buckley
Yeah, and you can take your time. I appreciate this is difficult.

Richard Lizotte
Okay, no problem. On that Monday morning, we brought him in. It was January the 17th and the cardiologist was quite shocked because he hadn't seen him for a while, how bad he really was. By that time, we had brought in a wheeled walker. And so he brought that in. The doctor told him he had multiple lesions on the liver, and probably some kidney involvement. So my brother then asked him, "Is it cancer?" And the doctor kind of hesitated, kind of shrugged his shoulders a bit and says, "Well, kind of." My brother took that as he's got cancer. I remember him telling the cardiologist, "It happened so fast."

And the cardiologist then said to us, "I really shouldn't be involved in this. I'm a cardiologist. I shouldn't be really doing this." "Perhaps this would be better done through your family doctor."

[00:15:00]

"However," he says, "I've seen Jerry for a number of years, and I just can't believe the change in him." He says, "I'll order some home care for him. In the meantime, I will try and contact a colleague of mine in London, who's a specialist. It might take me a while to get a hold of him, and I'll let you know how I make out."

So we left. We brought him home. The very next day, home care called. And they said, "We'll send someone to assess you on February the 10th," which was 23 days after the doctor had asked for home care. We knew that he's probably not even going to make it to February 10th, which he didn't. He passed away February 4th.

My wife and I took sole responsibility for his home care, where we looked after him food-wise and personal hygiene-wise. We got to the point where we couldn't even manage him. He still didn't want to go to the hospital. He still didn't want to see his family doctor. My wife was looking after him in the bathroom, and I thought, "Well, let's try something." I called his family doctor up, and the Lord was really good because I actually got to talk to him. And I said to the doctor, "Would you mind talking to my brother, because he's not listening to us." So we brought the phone in the bathroom and he talked to the doctor. And the doctor said, "Jerry," he says, "I want you to go to emerge." And he says, "We'll make

arrangements and we'll have you admitted." So that was enough to convince my brother to go.

We had to call an ambulance for him. And we brought him to emerge. And I was in emerge. with him for eight to nine hours and they did all kinds of tests. And they kept saying they were going to admit him but they didn't. And finally, it was approaching midnight and they said, "Well, you may as well go home. When we get a room for him, we'll let you know."

The next morning—it was mid-morning, probably 10-ish—we called and he was still in emerge. And they hadn't found a room for him yet. They said, "As soon as we get a room, we'll call you." Well, by mid-afternoon, there was still no call. So we phoned emerge. and that's when they said oh yeah, they'd found a room for him up on the fourth floor. And I said, "Okay, I'll be up to see him." And that's when they told me, "No, you can't." I says, "What do you mean I can't?" And they said, "Well, it's COVID protocol for this hospital."

Shawn Buckley
Had you not had you not been with him in emergency just for like eight, nine hours?

Richard Lizotte
That's right. That's right, I was. So when they told me that, I really couldn't believe what I was hearing. They said "No, it's our hospital COVID protocol." I said, "Is it because I'm not vaccinated?" "No, no, no, nothing to do with that," they said: "Vaccinated, unvaccinated, nobody's coming into the hospital." I said, "Well, is there a way I can talk to him?" And they said, "Oh yeah, we can try to arrange that."

But that day was far spent. It was the next day that we talked to the staff. And the staff, the first thing they said to us was, "Your brother's giving us a hard time." First of all, that's never been his nature. Now, I know he's very personal and perhaps he didn't like the fact that somebody was giving him a bed bath or whatever. But they said, "He's giving us a hard time." And that's when I said, "Well, my wife and I are healthcare professionals." I said, "Let us come in and we'll gown up, we'll mask, we'll do whatever we have to do. And we can settle him down and give you a hand." "No—protocol for the hospital is you cannot come into the hospital." So I said, "Well, I'm going to have to talk to the administrator." And I tried to call the administrator, but they referred me to a patient liaison person. And she was very nice, very kind, very polite, but she in no uncertain terms said, "I'm sorry. You cannot come in to see your brother." And hey said, "Well, maybe we can connect with Skype." And every time we tried to do the Skype it never worked.

Then we tried talking to him on the phone. And by that time, he had declined so much he couldn't hear us. He was only giving me one-word answers to any of my questions. We tried to tell him that we're working behind the scenes so that we could go and be with him.

[00:20:00]

And it went on like that for seven days, until we got a phone call on the 31st saying that they had moved him to palliative care and that we could come up to see him. But we would both, my wife and I both, have to have a COVID test—a negative test.

The very next day, I went to get my COVID test. My wife couldn't get hers before the day after. As soon as I had a negative test, I went up to see him. I was quite shocked that he was completely unresponsive. And he never spoke another syllable till his death. For the next

two or three days, my wife and I spent all our time there. We prayed with him, we read scripture to him. We sang hymns to him. We knew that hearing was one of the last senses to go. We don't know what he was able to take in, but we never heard another word from him. I was both his power of attorney for health and the executor of his will. I wanted to know if there was any last wishes. We never got to do that.

Shawn Buckley
Mr. Lizotte, we thank you for sharing that story, and I'll just ask if the commissioners have any questions of you. And there are no questions. Is there any last thing that you'd like to share with us?

Richard Lizotte
Yes, I can tell you as a paramedic, and my wife's an RN, an emerge. nurse, both retired now: There is never a reason for a family member not to be with a dying family member. None. Zero. There's isolation attire that could be used. There's never a reason for this. Ever. I've dealt with infectious patients throughout my career: TB patients, HIV, AIDS patients, bacterial and viral meningitis, MRSA [Methicillin-resistant Staphylococcus aureus]. There is never a reason why somebody who is properly attired in isolation attire, they can't be with their dying loved one. Never. Never.

So this was beyond all comprehension for me. I could not understand this at all. If they would have asked me to wear a hazmat suit to be with my brother, I would have worn one. Whatever it takes. To me, this is next to criminal. And if something like this ever happens again, something has to be done.

My brother never saw a familiar face for eight days until he became unresponsive. That's all.

Shawn Buckley
Thank you. On behalf of the Citizens Inquiry, I'd like to thank you for sharing your testimony. And I'm sorry that it was difficult, but we definitely appreciate you sharing your brother's story.

Richard Lizotte
Thank you.

[00:23:50]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 9: Vittoria McGuire
Full Day 1 Timestamp: 06:56:23–07:17:42
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Vicki, I don't know if you can hear me. But if you can, if you can turn your camera on, that would be great. And also, your mic.

Vittoria McGuire
All right. Okay.

Shawn Buckley
There we go. We can see you and hopefully you can see us. I'd like to start by asking you to tell us your full name for the record and then spell your first and last name for the record.

Vittoria McGuire
Okay, it's Vittoria McGuire, V-I-T-T-O-R-I-A- M-C-G-U-I-R-E.

Shawn Buckley
And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth.

Vittoria McGuire
I will.

Shawn Buckley
Now, you've got a full 21 years working as an RPN. Not a regular RPN, but you were a full-scope RPN, which is something quite different than a regular RPN. Am I correct about that?

Vittoria McGuire
Well, just working to full scope—that I had additional courses, I could take blood and help out with things that. Yeah, worked to full scope.

Shawn Buckley
Right, okay.

Vittoria McGuire
Just did everything that was required and asked of me.

Shawn Buckley
Life has a lot of irony and no good deed goes unpunished, but my understanding is this: In December of 2019, just before COVID hits—you've worked for 21 years for the hospital—you get an award from the hospital, the award of excellence for nursing.

Vittoria McGuire
Yes, I did.

Shawn Buckley
Yeah, so—

Vittoria McGuire
Quite the irony, yeah.

Shawn Buckley
So just before all this starts, you're basically being recognized by your employer as an excellent nurse and actually being given an award—the only one getting it that year.

Vittoria McGuire
I'm not sure about that, but I was given the award for having the hospital values of compassion and cooperation, respect, professionalism. So yeah.

Shawn Buckley
Now when COVID hit, you took it very seriously. And can you share for the commissioners and the spectators basically the steps you took in your own home to ensure that everyone was safe and that?

Vittoria McGuire
Yeah. With watching what was going on on TV—and there was a lot of fear actually surrounding the whole thing. And having it, you know, come towards our hospital, our communities. We ended up putting up a tent on our front deck so that I would be able to protect my husband, who has diabetes, and I wouldn't bring anything home. So we had a tent erected on our deck. And I would come home and strip in the tent outside in March

and place my clothes in a bag and get a housecoat on, go into the house, clothes into the washing machine, housecoat into the washing machine, jump into the shower and made sure that I stayed in a separate room, just to make sure that I didn't bring anything home and infect anybody.

Shawn Buckley
So basically, so you slept in a different room than your husband—

Vittoria McGuire
Yes.

Shawn Buckley
Just to make sure that your family was being protected.

Vittoria McGuire
That's right.

Shawn Buckley
Now, you said there was a lot of fear at the beginning. Can you tell us about the fear in the hospital that you worked at?

Vittoria McGuire
Well, there was a lack of PPE [personal protective equipment] and the nurses actually purchased facial shields themselves. We were thinking that we're going to be having this wave come and that we weren't going to be prepared for it. So yeah, there was a lack of N95s, so when we would come in to the hospital—

Shawn Buckley
And we're just waiting a second. You froze, and we're just waiting for you to unfreeze.

[00:05:00]

Vicki, I don't know if you can hear us, but we're having that experience of freezing, so we're just going to check a couple of settings for a second.

So perhaps what we'll do is, we have another witness here who is in person, Mr. Remus Nasui. Remus, can we get you to take the stand, and we'll try to get Vicki back on.

Oh, I'm sorry, we're back on?

Vittoria McGuire
Okay, does that work?

Shawn Buckley
Yeah, sorry, I don't know what happened there. You just froze. But you were basically talking about the culture in the hospital, that nurses had purchased their own face shields, and then you froze. So if you can kind of just pick it up from there. And then where I want you to go next is, tell us what you were thinking at the beginning and then whether your opinion changed. Because you're taking big steps at the beginning: you're changing in a tent; you're sleeping in a different room; you're telling us about fear in the hospital. So if you can carry on.

Vittoria McGuire
Yeah, the lockdowns happened, so there wasn't really many people in the hospital—like visitors and whatnot. The hospital became quite quiet. And so there was a lot of downtime, and what we were expecting to happen didn't seem to come to fruition. We had seen other places, you know, that the pandemic—the waves were coming in and people were so busy. And time was passing and I didn't really see it happening.

Shawn Buckley
Okay, so just so that I understand it—because I think most of us are watching the news and we're being told that the hospitals are being run.

Are you telling us that wasn't the experience you were having?

Vittoria McGuire
No, not at the beginning. Like I said, in the lockdowns, the hospital was quite quiet. We were receiving a lot of accolades. We had, you know, people were supporting us a great deal with pots and pans banging. We had emergency vehicle parades come by the hospital. We had people donating food and it was wonderful feeling like such a hero. And like I said, we were just waiting on pins and needles for this thing to hit.

Shawn Buckley
Okay, and then basically the vaccine mandates came.

Vittoria McGuire
Yeah. It was slowly coming into— I mean, we worked for a year and a half without anything, with concerns to vaccines. We worked together side-by-side for a year and a half and it was fine. It wasn't anything out of the ordinary that we were really experiencing. And then, I would say, the government came up with the mandates pushing the vaccine. I guess it was in September that the mandates came out, but the hospital was already starting to prepare people for taking the vaccine. It seemed to be that was the route that we were going to take. I remember seeing a CPR course that was available in-house and that was in the spring. And to attend it you had to be vaccinated. So actually, that was before it was mandatory. So I was seeing the direction that was being taken, that they wanted to get the vaccine into everyone.

At that point, I remember talking to a union representative. And I had said to them:

[00:10:00]

"Are you going to represent me if I decide not to take this?" And she actually kind of laughed at me. Because I had said, "if I get fired for not taking this." And she had actually started laughing and she said, "Oh, it's not going to get to that." And yeah, sure enough, it ended up that direction.

Shawn Buckley
Did the hospital try to communicate with you by email and social media and things like that about the mandate? Or the vaccine?

Vittoria McGuire
We were getting a lot of emails. I remember that there was also, like, an early bird— If you got vaccinated early, you could get into an early bird prize. They had furniture and cash prizes if you had gotten your vaccination early.

Shawn Buckley
Just wait. I just want to make sure that I heard you correctly. Are you saying that your employer, who is a hospital, had an early bird draw for staff so that if you got vaccinated early you were put in a draw to win prizes, such as furniture or cash?

Vittoria McGuire
That's right.

Shawn Buckley
Okay. Were there other things that the hospital did to try and encourage you to get vaccinated?

Vittoria McGuire
There were emails that came regularly saying that that was the best route to go.

Shawn Buckley
Did you see anything at the hospital that would suggest that vaccinated and unvaccinated people were being treated the same? Or differently?

Vittoria McGuire
Not with co-workers. Like I said, we worked side-by-side for about a year and a half with no issues. It wasn't until I started seeing, like I said earlier, about having to take a course to participate that I had to be vaccinated. So that's when I started to see that.

Shawn Buckley
What about with patients that were vaccinated and unvaccinated?

Vittoria McGuire
I know that there were some incidences where patients had asked for a vaccinated nurse. Only one that I know that was close to me—it was a co-worker—and she had said to the patient that— She didn't reveal her status. And she just said to the patient, "We're not going to play this game," and shut it down.

Shawn Buckley
Now eventually you got suspended. Can you tell us about that?

Vittoria McGuire
That would have been October 12th, when the hospital became 100 per cent vaccinated for staff. There was an unpaid leave of absence for all employees that were not vaccinated.

At that point, we had left the hospital. They had shut down our capabilities to use our emails, computer. We couldn't get in to see our pay stubs or our schedules. So we were totally shut out from the hospital for those three weeks.

Shawn Buckley
Okay, you say "we." You mean you and fellow healthcare workers?

Vittoria McGuire
Those that decided not to take the injection at work, yeah.

Shawn Buckley
Okay, did some of the ones that you know then change their mind?

Vittoria McGuire
Yeah, there was a campaign that started from the hospital over the course of the next three weeks. Purolator would pull into the driveway and deliver a package coming from the hospital stating that we were being non-compliant; that this was continued disciplinary actions; that if we didn't show proof of vaccine, we would be terminated; that our actions were on our personal files. And yeah, we had a certain date—I believe it was in November sometime—that we had to come up or that termination would occur.

[00:15:00]

So yeah, a lot of people did end up going back to the hospital after that period of time.

Shawn Buckley
Okay, and you didn't and then you were terminated.

Vittoria McGuire
Yes.

Shawn Buckley
Were you able to get EI?

Vittoria McGuire
No. Actually, everyone that was terminated tried. And everyone was refused, everyone was refused. So there was no safety net for the people terminated. Even though we paid into the system for many years, that safety net was not available to the people who refused taking the injection.

Shawn Buckley
Now, once you were terminated and you couldn't get EI, did you experience any stigma for being what I call an anti-vaxxer?

Vittoria McGuire
Well, there was a lot of names, yes. A lot of names, prejudice, you know, like you said, "anti-vaxxer." It was a difficult time, that period. I didn't even tell people that I was terminated. I told people that I took early retirement, which I did. I took my pension at a reduced rate. But I was embarrassed. I was embarrassed that— Yeah, all these labels.

I was in the job that was into service of others and always helping others. And receiving that award I kind of think tells you how much I loved my job. And so when I was in need, it was just like there was no one there for those people that spent a great deal of their life helping other people.

Shawn Buckley
Were there any effects on your mental health?

Vittoria McGuire
Everyone that was terminated had the sleepless nights. And your world changes on it, your world changed on a dime. Which is— You understand that, but to accept it is a different thing. So yeah, there's a lot of anxiety. How are bills going to get paid? How, you know— I heard a lot of parents who had small children, even the whole family unit suffered a great deal. Why is mom so sad? Yeah, just— People ended up having to sell their homes. Some people sold everything and left Canada. So yeah, it was a very difficult couple of months afterwards. We were part of the Ontario— Oh goodness, I can't even think of the acronym right now.

Shawn Buckley
United Ontario Healthcare Workers?

Vittoria McGuire
Thank you, yes. We were part of that. And we had a chat group, so we were helping each other out. People would— If they had extra of something they would help each other out. And it was a good place for people to help voice some of their anxiety. So…

Shawn Buckley
If we ever face something like this again, how would you suggest that things be done differently?

Vittoria McGuire
Well, most definitely. Decisions were made—a lot of decisions were based on fear. And I think that that was the worst part of it. Healthy, good, smart decisions never come from that place. The crisis seemed to build and everyone had angst and were anxious. And decisions were made because they felt pressured. I had a nurse tell me that they took the injection and felt violated but they were the only breadwinner in their home. I had another nurse tell me—a single mom---that she didn't have the convenience of having convictions, you know. People did things that they didn't want to.

[00:20:00]

And again, it was pressure and coercion.

We really did have to, I think, slow down and look at both sides of a story. There can't be just one view. And being able to look at something from both sides: as a nurse, one of the most important things you can do is advocate. If something wasn't working for your patients, you would voice that. You would go to the doctor. You would say that this isn't working, the treatment or drug. But you had a voice and you were able to, like I said, advocate and show a different perspective.

But it didn't seem that you were allowed to in this—

Shawn Buckley
And Vittoria, you froze again. And I'd say we were at the end of your evidence. If you can hear us, I thank you on behalf of the National Citizens Inquiry for attending. And I can say that your evidence was very helpful.

[00:21:19]

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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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 10: Deanna McLeod
Full Day 1 Timestamp: 07:18:25–08:21:15
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Deanna, can you hear me?

Deanna McLeod
I can. Hi, Shawn. How are you?

Shawn Buckley
I'm well. It's good to see you. I'm going to ask if you could, for the record, state your full name and then spell your first and last name for the record.

Deanna McLeod
My name is Deanna McLeod, and so you want me to spell it now?

Shawn Buckley
Yes.

Deanna McLeod
Okay, so that's D-E-A-N-N-A, McLeod is M-C capital L-E-O-D.

Shawn Buckley
And I'll ask, do you promise to tell the truth, the whole truth, and nothing but the truth?

Deanna McLeod
Yes, I do. To the best of my abilities.

Shawn Buckley
Just to introduce you to the commissioners, you've studied immunology and psychology at McMaster University?

Deanna McLeod
Yes, that's correct.

Shawn Buckley
And then you worked in the pharmaceutical industry for ten years in medical, in marketing and sales, and you specialized in the field of oncology.

Deanna McLeod
That's correct.

Shawn Buckley
You became concerned with the tendency towards biased reporting by some pharmaceutical companies.

Deanna McLeod
That's correct.

Shawn Buckley
And then you actually founded an independent medical research firm in the year 2000 to assist clinicians in preparing objective, evidence-based guidelines [CV is Exhibit TO-5].

Deanna McLeod
That's correct.

Shawn Buckley
And your company is called Kaleidoscope Strategic. So it's an independent medical research firm.

Deanna McLeod
That's right.

Shawn Buckley
And since March of 2020, you became very interested in COVID science. And my understanding is that your team has spent more than 3,000 hours conducting COVID-related research.

Deanna McLeod
At the very least, yes.

Shawn Buckley
Okay, you smile, so it's been more. We've asked you to come here today to share your research concerning children and vaccinations, and my understanding is you have a presentation to do for us.

Deanna McLeod
Yes, that's correct.

Shawn Buckley
I think screen share is enabled, and if you would like to—

Deanna McLeod
Okay, let me just see. Let me know when you can see my screen here.

Shawn Buckley
And we can see your screen, and we've got it on full screen with a slide that says, "It's time to stop the shots."

Deanna McLeod
Fantastic. So let me know when you'd like me to start.

Shawn Buckley
Oh, you can start right away.

Deanna McLeod
Okay, well, thank you very much for having me. It's a real privilege to be testifying at this Inquiry. And what I'd like to do today is walk through some of the data related to use of the COVID-19 vaccine, specifically in children, and children will be defined as anyone less than 18 years of age. And presently, I'm just going to summarize really quickly some of the NACI [National Advisory Committee on Immunization] recommendations.

Children 16 years and older were lumped in with adults, and the vaccines were rolled out right at the beginning in early 2021. And then subsequently, Health Canada approved the vaccines for children 12 to 15 years old, followed by children 5 to 11 years old. And finally, most recently, children 6 months to 4 years old. So that's referring to the primary series, which is the initial two doses for everybody above five years. And for those less than five years, it's three doses.

And so NACI, which is the group that basically creates the guidelines for immunization in Canada, also recommends boosters in children five years and older—preferably the Omicron booster. And most recently, their guidance specified that a spring booster might be necessary for those who are immunocompromised. So basically, our health authorities in Canada are recommending not only the primary series for most children but a series of boosters as well depending on how old they are, and especially use of this Omicron booster.

What I'd like to do today is to walk through the clinical data that supports those recommendations. Our firm specializes in analyzing clinical trials. And what we do is we see if the data, the rigour of the data, supports the recommendation. So we'd like to walk the group through this type of analysis today.

When we're looking at children, one of the things that we really need to remember is that they have a number of quality life years ahead. And so when we're thinking about use of an agent, what we really want to do is we want to make sure that it's been rigorously tested for safety.

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Because if there is something that is unsafe, it has the potential for injuring a child, and they would lose a lot of quality life years. That would be more quality life years lost, than, for instance, somebody who has one year to live who's injured by a vaccine. That would also be a loss but not to the same degree as, for instance, a six-month-old who's injured by a vaccine. So the precautionary principle and a lot of the rigour and testing was put in place whenever we had thalidomide—which was approved as something safe and appropriate for morning sickness—and we only found out that it actually caused considerable harm to the unborn child, which was only really recognized whenever they were born. And there were quite a few deformities, especially in their hands and legs.

The other thing that we want to consider when we're looking at these COVID-19 injections is the type of product they are. These are considered gene therapy, and so they're gene-modifying products. And if you look at the FDA [U.S. Food and Drug Administration], what they'll do is they'll say that for gene therapy—and this qualifies because it teaches our cells to produce a protein via mRNA—that the types of side effects that could happen with gene therapy as a class are broad and difficult to predict. And therefore, 15 years of safety testing is recommended for gene therapy products. What we're going to be looking at is: Are the trial designs that were proposed for these vaccines rigorous enough to identify all of the different safety issues that could arise from using gene therapy?

And finally, at the time when these vaccines were being approved for children, we knew that there were rare side effects—one of the most concerning of which was myocarditis. And so because you can detect myocarditis at a subclinical level by measuring troponin, we'd want to see rigour in testing—both clinical in the sense of symptoms, but also a lot of lab-testing in order to see if there's any type of side effects that are occurring that aren't quite clear from a clinical perspective. And so we'd want to see rigour in testing in terms of a lot of subclinical testing—i.e. tests of troponin levels, inflammatory markers, all sorts of different things—because we know that we're dealing with gene therapy, and we also know that we can expect certain types of side effects.

When you're conducting a clinical evaluation, basically the first question that you answer is: Do they need them? And so when we're talking about kids, if we realize by looking at the data that they aren't needed, then that would be the very first reason why we would not proceed. Because you should never give something that isn't needed. That would be applying the principle of minimal intervention. The second thing that we'd want to look at is: Do they work? If they don't work, then again, you don't give them to anybody. And finally, we'd want to make sure that they're safe. And again, safety being particularly important in this particular context, because children have so many quality life years ahead of them, and we definitely don't want to be injuring anybody.

So let's ask the first question: Do they need them? This is basically a plot that was taken from the Canadian COVID-19 Immunity Task Force. And in this plot it basically shows that at this point in the pandemic—we're three years in now and Omicron, which is a highly contagious variant, has been circulating widely for quite some time—they found that if you did antibody testing or seroprevalence testing, that 80 per cent of children in Canada now have antibodies, which basically confirms that they've contracted and recovered from a COVID-19 infection. We can expect, based on any principle of vaccine or natural immunity, that these people would have some degree of immunity to SARS-CoV-2. Now we know that children were never really at risk of COVID-19 because there were very few severe cases of COVID-19 in children and almost no deaths whatsoever. So we know that they're quite healthy. And now we know that they also have widespread, long-lasting, and robust immunity.

How robust is their immunity? This is a study, and I'll just walk you through this one table. This is a publication that was published by *The Lancet Microbe* and it was a retrospective study from Qatar.

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And they were basically comparing natural infection—which is what we talked about the children having—versus the Pfizer vaccine, versus natural infection, versus the Moderna vaccine. Both of those vaccines were promoted as having about a 90 per cent efficacy. What we want to know now, what this study is going to show us, is how much more efficacious is naturally acquired immunity than these two vaccines? And so when they conducted the study, what they found was that when you compared naturally-acquired immunity to the vaccine immunity, the people who had naturally-acquired immunity had a 53 per cent reduction in the rate of infection compared to vaccines. So this is much more effective than the actual vaccine. And when we do cancer research, if you have a hazard ratio of 0.47, that's a very, very potent intervention and that would be highly recommended.

Now, what they also looked at were cases of severe, critical, or fatal COVID-19. And what they found was a hazard ratio of 0.24. That means that the people who have naturally-acquired immunity are 76 per cent less likely to get an infection compared to the vaccine arms of the study. What this is showing beyond a shadow of a doubt from an observational study is that the naturally-acquired immunity is much better than vaccine-acquired immunity.

And therefore, based on these two slides, the fact that kids are not at risk in the first place; second, that they have extensive naturally-acquired immunity as shown by seroprevalence tests by the COVID-19 Task Force in Canada; and the fact that studies show that naturally acquired immunity is much more effective than vaccine acquired immunity, we would **basically say to the first question that, no, there is no need to vaccinate children based on a lack of need.**

So then let's go on to the second question: Do they work? And now when we're looking at clinical evidence, not all the science is the same. And I know that throughout the pandemic, many people have said, "We need to follow the science," as if there was one science and one answer. But the truth of the matter is what you need to do is you need to kind of prove that something is better than something else. And the best way to do that—the most reliable and the trusted way of doing that—is a randomized controlled trial, which would be considered Level I evidence. And when you have randomized controlled trials and you have that level of data, then you're able to say that something causes something else. Any other level of data—for instance, these types of studies down here—you would have to hesitate

in a causal relationship. Because you can show an association, but you can't show that something proves something unless you've randomized it and you've controlled for baseline influences.

Let's look at the type of study. There's a lot of observational trials that are out there. And that's where they look at real world data and they say: "We deployed this vaccine at this point and the rates of hospitalization are lower." But observational studies can't actually prove that something works because correlation does not equal causation. Again, you need to have a randomized controlled trial. And because naturally acquired immunity is the current standard, in the sense that children have extensive naturally-acquired immunity, we'd actually have to compare the vaccine to somebody with naturally-acquired immunity to figure out if the vaccine would be beneficial at this time. And because children are not— The only risk that they have is hospitalization, we'd want that to be the main endpoint, and we'd want to make sure that it would address hospitalization in a post-Omicron era.

And so we basically need to show a study that compared the vaccine to naturally-acquired immunity, looking at hospitalization as the main endpoint, at a time when Omicron is circulating widely. And if you provide descriptive statistics—which is, basically, you might randomize something but you can't statistically prove that something is better than the other—then that isn't sufficient proof to prove efficacy.

So here is what our team thinks would be the ideal trial to prove that COVID-19 vaccines are beneficial for children in Canada at this time when Omicron is circulating widely. You basically want to look at children who are at risk of severe COVID-19 only,

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because healthy children are not at risk of severe COVID-19. You want to do it during the time when Omicron is circulating widely. Because it is a gene therapy, you'd want to make sure that the population size was enormous, 80,000—the original trial was probably about 40,000; that it was randomized; that you compared the gene therapy to naturally-acquired immunity; and that you looked at hospitalization, And that you followed this for 15 years, as per the gene therapy guidelines from the FDA.

But again, when we're looking at the vaccine trial design for the COVID-19 vaccines, we see that the studies were conducted in a pre-Omicron era, which basically makes them clinically irrelevant for a post-Omicron era. They were conducted in children who were healthy and had no prior COVID-19, which doesn't reflect at all the children today. The population size was very small for their main endpoint; it was less than 500 children per cohort. And instead of comparing the gene therapy to naturally-acquired immunity, they compared it to the use of the vaccine in young adults.

So what they actually compared for their primary endpoint, or their primary comparison, was the gene therapy versus the gene therapy. And that's called a "no-lose trial design." When a company basically wants to show that their trials are positive, they'll do a non-inferiority trial against their own product because they want to stack the comparison so that if they felt that they would lose to naturally-acquired immunity, they would choose the comparative that they know that they can beat or be equivalent to. This is not a surprising trial design for a company that basically wants to make sure that they get positive trial outcomes.

And again, what we'd want to see is hospitalization as the endpoint, but what they actually looked at was neutralizing antibody titers. And I don't want to bore you with something

that's too complicated, but basically a neutralizing antibody titer— What they're doing is considered a surrogate or a correlate of prevention. They're going to argue that because the antibodies change then there's some sort of level of immunity, and therefore that immunity would extend, for instance, to lower rates of infection perhaps, or lower rates of hospitalization.

But according to the *New England Journal of Medicine*, a recent article published there, they've argued that in the post-Omicron era, antibody levels are not a surrogate or a correlative prevention for hospitalization and so it should not be used.

They had a component of the trial design where they did compare the gene therapies to placebo. But one of the things that should be noted in this particular area is this is descriptive statistics and they can't be used to prove superiority of the vaccine, even though the rates of efficacy were rated and we were told that it was superior to the placebo. Because they didn't do any statistical treatment on this data, you can't actually use that as proof of superiority, again.

So at this time there is no trial that's in existence that shows us that this COVID-19 vaccine is superior to naturally-acquired immunity—the current standard—and that it is able to reduce hospitalizations or severe COVID-19 in a post-Omicron era. Because there are no trials that actually address the question that we need to know, which is the clinically relevant question, we could probably stop our analysis right now and say that there is no data available to support the use of these COVID-19 vaccines at this current time, which is the post-Omicron era, addressing the issue in question, which is hospitalization in children who have naturally acquired immunity.

However, we will go and look at the results of the trial. We're going to be looking at descriptive statistics. This is what the regulators and health officials use to support the recommendations for use. Right now, we're going to be looking at 12- to 15-year-olds and 5- to 11-year-olds. And, basically, what we see is that the COVID-19 vaccines have little to no clinical benefit. So although there were many that argued that the vaccine was 100 per cent effective, that was a relative risk reduction comparing zero episodes of symptomatic COVID in the Pfizer injection arm versus the placebo arm.

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The absolute benefit made available to children was 2 per cent.

So only 2 per cent of the children who actually received the vaccine benefited from it, whereas the rest of them did not benefit from it. When you see an absolute risk reduction that's that low, you have to question whether it's really worth pursuing. And again, we **know that children don't have severe disease. This is just a runny nose or a fever, and that's not something that we necessarily have to treat with children because it isn't severe. And if we do look at the number of severe cases, you can see that there were no severe cases in either group, i.e. children are not susceptible to severe COVID. And that applied for the 5- to 11-year-olds and the 12- to 15-year-olds. So here we have no benefit in terms of severe disease, and only a minimal absolute benefit in terms of mild disease. We look at the younger cohort, the initial trial design was to be giving them two doses. And whenever they completed the protocol-specified two doses, the relative risk reductions were 14.5 per cent and 33.6 per cent for the two cohorts, which basically means that the vaccines didn't work.**

What they did was what we would call a "fishing expedition," where they changed the protocol so that it could be adjusted to be positive and so they added a third dose. In our

particular area, if you see somebody who makes this post-hoc adjustment, you basically throw the data out and you don't regard it—because you can almost make anything look positive if you work at it hard enough. So here they added a third dose, and again, only about a third of the children continued on to the trial to get that third dose. And when it looked at symptomatic COVID-19 cases, there was only a difference of three cases between the two groups. So you've given the vaccine to all of the children in the vaccine group and there's only a difference of three cases which, again, was touted as an 82 per cent benefit, but really was only a 2 per cent absolute risk benefit. And again, here in the six months- to two-year-olds with the third dose, there was only a difference of one infection between the two of them. They called that a 76 per cent relative risk reduction or called it efficacious, but really, it was only a difference of about 1 per cent between the two groups.

In terms of severe cases, I would argue that there probably were no severe cases, although there might have been one that was considered a severe case in the placebo arm, although it wasn't confirmed. So again, you have less than 2 per cent benefit for treating all the children.

So again, if you were thinking about the principle of minimal intervention, you would say: Is it warranted to give a vaccine or a treatment to all the children when it really only benefits a very small amount? At that point what we would probably suggest is that you would treat the children who have difficulty or who might be more susceptible—or treat them, period—and you would probably opt out of a preventative approach in this particular case.

I'm just going to zip through this slide here.

One of the things that is also really important is they did a point-in-time comparison. They only really ever measured the antibodies about a month afterwards, and they measured the symptoms about seven days after the second dose. But what they failed to do is watch how the benefit changed over time. And so here is probably one of the better studies. It's a *New England Journal of Medicine* publication. It's looking at the six-month follow-up after a fourth Pfizer vaccine dose in adults. We're going to argue that probably the efficacy of these things is going to be similar. Its probably going to see similar waning in the children as you do in the adults.

In this particular study, what they saw was that the benefit peaked at four weeks. Remember, they've only identified the benefit at seven days. Three weeks later, they basically see that the benefit has peaked. It's at its height. And then it wanes slowly afterwards. So by 13 weeks, it's basically gone completely.

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Here we have a benefit that helps 2 per cent of children seven days only after they get the injection, but is gone probably within three weeks later and might even become negative over time. And so again, I don't think that we have sufficient efficacy data to show long-term benefit for these particular vaccines.

Because the vaccines wane, the boosters are required. And because we're now in a post-Omicron era, we've been proposed that the Omicron booster is the solution to the problem of waning efficacy. So this is basically the results of the BA.1 Omicron booster trial, which was used to support the recommendation for use of these vaccines in children—this particular vaccine being the Omicron booster. And in this middle panel here, what you can see is that 78 per cent of the participants had no previous infection. So again, because most

children today have had a previous infection, the results of this trial are probably not very clinically relevant, but they were used to support the vaccine. So let's just take a look at them.

Our regulators argued that the level of antibodies were higher for the Omicron booster than they were before they received the booster—on day 29 after their booster. You see this jump in antibody levels like this and that the antibody levels for the Omicron booster jumped higher than they did for the regular booster. And therefore, they argued that the Omicron booster was more effective than the regular booster. Now again, if we go back to what we know about correlates of prevention, it is clear that antibody levels are not a correlate of prevention for hospitalization, for instance, or even symptomatic COVID-19 in a post-Omicron era. So therefore, all that we can say based on this is that both groups got antibodies after they received the injection. And we can't infer anything regarding the actual immunity.

However, they did happen to measure the immunity in this particular study. And what they found is, in the group that had lower antibody levels, they had 1.5 per cent infection rates. And in the Omicron booster arm, they had higher rates of infection following those antibodies. This goes to prove that antibody levels are not a correlate of prevention, and that there were higher rates of infection on the arm that was the Omicron booster arm. And regardless of the results of this trial, i.e. showing higher rates of infection and not being a correlate of prevention, our health authorities went ahead and approved this particular thing for children without any specific testing in children. This actual study was run in adults. So the study, in my mind, would be negative. It would not be applicable to children, and yet our regulators—and particularly NACI—recommended these agents in children.

So on to the next question. I would say for the question where it says "Do they work?" the answer probably would be that there's insufficient data to support the fact that they work. And until they prove that it works, then we should assume that they don't work. In terms of safety, again, when we're looking at new agents, what we want to see is pre-clinical testing. And the one thing to note about these particular agents is that the normal type of testing that you would do—the rigorous pre-clinical testing for the COVID-19 jabs—were not done.

In terms of oncotoxicity, we want to make sure that it doesn't cause cancer; reprotoxicity, we want to make sure that it doesn't cause infertility; and genotoxicity, we want to make sure that it doesn't harm your genes or your genome. None of these tests were done. The thought of giving these to children without having done these basic tests is very disturbing.

And if we look at the clinical testing that was done, we would want to see extensive testing. Because, again, we're looking at gene therapy, and the FDA recommends up to 15 years of safety testing for gene therapy. We know that inflammation is a known side effect, whether it's myocarditis or pericarditis or encephalitis or any of a number of different inflammatory reactions that we've seen associated with this. So what we want to see is clinical testing,

[00:30:00]

in the sense of monitoring of a broad range of symptoms. But we also want to see subclinical testing. We'd want to be measuring troponin levels to see if there's any cardiac damage. We'd want to see D-Dimer levels to make sure that there's no coagulation occurring. We want to see C-Reactive Protein to make sure that there's no inflammation.

But, when we looked at these studies, what they did was they basically measured reactogenicity, which is COVID-like symptoms, for seven days only after receiving the injection. And then if somebody had a severe or serious symptoms, they would follow that person for up to six months. And when they basically recommended that these particular COVID-19 vaccines be released to market and used in children, only two months of data had been collected. So that's two months of data out of the 15 years that should be done for gene therapy. And even within that context of running a study for two months, they only actually looked for side effects for about seven days. And so that would be nowhere near sufficient to be able to characterize the side effects profile of something like a gene therapy over that time. And they did not look at subclinical testing, so there could be damage that isn't clinically obvious yet that's occurring. And knowing the mode of action and how these COVID-19 vaccines work, it would have been important to do that type of testing.

I'm just going to pause right now and say that if I see this type of negligence in terms of safety testing, I would probably assume that there's an entity that is benefiting from promoting these particular vaccines that has an alternative agenda—that isn't the benefit of children—in mind. And that would be something where you would tend to see minimal safety testing or misreporting of safety testing, and you'd see the benefits exaggerated and the safety issues minimized in this particular scenario. And I would probably say that what I'm seeing here fits that particular profile of somebody minimizing safety issues and maximizing efficacy beyond what's actually true.

So again, when we were talking about what they monitored very closely, they looked at COVID-like symptoms for seven days following the shots. In the left-hand panel, they looked at pain at the injection site. And on the right-hand panel, they looked at systemic events—so those are those flu-like symptoms that you'd expect when you get COVID-19. Now, I just wanted to remark that after these injections— After the second injection, and these types of side effects occurred both at the first injection and the second injection, what you see is almost 80 per cent of the kids having pain in their arm where the injection occurred—probably about 30 per cent of them having significant pain in their arm and probably about 1.5 per cent of them, or 1.5 in 100 children's arms, were so sore that they actually couldn't use them the next day.

So now if we think back to the fact that only 2 per cent of the children actually had a runny nose, the only benefit for the vaccines that was shown is that 2 per cent of them had less of a runny nose than the other ones. Here we are giving 1.5 per cent of the children, almost the same amount of children, a sore arm to the point where they can't use it. If you look at fever, another 2 per cent of them had a fever greater than 40 per cent, which is actually very serious. In terms of fatigue, another 2 per cent were so tired they couldn't get out of bed and couldn't carry on their daily activities. They may have required medical care or a visit to the ER, or the hospital because of it. And again, 2 per cent of them had very severe **headaches and 2 per cent of them had chills.**

So for a 2 per cent benefit in reducing COVID-19, which is what an ARR [absolute risk reduction] of 2 per cent is, you also caused 2 per cent increases in severe outcomes for these children. And now it's difficult to say whether this was all the same child or different children. But it could be that they are 2 per cent of different children, so the net could be as high as 8 per cent severe outcomes in different children for a 2 per cent benefit.

Again, if we were to consider that right now—just the clinical benefit ratio considering the risks over the benefits—you would probably say that at this point, it's negative already. However, it's important to look at the overall. Remember that they were following severe and serious adverse events for a month to six months. And at the two-month follow-up for

this particular trial, we noted that the severe adverse events for children who received the Pfizer jab versus the placebo were higher. There were seven severe adverse events in the COVID vaccine arm versus two in the placebo arm. So that's a relative risk increase of 249 per cent. And if we look at serious—which is basically people who have to be hospitalized, inpatient hospitalization, have life-threatening, maybe death, or even being permanently disabled—again, you have more of those in the Pfizer COVID-19 jab arm than you do in the placebo arm. And that's a relative risk increase of 299 per cent.

So again, coming back to our original focus, you have children who are not at risk of severe COVID-19. You can see that they didn't have any COVID-19 severe cases in the actual trial. But here you can see that those who were vaccinated were 12- to 15 years old, actually had more severe and serious events occur to them than they did from COVID-19 at all. So what I would argue here is that the vaccine is less safe than not having it at all, or than naturally acquired-immunity and letting children handle it on their own.

Again, our regulators are recommending booster shots to these children. This CDC [Centres for Disease Control and Prevention] graph basically shows the side effects that you get with each dose of the vaccine. So this is the first dose. This is the second dose. You can see that 80 per cent of children, or greater than 75 per cent of children, for the second and the third dose—the third dose being the booster—have side effects or systemic reactions that are serious enough that at least for the third dose, 26 per cent of them can't carry out their daily activities. Twenty percent of them are unable to go to work or school after they've received that third dose. And 1 per cent requires medical care.

Again, if we were to go back and think about naturally-acquired immunity and the fact that it's much superior to COVID-19 vaccines, then we would say it's not needed. If we looked at whether the vaccines are working, we'd probably say they aren't. But one of the things that's very clear is each time we give one dose to a child, we actually cause a severe amount of adverse events—to the point where 20 per cent of them are unable to go to school following the injections.

So let's talk about myocarditis. This is a well-recognized side effect of the COVID-19 mRNA vaccines. At this point, there's as many as 1 in 5,000 males aged 12 to 24 that can get myocarditis after the second dose. We now know that that's an underestimation because there are studies now that look at troponin levels. And I think it's 1 in 300 people who get the COVID-19 vaccine actually have elevated troponin levels, meaning that it's a sign of cardiac harm.

We do know that severe myocarditis weakens your heart and that your heart muscle can't regenerate. And it could affect the transduction of the heart and therefore result in severe outcomes, especially with exercise or exertion. The mortality rate is up to 20 per cent higher for people who have myocarditis at six and a half years. This is nothing to disregard. And especially if we're thinking about injury in young children and the fact that they're going to rely on a strong heart for the rest of their life: any type of damage that occurs presently might have unknown consequences long term.

The last thing that I'd like to touch on is excess death and all-cause mortality in Canada presently. These are data pulled from Stats Canada. What we can see is leading up to the pandemic, or the COVID-19 crisis, there was no excess death. So that's this looking down here. And with lockdowns, when lockdowns were initiated, in the age group of zero to 44 years,

[00:40:00]

there was an increase in excess death that was timed after the lockdowns. Here we can see that the first dose of the COVID-19 vaccine was administered to people generally speaking, so that would not have included children. And then a second dose was administered here. And with this second dose, what we can see is another increase in excess deaths across Canada timed with the second dose of the vaccine.

Now, it's hard to prove that this was related to the vaccine, but we do know that the excess death is occurring in those who are zero to 44 years, which is the segment of children, and that it is timed with the vaccine. If you look at the number of COVID-19 deaths in that age group, you can see that the deaths are minimal compared to the excess deaths during that time. What we would do is we would look at that and would say that that's a concerning signal. There's a temporal association that would need to be investigated and proven to be untrue, or that we'd want to see extensive safety testing before we would move forward with recommending a vaccine that had this type of association in children.

So just winding up: Do they need them? No. Do they work? No. Have they been proven safe? No.

And these are the countries that at this point in time have basically chosen to not pursue COVID-19 vaccination in children and young adults. Among those are a bunch of studies from Europe—again, England, Australia has made those changes. And more recently the World Health Organization has categorized—as of yesterday—children as a low risk of severe COVID-19 and therefore do not recommend vaccinating them moving forward.

The question that I have at this point is: How is it that our regulators are recommending these types of treatments with data that clearly does not support their recommendations?

One of the things that we do when we're looking at data that looks like this, where the efficacy and the safety have not been sufficiently supported, is we look to see if there's any conflicts of interest in the people who are responsible for making those decisions. Dr. Carolyn Quach-Thanh is the NACI chair at the time the COVID-19 vaccines were approved. Those would be when COVID-19 was declared and the COVID-19 vaccines were approved. One of the things that we noted was that she received a $2.6 million grant from the CIHR [Canadian Institutes of Health Research] to study various aspects of COVID-19 right when the pandemic was declared. And she's gone on to receive more than $10 million in grants to study COVID-19 and various topics since the time of the pandemic. And so I would probably argue that that's a lot of money going into somebody's research career on a product that may or may not be beneficial for children.

Dr. Shelley Deeks is now the NACI chair and she was the co-chair at the time that the COVID-19 shots were approved. And she received a $3.5 million COVID-19 readiness grant **before we even knew whether the vaccines were going to be beneficial in adults, before we had any phase three data. So again, it would seem difficult to me to think that people whose careers are focused on studying COVID-19 and COVID-19 vaccination would be able to objectively evaluate data on these particular vaccines and their benefits.**

I'm just going to end with that there and turn it back to you, Shawn. We've covered a lot of data there. But I think that there's enough to say that it's questionable as to why these vaccines were ever really approved in this particular cohort of children at the time that they were.

Shawn Buckley
Yeah, and I'm curious Deanna, because you had hinted during your presentation that you kind of questioned who benefited from this. You were basically saying that the benefits were exaggerated and the opposite with the safety concerns.

[00:45:00]

And you're kind of teasing us to suggest, I believe, that it would be Pfizer. Or do you think that legitimately the approval bodies are compromised in this situation?

Deanna McLeod
I think that the manner in which the trials were conducted and reported basically maximized benefits and minimized safety. But it is our regulators and our health officials who are responsible for identifying these things and for basically ensuring that we've got data that proves benefit before moving forward. So I would say for sure that Pfizer and Moderna basically presented the results in a manner in which it would further their financial gains and that the people who should have been catching these things weren't catching these things. I also wonder what other interests are at play in our regulators and in our health officials that they would go forward with these types of recommendations based on this particular level of data. It's very concerning.

Shawn Buckley
Now, you've presented us with an analysis of the data by the pharmaceutical companies. Have you looked at adverse reaction reports in either Canada or other countries? Because my understanding is that Canada is getting a reputation for under-reporting adverse reactions.

Deanna McLeod
That's a great question. I tend to stay away from relying on adverse event reporting from Canada. I know that they basically say that the passive surveillance system that they have in place is sufficient to detect safety issues and that they're monitoring it very closely.

However, there's a few problems with that. One: it's passive surveillance and therefore it under-reports the level of adverse events. It was never designed to be able to characterize the safety profile of a gene therapy. If you send somebody home and you tell them that the vaccine was safe and is no problem, then the last thing that they're going to be looking for is safety issues or adverse events reporting.

What should have been done is you should have been under clinical supervision, carefully monitoring people for any type of adverse events—and a broad spectrum of adverse events because we know that we're dealing with gene therapy, which causes inflammation and spreads throughout. And that the lipid nanoparticles bring the mRNA material all through your body, and that the mRNA produces a spike protein which produces inflammation. We should be expecting to see inflammation throughout the whole body. So you should have a safety protocol that is rigorously and actively monitoring that type of thing.

To think that a passive surveillance system would be adequate for that purpose is laughable. And you know, if we did look at the VAERS [Vaccine Adverse Events Reporting System], the adverse events reported in and around the COVID-19 vaccines compared to all

other vaccines for the last 30 years is not even comparable. There's been so many adverse events reported through these types of systems that, you know, it's almost shocking.

Shawn Buckley
Does that still apply for children or are you referring just to adult numbers?

Deanna McLeod
I haven't teased it out for children specifically but you can expect that if you see the same drug being used in adults as in children, that you would see a similar profile. Although the dosing is slightly different for children, I don't think that the actual profile of the vaccine would look very much different.

Shawn Buckley
So would it be fair to say that, as far as Canadian statistics go, we have in no way a reliable reporting system for vaccine injuries outside of the clinical trial data?

Deanna McLeod
That's correct. In fact, our firm compared the rates of adverse events reported through CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] to the actual clinical trials. And whereas the clinical trials were catching 70 per cent adverse event reporting, CAEFISS captured about 0.1 per cent. So that's like— Not even 1 per cent of the actual side effects were being captured by that system.

[00:50:00]

Shawn Buckley
Is there a country that you would think has the most robust adverse reaction reporting system for children? And if you have an opinion on that, can you share with us what that country's data is showing?

Deanna McLeod
Yeah, again, I stick to what you can prove, which is stuff that you would see in a randomized controlled trial. And so I haven't spent too much time looking at passive reporting systems, because they're very difficult to interpret and it's difficult to use them to prove anything. However, again: I would go back to saying that the UK Yellow Card system is probably one of the better ones. You do see the same spectrum of adverse events as you would with adults but with a heightened adverse event reporting in and around myocarditis and pericarditis, especially after the second dose in young men. Especially when you mix doses—particularly when you give Pfizer and then Moderna, or Moderna then Pfizer.

Shawn Buckley
Right, I'm going to ask the commissioners if they have any questions for you. And there are questions for you.

Commissioner Massie
Thanks, Deanna, for your very well-crafted presentation. I have a couple of questions. The first one is about— I understand the challenge to demonstrate the efficacy of vaccines because, unless you have a very good animal model that would be fairly representative of what would happen in humans, you cannot purposefully infect people to see whether the vaccine works. So you have to rely on surrogate markers. In this case, it seems that there's been a lot of emphasis put on antibody titer. And if I'm not mistaken, when you look on the FDA side, this spelled out specifically: that the antibody is not a good surrogate marker for protection against infection. So why is it that we keep seeing that in all of the presentations from the company?

Deanna McLeod
That's an excellent question and I'll answer it from a research development and an accelerated approval scenario. In cancer, which is where I work, again people look for surrogate markers. Because, again as you mentioned, you want to be able to identify benefit early and have it point to the ultimate benefit that you want— So for instance, response rate might be considered a surrogate for survival in cancer. But in order to establish a surrogate, you need to clinically validate it and you need to make sure that it's the case across different settings and in this particular scenario, across various variants as well.

Although there was quite a bit of testing done in the original trials where they felt that it was valid in the sense that the antibodies could predict symptomatic COVID-19 in the pre-Omicron era—and I would probably argue that that's not the case in the post-Omicron era—they now acknowledge that it isn't a correlate of prevention, which is the proper terminology for it in the in the vaccine world. And it isn't a correlate of prevention for hospitalization in the post-Omicron era. To your point: this antibody testing that perhaps they used because they wanted to find a surrogate is not validated. And it has not been validated, so they cannot use it. But, why have they been using it? I think that when I see this type of thing, it's because regulatory bodies have bowed to the pressure of somebody in order to expedite approval.

If you want expedited approval of something, if you want to have accelerated approval—get it to the to the market much more quickly—you tend to rely on surrogate markers. And so I would probably think that there is some sort of organization, entity, that is highly motivated at getting these vaccines to market as quickly as possible. I know that there's quite a few people who are considering this perhaps a global goal—to be able to work together to get things to the market much more quickly. But I think that that's only a benefit if you've done the rigorous testing that you need to make sure that these things are safe and effective.

[00:55:00]

Because, if we're getting things to market that are harmful, and we're making sure that they're in the arm of every single person on the planet and it hurts them, especially our children and our future, then that's of grave concern.

Commissioner Massie
I also have a question about the documentation you've presented. I know that you have done a more extensive analysis on the conflict of interest. I think you did a presentation on that which was more detailed, if you want. Because one of the questions that I had is: Is there any sort of practice or regulation that would prevent the people that are called on in

our institutions to qualify the relevance of any medical treatment— Would have to actually be shown to be exempt of conflict of interest? It's probably not enough just to declare it at one point. Is there something that is preventing these people from acting there? Obviously, it doesn't seem to work if there's anything. Are you aware of anything like that?

Deanna McLeod
Well, I think that whenever conducting conflict of interest work— And we have another presentation at the Citizens Inquiry here coming up that will delve into that in a little bit more detail and you can go on the Canadian COVID Care Alliance to see a more detailed analysis as well— But, on that note, I think that the normal way that you look at conflicts of interest is to simply look at: Has a pharmaceutical company that stands to benefit from positive recommendations—in this case, it would be Pfizer and Moderna—have they directly paid anybody who's involved in the decision-making? In our particular situation, NACI would be the body that's responsible for the independent evaluation of the COVID-19 vaccine data and formulation of recommendations; and those recommendations are then taken into consideration by each of the provincial authorities that make recommendations. So I would probably put them as responsible for things in Canada. And if you did look at strictly Pfizer or Moderna giving them money, there is definitely some level of conflict of interest.

But the thing that we noticed the most is that the conflicts of interest are coming from a global level. They're being channeled down through traditional funding levels, for instance, with the Tri-Council [Government of Canada research funding agencies]. However, the research agenda is being set by global bodies, for instance, GLOPID-R [Global Research Collaboration for Infectious Disease Preparedness], which is a global research network whose membership are vaccine manufacturers and NGOs that have a pro-vaccine agenda. And so what you see is the projects that are being funded and the people who are being rewarded for positive recommendations around COVID-19 vaccines are those that are in line with those global entities.

I would probably argue that you have somewhat of a hijacking of our healthcare system through even normal funding means, for instance through Tri-Council funding, because they have bolted on to the research agendas and goals of these international organizations, for instance, the World Health Organization and GLOPID-R. And therefore, you can see a vaccine readiness grant of $3.5 million going to the person who's going to be deciding whether the COVID-19 shots should be approved in Canada.

Why is she getting ready for COVID-19 vaccines before we even know that they're safe and effective? Why is anybody considering them? The amount of money that went through our government to people to decrease vaccine hesitancy leading up to the rollout of these **COVID-19 vaccines was incredible. Why were we telling people to not be hesitant around COVID-19 vaccines before we knew that they were safe?**

These are, I think, really important questions that we need to be answering: Why were we having such a pro-vaccine stance and why were the studies designed to make the vaccines look so favorable? And why didn't our regulators stop these vaccines because they didn't have the sufficient level of safety and efficacy data needed—especially in children? Those are the questions that I think need to be pursued and investigated a lot further.

[01:00:00]

Shawn Buckley
Deanna, finally just add to what you're saying is: As you're aware, the regular drug approval test in C.08.002 of the drug regulations was abandoned for COVID-19 drugs. And the interim order that substituted the regular objective test of safety and efficacy and produced a subjective test did something also interesting: It exempted the government and COVID-19 drugs from several provisions of the *Food and Drugs Act* and Regulations. And one of the regulations prevents the importation of a drug if there isn't a drug approval. And that was exempted. So Her Majesty purchased a large amount of these vaccines and was permitted to import them and distribute them to the provinces while waiting for herself to approve the vaccines. So it was kind of a classic conflict of interest, where the minister was allowed to purchase and import and distribute while she waited for her servants to approve them. There's just so many interesting things about this rabbit hole.

Deanna McLeod
I think— I'm very hopeful this Inquiry will serve the purpose of evaluating all of these things. Because one of the things that we need to really be mindful of is, if a pharmaceutical company sees that this tactic has been successful, I will guarantee you that this is not going to be the last time we see it. The onus is upon us to identify how it happened and to stop it from happening in the future or we're going to have—you know, once the fence has been breached, or once the wall has been breached, you can expect the hordes to enter. I think we need to repair the wall or this won't be good for our children—or anybody else moving forward.

Shawn Buckley
And I'll ask the commissioners if they have some more questions.

Commissioner Massie
Would you make your documents available so we can actually review them in more detail?

Deanna McLeod
Absolutely. Yes, no problem.

Commissioner Massie
Thank you.

Shawn Buckley
Deanna, if you can forward them to me, I'll just have them enter it as an exhibit so that the commissioners can review your slides [no exhibit number available].

Deanna McLeod
Okay, well thank you very much.

Shawn Buckley
And there doesn't appear to be any more questions. On behalf of the National Citizens Inquiry, we thank you for your presentation.

Deanna McLeod
Okay. Thanks very much for having me. Have a great day.

Shawn Buckley
You, too.

[01:02:50]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 11: Remus Nasui
Full Day 1 Timestamp: 08:22:21–08:37:09
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Remus, we're sorry that we're running a little behind today. But I ask if you could state your full name for the record and then spell your first and last name for the record.

Remus Nasui
Thank you for having me. My name is Remus Nasui. First name spelled R-E-M-U-S. Last name spelled N-A-S-U-I.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Remus Nasui
I do.

Shawn Buckley
Now, my understanding is that you've been a paramedic since 2002.

Remus Buckley
That's correct, yes.

Shawn Buckley
But you were working for a district that, at the end of the day, did not require vaccination.

Remus Nasui
They did not force us. They gave us the option to test.

Shawn Buckley
Right, okay. So you haven't lost your job?

Remus Nasui
I did not, no.

Shawn Buckley
But you did come down with COVID and now you have natural immunity.

Remus Nasui
That's correct, yeah.

Shawn Buckley
But despite the fact that you didn't lose your job, there was a difference in how you were treated. And I'm wondering if you can share with this Inquiry the difference in how you were treated.

Remus Nasui
Of course, yes. We were given the opportunity to continue employment, as long as—Initially, during the second wave, the Delta wave, after the vaccines were rolled out and vaccine mandates became more and more prevalent, we were given the option to do a RAT [rapid antigen] test once a week. And we had to submit that prior to coming to work to be allowed to fulfill our shifts.

After the Omicron wave came, we were required to do a test prior to every shift. And these tests only applied to unvaccinated paramedics. Despite knowing that people who took the vaccines could still get infected and transmit the disease to others.

Shawn Buckley
Now, did you find there was a difference? You're at work, you're in your paramedic's uniform, and you were able to basically, I assume, go wherever you want.

Remus Nasui
That's correct. During work, I was able to attend any venue or I could get on a plane or a train. I could go into an arena, a restaurant, a gym, if I was required to provide care. Then as soon as I finished my shift and went home, I was basically treated like a leper. I was unable to enter any venue because I did not have a vaccine pass.

Shawn Buckley
So you kind of experienced two worlds whenever you are on shift as a paramedic.

Remus Nasui
That's correct, yeah.

Shawn Buckley
Can you give us some examples of how it affected you, not having a vax pass?

Remus Nasui
Well, it prevented me from travelling abroad to visit my father when he got sick. My family got kicked out of the recreation centre that we attended for about two years prior because we were not vaccinated.

Shawn Buckley
I'll just flesh that out a bit. So your father was sick. Am I correct that you're an only child?

Remus Nasui
That's correct. I am the only child, yeah.

Shawn Buckley
And it was somewhat serious. It was a blood clot and he—

Remus Nasui
That's right.

Shawn Buckley
So how did that affect you not being able to go and care for your father?

Remus Nasui
It was tough.

Shawn Buckley
And then you spoke about this club. You're not allowed to go. Are other family members that are not vaccinated allowed to go to this club?

Remus Nasui
My son was under 12 years old at the time and he was part of the tennis team—the elite tennis club there. So while me, my wife, and my daughter were kicked out, my son was allowed to continue attending the club.

Shawn Buckley
Same household.

Remus Nasui
Absolutely.

Shawn Buckley
So one member of your household could go and attend.

Remus Nasui
That's right, yeah.

Shawn Buckley
And then come home.

Remus Nasui
Yep.

Shawn Buckley
But no one else from the household could attend.

Remus Nasui
That's correct, yeah.

Shawn Buckley
Now, did the culture change at work? After the vaccines and before the vaccines?

Remus Nasui
Yeah, I would say it changed dramatically after the mandate rollout took place. The mandates and the vax pass really created a lot of division in the company. The majority of employees took the vaccines. I think it was either following the vax pass or an interview by our Prime Minister in Quebec, where he labelled the unvaccinated as racist,

[00:05:00]

misogynistic, extremist, that the attitude changed significantly even within my company towards those who did not take the vaccines.

Shawn Buckley
But specifically, how did it change? When you went to work, how did your coworkers treat you differently?

Remus Nasui
Well, within my company specifically, there were co-workers that approached management to refuse working with unvaccinated colleagues. There were other co-workers that posted online things like, "I hope that the unvaccinated colleagues get sick with COVID and do not get quarantine pay." Which was our policy in our service at the time: we got 14 days off with quarantine pay. And just generally speaking, an animosity towards people who chose not to do the right thing.

Shawn Buckley
And how did this make you feel?

Remus Nasui
Awful.

Shawn Buckley
Now, you have some unique experience. You lived in a communist country.

Remus Nasui
I grew up in a communist country, yeah.

Shawn Buckley
And then following that, you moved to South Africa while there was still apartheid.

Remus Nasui
That's correct. I got there at the end of apartheid in 1991.

Shawn Buckley
And so having had those lived experiences, how did you feel about the vaccine passports coming out?

Remus Nasui
To give you an example, when I lived in South Africa at the end of apartheid, before the transition took place, black people who lived or worked for white households were bussed in at the beginning of the week. And they would spend the next two weeks in the household there—with their employer-master basically relationship. And then they were given two, three days every two weeks to go spend with their families back in their home. But while they lived on-site in the white household, they were allowed to go and pick up items if the household needed them in the stores, in the city. But in order to be allowed to do that without fear of arrest, they had to get a permit from their household owner that allowed them to leave the household and go into the city to purchase items. So they had to get basically a pass.

Now, seeing that experience and knowing that that's wrong because it's a discriminatory experience based on race—and we know it's not right to discriminate based on race, religion, political ideology, gender—I think it's really wrong to discriminate against people based on their medical choice. And it kind of reminded me of that. Because without a vax pass, here you were not allowed to enter a variety of places. In fact, you were really unwanted.

Shawn Buckley
Now in your job as a paramedic, my understanding is that after the vaccines were rolled out in—I guess that would be 2021—you noticed a change in both the number of calls and the type of calls. Is that fair to say?

Remus Nasui
Yeah, I would say that the change started in— Probably towards October, November of 2021. And then it accelerated in 2022.

Shawn Buckley
And what was the change?

Remus Nasui
I noticed a significant increase in calls for palpitations, chest pains, an increase in sudden— well, in cardiac arrests, first-time seizures. A lot more calls than I was previously used to.

Shawn Buckley
When you say first-time seizures, what do you mean?

Remus Nasui
I mean a person that's had a seizure for the first time in their life. Despite living 30, 40, 50, 60, 70 years of their life without any seizures prior. No seizures disorder.

Shawn Buckley
Is that uncommon?

Remus Nasui
In my experience, yes.

Shawn Buckley
And when you were talking about cardiac issues, can you kind of give us a feel for how much of an increase you experienced?

Remus Nasui
Well, prior to 2021, I would probably come across a cardiac arrest once a week to once a month.

[00:10:00]

And during 2022, when the booster rolled out, it became almost a daily occurrence for a while.

Shawn Buckley
So you went from once a month or once a week to basically a daily occurrence.

Remus Nasui
That's correct. Some days more than one.

Shawn Buckley
What about your experience with people that have died? Did the death rate change in your experience? Because in your job you see deaths and you attend at death scenes.

Remus Nasui
Based on what I saw in 2022, I saw a lot of the cardiac arrests that occurred that I attended to did not respond to our normal treatments.

Shawn Buckley
Now, my understanding is that for the health authority that you work at, in the paramedics, there are roughly about 750 employees.

Remus Nasui
That's correct. Approximately—between 750 and 800, yeah.

Shawn Buckley
And of those roughly 400 are males.

Ramus Nasui
I'd say, yeah, that would be a fair estimate.

Shawn Buckley
Now, before the vaccines, can you share with me roughly how many of those came down with COVID and what the outcomes were?

Ramus Nasui
To my knowledge, during the first two waves, which was the original and Delta, approximately 70 paramedics caught COVID. As far as I know, they all recovered and they're all back to work.

Shawn Buckley
Now, what happened after the vaccines rolled out to those 750 paramedics?

Remus Nasui
Well, in our company there's one case that I do know of where a gentleman in his 40s, after his booster, developed myocarditis within about two days. Ended up in the hospital. That's one out of 400 in males.

Shawn Buckley
Are there any other irregularities that you became personally aware of?

Remus Nasui
There are, yeah.

Shawn Buckley
Okay, what percentage would have gotten COVID after the vaccinations?

Remus Nasui
During the Omicron wave, at least 70 per cent of the company got COVID. At some point, or other.

Shawn Buckley
Seventy per cent of 750 employees.

Remus Nasui
Yeah, that includes part-timers as well. Some people work full-time and then there's a group of part-timers as well. It's fairly significant too. They work in other services as well.

Shawn Buckley
Now, having experienced what you experienced, what would you suggest that we do differently if this ever happens again?

Remus Nasui
I would like to see bodily autonomy respected. I would like to see no discrimination based on personal choice. I would like the public health authorities to consider other opinions by other academics. Case in point being the Great Barrington Declaration, which was co-authored by a professor from Stanford, a former professor from Harvard, and a professor from Oxford, which took into account the high-risk groups and how to protect them while allowing society to continue their life. Without restrictions or mandates. I would also like to see Public Health Canada run the pandemic themselves, without World Health Organization recommendations, like one-size-fits-all. Because that's not right. And that's not science.

Shawn Buckley
Thank you. I have no further questions. I'll ask the commissioners if they have any questions. No questions.

Remus, on behalf of the National Citizens Inquiry we thank you so much for coming today and testifying.

Remus Nasui
Thank you.

[00:14:48]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 12: Leanne Duke
Full Day 1 Timestamp: 08:55:00–09:21:06
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
You can please bring up Leanne Duke, who should be on Zoom. Leanne, can you hear us? Can you give us your camera? There you are. And give us a sound test.

Leanne Duke
I can. Can you hear me?

Shawn Buckley
We can hear you. I'm wondering if you can adjust your camera. That's a little better. And we apologize that we've kept you waiting. These things are sometimes hard to time.

I'd like to start by asking if you could state your full name for the record and then spell for the record your first and last name.

Leanne Duke
My name is Leanne Duke, L-E-A-N-N-E D-U-K-E.

Shawn Buckley
Leanne, do you promise to tell the truth, the whole truth, and nothing but the truth?

Leanne Duke
Yes.

Shawn Buckley
Now, my understanding is that you are an office manager; you deal with financial reporting and accounting and payroll and human resources and health and safety.

Leanne Duke
Yes.

Shawn Buckley
So you've got quite a mixed bag. And my understanding is that you're here today to tell what happened with your father, Wayne Duke, when the COVID pandemic arrived and we started having restrictions on us. So can you basically start with explaining that you were his primary caregiver and what that means?

Leanne Duke
Yes, I was my dad's primary caregiver. He had advanced Parkinson's disease and advanced dementia. He was living in a retirement home at the beginning of the pandemic.

Shawn Buckley
Okay, and what type of care did you give to your father?

Leanne Duke
When he first went to the home, they were supposed to take his care over, but there was a lot of problems with that. So I would go in every single morning, Monday to Sunday, and I would provide his medical care. He had a tube that went into his stomach. There was a hole which was called a stoma; and so the pump would diffuse medication into him consistently throughout the day. The stoma required proper cleaning every morning and night. So every morning I would go in. I would provide his medical care. I would also clean his room. I would trim his nails, shave him, cut his hair, clean his dentures, stock the Depends in his drawer.

Shawn Buckley
In addition to having the stoma, your father had another condition that made cleaning his room very important. Am I right about that?

Leanne Duke
Yeah, that was his Parkinson's. He had advanced Parkinson's, so he couldn't have anything in front of him. His room had to be—the floors had to be free of objects. His furniture had to be around the perimeter of the room because if anything was in front of him, like directly in front of him, his whole body would freeze and he would fall.

Shawn Buckley
My understanding is, especially with regards to the stoma, you attempted to train the staff at the facility but they just were not up to the task.

Leanne Duke
Yes.

Shawn Buckley
So when you say you went in every morning before work, this was essential care that you were providing.

Leanne Duke
Yes.

Shawn Buckley
And then you're telling us you went every night for two or three hours.

Leanne Duke
Yeah. Every night before the first lockdown, I would go and do his medical care every morning. And then I would drop his dog off, who would stay with him for the day. And then as soon as I was done work, I would go and I'd sit with him and hang out with him for two or three hours every night before I went home.

Shawn Buckley
Now, the first lockdown, in my understanding, came March 31st, 2020. Can you tell us about that experience and how it changed things?

Leanne Duke
I received a call on March 31st. It was probably around lunchtime. From the owner of the home and she said I was no longer allowed in to provide his care and his dog was no longer allowed to be there either; she said, "when you're done work, you need to come get his dog, and you can no longer come in in the mornings to provide his care."

I was locked out from March 31st until— October 21st was the day I was allowed back in.

Shawn Buckley
And then when you were able to attend back on, well let me just back up.

[00:05:00]

Even though you weren't able to attend after March 31st, you were allowed to take him to medical appointments, am I right?

Leanne Duke
Yes, so all social absences were not permitted. They weren't allowed to go out for social absences. But if they required a medical absence, I was allowed to take him to his medical appointments. He had a lot of medical appointments because, in two and a half years, he lost 17 dentures. So that required a lot of appointments to replace those.

Every time I would take him out, I would check his stoma and it became extremely infected. And also, when I would be talking with him on the phone, he would be wincing in pain all the time telling me how bad his stomach hurt. And not once did the home ever contact me

as his power of attorney for care—as his substitute decision-maker—to notify me of the state of his stoma.

Shawn Buckley
Okay, now you had actually documented what you're speaking about by taking photos of his stoma. Am I correct with that? And David, can you help me? I've got this up on the computer. Can you pull that up?

Leanne, my understanding is these are all photos that you've taken.

Leanne Duke
Yes.

Shawn Buckley
I'll scroll down— Well, actually I'll scroll up. You had typed in there, "This is how the stoma always looks in my care," and that's the top picture.

Leanne Duke
Yeah, so that's how the stoma is supposed to be.

Shawn Buckley
When you describe that, there's literally a tube going into his belly; there is a tube going into his belly here.

Leanne Duke
Yeah.

Shawn Buckley
And that doesn't look inflamed, or it doesn't look dirty at all.

Leanne Duke
No, and that's how it always looked when I was doing his care every morning.

Shawn Buckley
Okay, I'm going to scroll down to some other pictures you've taken. And you've typed into this document, "These are pictures taken of his stoma during the first lockdown. I took these pictures when I took him out to medical appointments."

Leanne Duke
Yes.

Shawn Buckley
We will enter this as an exhibit so that the commissioners will be able to refer to this whenever they want [no exhibit number available]. But how would you describe the difference in these pictures, just for the record?

Leanne Duke
His stoma was just oozing all this discharge and pus. You can see what—they call it a skin tag, which developed right around the hole. That was very inflamed and large. And I'll also say, once I was allowed back in on October 21st—within one month, I pretty much had his stoma looking back to normal. But it was like this during the entire first wave's lockdown.

Shawn Buckley
And I'm just going to scroll down. There's another photo and you have typed on here, "This was the stoma on March 26, 2022, when the home changed his plan of care from cleaning his stoma morning and night 14 times a week down to three times a week."

Leanne Duke
Yeah. And the home told me that his stoma was not infected with this picture on that day. They told me there was absolutely no infection and his stoma was fine.

Shawn Buckley
So not only are you seeing his stoma in just an awful condition, but he's reporting to you on the phone when you're having phone conversations that it's uncomfortable?

Leanne Duke
Yeah. He wouldn't say it was directly related to his stoma; he had kind of lost that capacity. He was just— You'd be talking with him and he would just start wincing in pain, like "ohh." He'd constantly be making those sounds when I was talking to him on the phone. And I'd ask him what was wrong. And he said it was stomach pains.

Shawn Buckley
Okay, now you had said earlier in your testimony that you weren't able to drop his dog off every day. So can you explain for the commissioners what the routine was and tell us about this dog. And then tell us about the effect of your dad not being able to have the dog every day.

Leanne Duke
It was very detrimental to him. So going to a home obviously wasn't my first choice but he required care 24/7. And it was a very big adjustment to him. So being able to drop his dog off and have his dog spend the day with him— In spite of his Parkinson's he would still go out walking every day. He would take his dog on these walks every day. And he had a background in training dogs.

[00:10:00]

He would sit there and he would train his dog in his bedroom. And he just really enjoyed spending time with him. And when his dog was no longer allowed to go to the home to be with him, he kept thinking that he had his dog and he'd lost him. And so he would actually start wandering.

There was a time one night—it was around midnight—I got a call from the home that my dad had run out and he was looking for his dog at midnight. Because he kept forgetting that his dog wasn't allowed there and he kept thinking he lost him. There would be other nights I'd be talking with him on the phone and he'd be all depressed. And I'd say, "what's wrong?" And he said "Well, you lost him." And I would say "I lost who?" And he said, "Well, you lost Ozzie," his dog. And I would say, "No, I didn't lose him, he's here with me." But he couldn't comprehend because he wasn't seeing his dog every day. And he became extremely, extremely depressed.

Shawn Buckley
Okay. And my understanding is your dad had basically a walkout unit with his own door to the outside. So even though he had his own door to the outside, they wouldn't let you drop his dog off for the day?

Leanne Duke
No.

Shawn Buckley
Now, when you were able to come back in October 2020, that was because they made an exemption for essential caregivers?

Leanne Duke
Yeah. So it was in September of 2020, I believe, the government classified essential caregivers and said they could no longer be restricted from providing care. The home finally let me back in in October to start providing his care again. When I was allowed back in to provide his care, they said, "You can just come in your dad's patio door in the morning." At this time, public health was saying if a caregiver was providing any type of care and you were in a certain proximity, you had to wear face goggles; you had to wear gloves; you had to wear a gown and a mask. And there were also all the screening questions you had to do. I can say: not once during that time that I was coming in his patio door did the home ever screen me, did they ever ask me for my weekly PCR test result. And they were also the ones that were supposed to provide the gown, the gloves, and the eyewear. And not once did I ever wear anything like that while he was at the retirement home. I would just wear a mask and do his medical care every day.

Shawn Buckley
So this home that wouldn't even allow you to drop his dog off at his door, when you were allowed to return back, didn't comply in any way with the testing, screening, and PPE requirements at the time.

Leanne Duke
Exactly.

Shawn Buckley
Now your dad eventually got moved to long-term care. Can you tell us about that?

Leanne Duke
Yes. His dementia was getting worse and the retirement home was quite negligent. On September 1st, 2021, he got a bed in a long-term care home. Before he went to the long-term care home, I had told them I'm not vaccinated. The director of care said, "Oh, that's not going to be a problem. You're still going to be allowed in." From September until December, I would go in every single night. Well, actually in the first month that my dad was there, I was going in every morning, every night after work. And then I'd go back in at 10 o'clock to train the nurses on his care, so they took over his stoma care. Then come October, I was just coming in every day after work and I was taking him out walking. He had a high incidence of falls, so they confined him to a wheelchair. So he wasn't allowed to walk anymore. And I was very worried that he would quickly lose all his muscle mass. So every single night after work, I would come in and I would walk him in the parking lot. I'd come in and, I'd say, 90 percent of the time when I would get there, he'd be sitting in wet briefs. So I would have to change him and clean him up, put new pants on him, and then we'd go out walking in the parking lot every day.

Shawn Buckley
And did a point come where you were no longer able to take your father out?

Leanne Duke
Yes. On December 10th, I got a call in the afternoon,

[00:15:00]

that, due to my vaccination status, I was no longer permitted entry into the home. And it wasn't even in the government directives until December 15th. So December 15th, the government followed suit and they banned all unvaccinated caregivers from long-term care.

Shawn Buckley
Were you able to have him for any short-term absences after that time?

Leanne Duke
From December 10th until December 29th or 30th, the home and the directives allowed social absences at that time. But if I took my dad out on a social absence, when he returned, they required him to be antigen-tested upon return. And then he had to have a PCR test on day three and a PCR test on day five.

Shawn Buckley
Because of his dementia, that was problematic, wasn't it?

Leanne Duke
Yes, and his Parkinson's, he was constantly moving around. He had constant sudden movements. And there's a lot of literature on the negative effects of swabbing individuals with dementia. It can be a very scary experience for them. So Christmas Day, my dad was technically still allowed to have a social absence. But prior to this, the activity director from the home called me and she said, "due to your vaccination status, if you take your dad out for Christmas, he will be required to be isolated for seven days in addition to all the testing."

It was a very hard decision to make. I said to myself, "This could be his last Christmas, you never know. So do I leave him in there so that he doesn't have to go through the testing and be isolated for seven days, or do I take him out?" And I decided to take him out because, like I said, if this was his last Christmas and he spent it alone, it would just kill me inside. So I took him out. And he was very despondent, however. On December 10th, when I was no longer permitted entry, within three days, he lost his ability to communicate. He became completely despondent. He just— He gave up. There were so many lockdowns during the three years and this was it for him. He just completely gave up. When I brought him out for Christmas, he had no interest in opening presents. Mentally, he didn't really seem to be there. He was just despondent. He didn't care about food, which, if you knew my dad, he loved food. And he didn't care about food. He didn't care about his dog. He was just—he wasn't really there mentally.

So I brought him out for Christmas and then the next day, I called the home and said, "I'd like to speak with my dad." And the nurse told me, "You can't speak with your dad. He's in isolation." And I said, "Well, surely you have to have a cordless phone." And they said, "No, we don't have a cordless phone here." I said, "You cannot lock my father up for seven days in a room and completely deny him access to even speaking with his family." So I spoke with the administrator, which is the owner, and also the director of care, and they said that they would get a cordless phone. But during that next week they never told all of their staff. And so I would call in and the staff would tell me they didn't have a cordless phone. And I would say, "You do have a cordless phone."

So that week, I was only able to speak to him about three times, while he was completely isolated in his bedroom. And also on the Saturday, I was telling him, "You have one more day; you're going to get out of isolation, you have one more day." On the Sunday, I called him and the nurse said to me, "I'll bring the phone to him." And I said to her, "What do you mean you'll bring the phone to him? He's supposed to be out of isolation." And the nurse said, "Well, didn't you hear? The entire home is in lockdown."

My dad ended up spending a month straight locked in his bedroom all by himself. The effects of that mentally— He wasn't there anymore.

Shawn Buckley
Right, he wasn't able to recover from the isolation.

Leanne Duke
No, like I said, he lost his ability to communicate. In mid-February, social absences were permitted again, so I could at least get him out of the home, and take him home.

[00:20:00]

During the entire time when it was permitted. I would take him home every Saturday and have lunch with him and spend the afternoon with him. So once that was permitted again in February of 2022, I would bring him home. He could no longer feed himself, so I'd make food. I would have to feed him. He couldn't communicate, he just completely gave up. I couldn't walk him anymore. He had completely lost all of his muscle mass. Because the home would tell me that for them to have somebody walk him, due to health and safety reasons, they needed two people. But they were short-staffed all the time, so they didn't have two people to take the time to walk him. So during the time I wasn't coming in, he completely lost his ability to walk, to communicate, to feed himself, everything.

Shawn Buckley
So he's a completely different man.

Leanne Duke
Yes.

Shawn Buckley
My understanding is, you were able to take him out for short-term absences, but from December 10, 2021, you were not allowed in. But then you were allowed in after he died.

Leanne Duke
Yes, so he suddenly passed away on September 17, 2022. I had not been allowed in the home from December 10 until September 17. And it was very difficult. How do you fulfill your power of attorney duties when you cannot see what's going on inside the home? The day after he passed away, I called the home and said, "I need to come and collect his belongings." And the home said, "Yes, you can come in to get his things." So my mom, my friend, and myself—we went there on September 18. And the home let all of us in. None of us were screened. None of us were tested. There was no documentation whatsoever. They just let the three of us go in, take his things, and go.

Shawn Buckley
So this home that was so concerned about you showing up even if you were tested and screened had no concern with the three of you going in and wandering around the facility.

Leanne Duke
Yeah. And on that note as well, I'll also say: during that time from February 22, 2022 until the day that he passed, I was not allowed inside the home. There came a point when I couldn't get my father into my car anymore. My friend would try and help me but we were both getting hurt. My dad was getting hurt, so I could no longer get my dad home. There was no accessible community transportation in my town due to the pandemic. So I couldn't get my dad home with accessible transportation. I was, however, permitted outdoor visits with him. So, I would go and I would have an outdoor visit with him. Not once did they test me. I was never screened. My father wasn't screened after our outdoor visit, yet we would be in the same proximity had I been in the home, or had I taken him home on a social absence where he was being required to have all the testing.

Shawn Buckley
I'm going to ask you: Having experienced all of this, if we were ever to face a situation like this again, how do you think we should have done things differently?

Leanne Duke
There are so many reports that are written by many levels of government. There's the National Seniors Council, the Chief Science Advisor. There's also the Patient Ombudsman, who has released all these reports as early as 2020. And in these reports, they stated the importance of continued access to caregivers, to the effects of the lockdown.

The government has not listened to any of the scientific evidence that came from these reports that talk about the detrimental effects on our seniors. There's the *Long-Term Care Act*—

Shawn Buckley
I do have to stop you, just because we're about nine minutes over. And like yourself, we've had another witness that's been waiting for a couple of hours. But is it fair to say that you're of the strong opinion that there's just no way that caregivers should be separated from loved ones?

Leanne Duke
There's not. A time when they're in a long-term care home is when they need their family the most.

[00:25:00]

My dad was already suffering from a disease that was taking away his body, that was taking away his mind. And then the government took away his family and his support and he had to go through that alone. I would like to say that the government needs to treat our seniors with respect and without discrimination because they deserve to enjoy equal opportunity and be able to live fully in the life of the province, in the life of Canada, the same way as every other Canadian has been afforded.

Shawn Buckley
And, Leanne, I'll just ask the commissioners if they have any questions for you. And they do not. On behalf of the National Citizens Inquiry, I thank you so much for sharing this story. I don't know if you can hear, but the audience is clapping.

It's just so very important to hear from people like you. And thank you so much for sharing this with us.

Leanne Duke
Thank you.

[00:26:06]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

March 30, 2023

EVIDENCE

Witness 13: James Paquin
Full Day 1 Timestamp: 09:21:14–09:30:15
Source URL: https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
We just have one more online witness, Jamie Paquin. Jamie, if you can hear me, turn on your camera.

James Paquin
Yep.

Shawn Buckley
We can't see you yet.

James Paquin
How's that?

Shawn Buckley
There we go, and my understanding is you are in Japan today.

James Paquin
That's right. Tokyo. Bright and early.

Shawn Buckley
I'm going to ask you to start by stating your full name and then spelling your first and last name for the record.

James Paquin
James Robert Paquin, J-A-M-E-S-P-A-Q-U-I-N.

Shawn Buckley
And Jamie, do you promise to tell the truth, the whole truth, and nothing but truth?

James Paquin
Yes, I do.

Shawn Buckley
Now, you were in Japan when COVID hit.

James Paquin
That's right.

Shawn Buckley
And you're there because you run an old Canadian wine business in Japan.

James Paquin
Yeah.

Shawn Buckley
Now, can you tell us how the Canadian COVID measures impacted your business?

James Paquin
For our business, we had a lot of logistics problems. So that's the first major hurdle: shipping containers were extremely expensive. Then the inflationary measures that were brought in. Also, disruption of supply chains increased the price of the goods significantly. There were bottle shortages, many wineries upped their prices significantly. And at the same time, the yen to the Canadian dollar dropped dramatically. So we probably ended up, in one swoop, in a large container order, losing about $50,000 due to those factors.

Shawn Buckley
How did it affect you personally, the Canadian COVID measures?

James Paquin
The Canadian Charter-violating restrictions on travel made it practically impossible to go back to Canada. I haven't seen friends or family since 2019. And as you know, none of this was based on science or previous measures to deal with the virus. So facing fines of up to a million dollars or three years in prisons for violating an absurd two-week quarantine while people with vaccines who are positive for COVID could stroll into the country made it really treacherous to think to go home. And even the financial cost of spending weeks doing that, before you could even start a visit, made it impractical.

So these measures have robbed me of three years of friends and family. And they've also caused huge rifts in family relationships because of the propaganda on the Canadian side that has really damaged a lot of people.

Shawn Buckley
Can you share some details about that?

James Paquin
Yeah. Very early on— I have an academic background and I also saw that what they were saying didn't make very much sense. So I started following a lot of the academics who were producing the data, like the infection fatality rate being lower than influenza. I knew the games they were playing with classifying COVID deaths based on PCR tests. And I had looked at the all-cause mortality rates that weren't increasing in most places. Japan had the lowest death rate in 11 years in 2020, actually.

And then the Japan side: We weren't subjected to things like bubbles, mandates, travel restrictions, and all of that. We were living— They did implement some sort of disruptions to the restaurant trade, trying to get restaurants not to serve alcohol in the evenings, but these were largely violated. You know, I could go to restaurants packed with people. They closed gyms for about six weeks but, after that, we were all able to go back.

Shawn Buckley
Can I just probe you a little bit more so I can understand the differences with Japan? Are you saying they didn't do a general lockdown in Japan?

James Paquin
Yep. For about six weeks in March they did things like put tape on play devices at parks. But you could still use the parks, people were just largely ignoring that. They got people to work from home quite a bit.

[00:05:00]

But stores and everything were still open. Like I said, the gym was closed for about six weeks and then reopened. And my wife and I just traveled domestically. We'd go down to Okinawa, the Southern Islands, multiple times. Various smaller jurisdictions would get worked up and they'd try to get people not to visit, but these things were all largely voluntary. And so we were living in a very different sort of world. People weren't being yanked out of other people's homes for gatherings and these sorts of insane things. And all the while, anyone that wanted to could just look at the data and look at these shady practices they did with the PCR testing schemes. It was largely a facade.

I was communicating all the data to the friends and family in Canada. But when you're on a 24/7 psychological operation with the media doing the government's bidding, they were basically impervious to facts, just like we've seen with the arguments about mass formation psychosis and this sort of thing. I could show them the data but it just bounced right off. And eventually you have people just— They're just—the cognitive dissonance that they face when you present them with this, they just want to shut down and they refuse to discuss it. So there's a lot of family members I know I'm going to have trouble with when I go back.

Shawn Buckley
So basically, there's some family relationships that right now are broken.

James Paquin
Yeah, either in that zone of where I know if I bring up the topic of COVID, we're going to have issues and they're going to want to retreat from it. And you can tell there's a silence on that side because they suspect that if they do talk with me, that it's going to be brought up.

Shawn Buckley
Right, so there were no mandates in Japan.

James Paquin
No, nothing that would be remotely close to what was going on in Canada. And if you look at the world data site, interestingly, there's continual gradual increases in COVID deaths in the last two years—not in 2020. After each booster round, you see these continual increases in the daily death rates. But in 2020, there was virtually no—like I said, the lowest death rate in 11 years in a very elderly society and that was without having the sort of severe measures that were imposed on Canadians. We weren't hiding in our basements for a year and a half out of any sort of imposition by the government.

Shawn Buckley
Right.

James Paquin
A lot of masking, a lot of masking. Which is still an obsession in Japan because of the conformism here, even after the government told people a year ago to take them off the outside and then March 11th, they said they're completely voluntary. I haven't worn one for ages but my gym used to force us until March 1st. And I would put up a fuss there and demand that they show me some data, but that's all about conformism in Japan. People will sit in restaurants for hours in the most tight confines. You can't even find restaurants as densely packed in Canada as they are commonly here. And people will be there with no masks for hours and then they'll slap one on when they go outside. It's just social theatre.

Shawn Buckley
Okay. I have no further questions for you, but I'll ask if the commissioners have any questions for you.

James Paquin
OK, thanks.

Shawn Buckley
And they do not, so Jamie, we'll let you go. On behalf of the National Citizens Inquiry, thank you so much for sharing with us today.

James Paquin
Yep, thanks for your time.

[00:09:01]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

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NATIONAL CITIZENS INQUIRY

EVIDENCE
TORONTO HEARINGS

Toronto, Ontario, Canada
March 30 to April 1, 2023

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 00:33:40–00:54:19
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie. We welcome everyone to the second day of the Toronto hearings of the National Citizens Inquiry.

For those watching online that are not familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-run, a citizen-funded organization, and our goal is to hold hearings across the country. We've started in Truro, Nova Scotia two weeks ago. We're now in Toronto. We're going to Winnipeg, Saskatoon, Red Deer, Victoria, Vancouver, Quebec City, and then we're going to end in our nation's capital, Ottawa. And as we go, we are planning on just having the momentum grow and grow and grow.

We want all Canadians to be participating in this dialogue. We want all Canadians to have the freedom—and I choose that word carefully—the freedom to simply share their stories without fear. So that we can come together to discover what happened, and together figure out how to do things better the next time. I am inviting you to please go to our website, nationalcitizensinquiry.ca. We have a petition. Sign it, so that we know that you're supporting us, you're supporting this initiative. We ask that you would donate. As I say, we are citizen-funded. We don't have a single big donor. We're relying on small donations from the citizens to drive this forward. And it gives us freedom to move by doing this, but it only works if you participate. So I invite you to do that.

Commissioners, before we begin, I just wanted to share a few words about something a witness said yesterday. And then my thoughts on it, which I think are important for us going forward.

We had Dr. Robert Malone testify yesterday. And part of his presentation involved psychological operations being run by military, including the Canadian military, against citizens. If I recall correctly, he brought up four or five news articles about this happening in Canada by our authorities. He showed us some clips and gave a presentation that indicated that we literally are in a battle for our minds—for our minds. And that we won't know that they're in our minds. We won't know that we're being influenced and being

captured. One of the things that they do is they play on our emotion. This has divided us. But one of the things is that when you see a tactic, when you can finally identify it, it gives you the ability to basically neutralize it.

I wanted to speak about just basically this tactic of influencing our minds so much that we become strongly emotional about a subject.

I had an experience about seven years ago where I was getting to know some new people, and the topic of climate change came up. They were voicing a specific side of the climate change argument in a very strong way. And I just suggested that there's more to that story; there's another side. These two people literally exploded on me. They started yelling. They literally started yelling. They were so emotionally invested in their narrative that they had an emotional reaction. Now, that is the sign that you're captured, your mind is captured. Whenever you find yourself on any topic that comes up and now you are strongly emotionally invested, understand that the emotion closes your mind.

We have these terms: "open mind," "closed mind," "change your mind." Do you know that when you change your mind— We've all had this experience where we believed a certain thing. And then we learned different information, and we believe something else. Well, in our mind, actually,

[00:05:00]

the neurons get rewired to say that something else is now your truth. We literally do "change our mind." And I think that term, "having a closed mind," is true.

When you feel strongly emotional on a topic, you are not willing to listen to the other side because you're experiencing strong emotion. Who does that hurt? Does that hurt the other side? The only person that isn't willing to receive new information when you're feeling strongly about something is you. Let me say that again: The only person who is not willing to hear new information when you're feeling strongly about a subject is you. Surely, it doesn't help you if your mind is closed to new information. Receiving new information doesn't mean you need to change your mind. But if your mind is closed, that means your thoughts are captured, because you are incapable of hearing new information that would permit you to choose to change your mind. So if you have a strong emotional reaction to any subject, understand you are captured: your thoughts are captured, and you are not free to think differently.

Now, when we are captured, we literally can't see it. So this morning, when I'm talking or just kind of thinking about what I wanted to introduce this, or how to explain this topic, the idea of stock market bubbles came up to me. For those of you who don't know what a stock market bubble is, that's where the prices of stocks are just getting inflated and inflated and inflated for no good reason.

If we use the dot-com bubble—you just start a website and have a business idea and all of a sudden, you're getting all this venture financing. But you're not making any money, you're not selling a product. But these stocks just kept going up and up. It was a bubble. People with experience in the stock market will know the phrase—or the axiom—that people inside a stock market bubble can't see the bubble. Afterwards, they understand there was a bubble, but while you're in it you just can't see it. Your mind is closed. You're just caught up in this euphoria. But it's being able to understand that we get captured— I'm just using it as another example of how we get captured.

Now that I've set this up, I want to introduce the most important part: I want to talk about vax passports, and I want to talk about digital passports. Because we think of vax passes and we think of digital passports as things, as maybe actions, but they are messages. They are messages.

I don't know how many here, because he's a little dated, remember the Canadian philosopher Marshall McLuhan, in his famous phrase, "the medium is the message." Now, he was speaking in the television age. And his point was we've gone from print to a video medium and a radio medium. And we're getting messaging. But actually, it's the medium itself which is also the message that is communicating to us. So TV captures you in a different way and has a different message.

He was gone before we hit this smartphone age. It's funny— I'm one of the few people in the world now that does not carry a cell phone. And I can be in a place like an airport with, you know, 500 people, and I'm the only one looking up. It's happened to me where literally, I've scanned the room and out of hundreds of people, I'm the only one looking up. And we all know with the younger generations that now they're thinking differently because the medium has changed that generation. The medium is the message.

The digital passports, vaccine passports are a message. They are not a thing. They are not an action. They are a message. And let me explain because they're a mechanism of control. They are message to control—and you'll understand after I finish my explanation. And I'll use Alberta as an example.

[00:10:00]

We're here today on March 31st, 2023. If we were just to back up 14 months in Alberta, which is not long ago, we were separated into two groups of people. We had vaccinated people. We had unvaccinated people. We were having to wear masks. Unvaccinated people could not go to, let's say, their child's hockey game. They could not go to a restaurant. They basically were limited to accessing essential services—those being grocery stores and gas stations and the like. Now, people in the vaccinated group—and I've heard them say this—they actually felt that they were in a better situation. They actually felt that they had privileges that the unvaccinated people didn't have. And they didn't understand that actually they were in a worse situation than the unvaccinated people, because they were receiving a message that the unvaccinated people were not receiving.

To put this into context; Prior to this COVID adventure and prior to these mandates, all of the vaccinated people were free. When you're free, you don't need anyone's permission to do something. So the vaccinated people prior to the passports: They were free to go to their child's hockey game. They were free to go to a restaurant. They didn't have to ask anyone's **permission. They were just free to do it. They wouldn't have even thought of it. The idea of asking for somebody's permission, or the idea of going through a police-state ritual to be able to do something like that, was foreign to them.**

But now that they were vaccinated and they had their identity papers—they had their vaccine passport—they were now able to participate in the message: the police-state ritual of going to a restaurant and showing their identification papers. Now, here's the message. And police-states do this not because they need to know that you went to the restaurant, not that they need to know you went through a roadblock, not that they need to know you went to your child's hockey game. That's not the real purpose. The real purpose is to send the message that they are the master and you are the servant. Because you are not free to go to your child's hockey game unless you show your identification papers, which gives you

permission from your master to enter the rink. Do you understand? A vaccine passport—a digital passport—is not a thing. It is not an action. It is a message.

You know, go back to Nazi Germany or Stalinist Russia, where they had roadblocks and you had to show your papers. It wasn't about controlling your access. Did they really care that you went from one part of the city to the next? They knew where you lived. They knew where you were going to go home for supper that night. But by having you participate in that police-state ritual: Every time it happens, at a subconscious level, it sends the message that you are the servant being granted permission by your master to participate in whatever privilege you are now being granted from your master. And it reinforces that you do not have the "right" to do what your master is allowing you to do—if you participate in the messaging.

And so going forward— We've just had this experience with vaccine passports where people would be bragging online digitally about, "I can go to the restaurant," and this and that. And rubbing it in the face of unvaccinated people that couldn't go anywhere, not understanding that the joke was on them. Because every time they were doing that, they were participating in the message that they were the servant, that the state was their master. And that whereas they were free to do this before, they are now accepting as the message that it is now a privilege—not a right, it is a privilege—being granted to them from their masters.

[00:15:00]

We have to start thinking philosophically about what these things mean. We are going to be asked, going forward, to accept digital passports. Major grocery store chains are already starting to put turnstiles. I've seen it in the Edmonton area where I live. That's part of the vaccine passports where, for simple things, we're going to have to start showing these IDs, for our safety, to help the government, for whatever reason it's going to be. But it's actually not about that. It's not about contact-tracing. It's not about safety. It's about the message. The passports are the message. And we have to understand that to protect ourselves from accepting the message. Even if we find ourselves in a situation where we haven't been able to resist them, understand that they are a message—so that you do not subconsciously find yourselves in the situation where you believe you are not a free human being but that you are a slave being granted permission from your master.

I didn't mean to get so dark, but I think it's really important to speak about this. We had Professor Bruce Pardy yesterday talking about how we have arrived in an administrative state as opposed to a democratic state. And going actually back down to philosophical principles. Professor Pardy did us a great service by showing us something that we didn't see before. Because he was pointing out that we can argue about things like: Was masking **in the public interest? Were mandates in the public interest? Were lockdowns in the public interest? But the real issue is: Why did the health authorities get to decide what was in the public interest?**

So you know, we have to start paying attention in a different way to what's going on and questioning what things mean. Because if we don't understand what's going on, we can't decide what we're going to do about it—because then our minds are captured.

Unless the commissioners have some comments to start our day, we'll call our first witness. I think we're good to go. And I'd like to introduce, we've got—

Oh yes. I'm sorry, we're going to watch a video first. And then we'll call our first witness, thank you.

[A video clip was played of Global News footage of a press conference held by Doug Ford, Premier of Ontario, announcing renewed lockdowns in Ontario.]

[Video Clip] Doug Ford, Premier of Ontario
Good afternoon. I know we are all eager to get things back to normal, and no one wants to get the economy going and get people back to work more than I do. And that means having a responsible plan. It means taking the best scientific advice and working together with our partners….

Yeah, so our chief medical officers are in contact with all the other chief medical officers, including the one in Toronto. I'm in close contact— I had a good conversation with Mayor Tory. You know, we don't make a move in any region without the full consent of the local chief medical officer and, most times, the local mayor. So Travis, we would be able to answer that probably a little better in the next few days. And that would probably be a good question for Mayor Tory to answer, and the chief medical officer of Toronto to answer.

[Video Clip] Unidentified Reporter:
Hi Premier. You just mentioned the people trying to work hard to put food on their table, and following up on Randy's question, what's to say that they wouldn't or shouldn't just start ignoring emergency messages? We saw over the weekend protests throughout the province. Massive protests in Toronto over two days. We've seen the Trinity Bellwoods Park before. We've seen weeks of protests outside Queen's Park with no enforcement. The Prime Minister even took part in a protest with no social distancing. Not everyone was wearing masks and there was no enforcement. Yet steps from there, a restaurant gets fined for letting people eat on their patio. So if there's not enforcement of the rules for everyone, why should business owners say, "You know what, I'm going to keep listening to the Premier, to the Province, and sacrifice my livelihood when others aren't?"

[Video Clip] Doug Ford, Premier of Ontario:
I understand the question, and for the most part, the vast majority of the people are listening. And as for the protest, people are hurting. You know, certain communities are hurting out there.

[00:20:00]

I understand the protest. And I understand a lot of them were social distancing and some weren't. But they're in pain right now, and collectively as a province, we're all going to work together to fix that. As for the Prime Minister being out there, you're going to have to ask him that question. But I truly believe in the people of Ontario, and the people of Ontario have stuck with us. We're on the same team. And yes, there's been a few incidents. But the vast majority of the people across this province have been working well together with us. As I always say, we're all in this together, so we'll get through it together too.

[00:20:39]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 1: Rick Nicholls
Full Day 2 Timestamp: 00:55:10–01:24:34
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Genevieve Eliany
I'll ask the first witness to state and spell his name for the record, please.

Rick Nicholls
Thank you very much. My name is Rick Nicholls, R-I-C-K N-I-C-H-O-L-L-S.

Genevieve Eliany
Could you promise or affirm to tell the truth, please?

Rick Nicholls
So help me God, yes, I do.

Genevieve Eliany
Great.

Mr. Nicholls, if you could start with a general introduction of who you are and your role between 2011 and 2022, please.

Rick Nicholls
Happy to do so. I was elected first to the Ontario Legislative Assembly in October of 2011. And I served three terms, ending obviously June 2nd of 2022. Throughout those three terms, for the first ten years, I was a member of the Progressive Conservative Party of Ontario and held numerous positions. First, in opposition as different shadow cabinet ministers. But also in my second term, I was appointed one of the deputy speakers in opposition for the Ontario Legislative Assembly. And then later, in my third term, I was appointed the Government Deputy Speaker for the Ontario Legislative Assembly.

Genevieve Eliany
Thank you. We'll start with your general position on vaccines. Could you tell us about your hesitancy?

Rick Nicholls
First off, I want to make it very clear that I'm not an anti-vaxxer. However, having followed reports of what was happening around the world and the vaccine injuries and even deaths that were being reported, I had made the decision, along with my wife, that we would not have this substance injected into our bodies. Simply because of the fact that we weren't certain of what the outcome would be. And I held true to that and maintained my integrity throughout the entire ordeal.

Genevieve Eliany
How did you voice your concerns with the legislature when you were at work?

Rick Nicholls
Well, first of all, we would have caucus meetings and throughout those caucus meetings at various times there would be the Chief Medical Officer of Health for Ontario, started with Dr. Williams, and then after he had retired, Dr. Kieran Moore. And they would be giving presentations, as well as other doctors giving presentations, to caucus. And there was an opportunity, because it was all on Zoom, to ask questions. I would ask questions about the efficacy of these particular vaccines—especially having heard of the injuries that were being reported throughout the world and even within the province themselves. And of course, some people even more locally were experiencing side effects from these vaccines, but no one would ever come forward and say, "Well, it was the vaccine that caused that."

Genevieve Eliany
How would you describe the general response to your concerns at the legislature?

Rick Nicholls
Well, you know, I think it was mixed. I think it was mixed. There were several opportunities where I voiced my concerns. And sometimes— As you know, on Zoom you can have a full picture of everyone, or most people anyway, sitting in and listening to the Zoom. And there was one individual, who was the campaign manager for Re-elect Doug Ford 2022, who was sitting in on the caucus meetings. And one time I recall when I was asking questions of the medical advisor or the medical people there, I caught him just kind of shaking his head as if to say, "I totally disagree."

Other than that, I would have sidebar conversations with some of my other colleagues and some were supportive. There were a few that actually said, "Yeah, we did not want to get the vaccine," for various reasons—for their own personal reasons.

Genevieve Eliany
What were the consequences for you personally with the Conservative caucus?

Rick Nicholls
Well, obviously, I had been approached. I recall one day, I was driving back from the legislature back to Chatham, which is my hometown. And I received a phone call and it was Premier Ford. We talked and his basic comment to me was— Because he had known that there were a number of caucus members and myself that were vaccine hesitant, not wanting to get vaccinated.

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He called me and he basically said, "Rick, please do me a favour, get vaccinated." To which I responded and said, "Premier, that's going to be a little challenging for me, a little bit difficult for me." And I gave him my reasons, to which he replied, "Look, I don't need an answer right now. By all means think it over and let me know."

Well, then I proceeded to get a phone call the following day from one of the pollsters from the Party. And then on the Monday I received a phone call from the campaign chair for the for the PC Re-elect Doug Ford campaign. Now this gentleman was also a co-founder of a company called Rubicon Strategies, who by the way— They're a lobbyist firm and they represented Big Pharma. Pfizer was one of them; Johnson and Johnson AstraZeneca were others. And he said to me— In a very unapologetic way, he said: "You've got 72 hours. You either get vaccinated or you will be removed from the PC caucus."

And I thought—wow. I said, "You're threatening me? You're an unelected official and you're threatening me?" I said, "Well, I'll tell you what I'll do. I will talk to my doctor and see whether— To get his input." Well, of course, he basically said the following day, "Rick, you know, you're healthy, you're good, the vaccines are safe and effective, I see no reason why you shouldn't get vaccinated." To which I responded, "Well, thank you very much. I hold a different opinion." And so that was on the Tuesday.

On the Wednesday, I drove up to Toronto and prepared my notes. And on Thursday, I went before the cameras in the media studio at Queen's Park and very succinctly and very directly made the comment that I would not be receiving these vaccines—fully knowing, as had been indicated earlier in the week, that if I didn't get vaccinated by Thursday, 72 hours, I would then be removed. And of course, I knew what the consequences would be. I was good at my end. And unfortunately, the government was good on their end. And about 5:30 a press release was put out, stating that I had been removed from caucus.

Genevieve Eliany
Ultimately, you ended up leaving the Conservative Party, is that right?

Rick Nicholls
That's correct. When I was removed from caucus, I then sat across the aisle as an Independent. And that was my stand for several months until I was approached by another conservative party. I had many discussions with them, and decided to support their leader. And then I joined the party and was appointed as deputy leader, and that was the Ontario Party.

Genevieve Eliany
[Inaudible 00:08:02] … It was like, sitting across from your former colleagues in the legislature?

Rick Nicholls
Yes, I was. And it's interesting: at first, everybody had to wear a mask, except for one day. You could still talk with a mask on but I didn't like that, because it sounded very muffled. But it's interesting how even when someone has a mask on, you can kind of read body language and facial expressions. And I was seeing a lot of serious looks from my former colleagues as I sat in opposition as an Independent, and then as a member of the Ontario Party. And that, to me, spoke volumes. But I was the one that put my political career at risk by holding on to my integrity and staying strong and realizing that I wasn't alone.

There were millions of people throughout Canada, as well as even in the States, that sent emails. And I had phone calls from people standing by and saying, "Rick, we support you. We admire your courage." I thought, well, I just want to do the right thing—not just for myself and my family but also for others who were feeling the same way. We're, as one might say, somewhat vaccine hesitant.

Genevieve Eliany
Would you say that your colleagues—or that you had the impression that your colleagues might be fearful that, if they spoke out, they would suffer the same consequences that you suffered?

Rick Nicholls
You know, that thought has gone through my mind quite often. And of course, sometimes people will put money or careers ahead of doing the right thing. And so they claim that they received the vaccines: two shots, and some three, and maybe even four.

[00:10:00]

But sadly, I've talked to many people who have come up to me afterwards and said, "Rick, you know, I got the two shots, but I am not getting any more shots." Because more and more data was coming out. Despite the fact that the Minister of Health would continually say to me when I would challenge her in the legislature during question period— You know, the canned phrase was: "These vaccines are safe and effective, protect your family, protect your friends, get vaccinated."

Genevieve Eliany
We'll shift gears now to some of your direct legislative experience. Can you tell us where and when orders and bills were generally discussed?

Rick Nicholls
Initially, bills are discussed in caucus and they're brought forward. But it's kind of like at a 5,000-foot level and, generally speaking, the minister presenting the bill—that would be a government bill—would give an overview of what it is and capture the highlights of that particular bill. Then after the presentation was made by a minister, then everyone in caucus had an opportunity to ask questions. And then once that was sufficient, then after that the bill would be read for the first time, introduced in the legislature, and then there would be debate at second reading. And then from there, after the debate there would be a vote. And assuming usually government bills always pass, they would then go into committee and hopefully come out of committee with even stronger recommendations to

make the bill even better. Then it would come back for a third reading and that's the final reading. There'd be debate and then a vote.

Genevieve Eliany
You mentioned the readings. Can you comment on how the timing of readings changed during the pandemic?

Rick Nicholls
Well, that's an interesting question. A lot of times— First of all: the government, the *Emergency Act* as an example, and that's the one that I got very vocal about sitting in opposition. That particular bill passed the second reading. And there was a timeline on that, that said that basically, from a previous reading: they had to extend the *Emergency Act*. And the date, I believe, was around December the 1st. So this is now taking place about a week before and, interestingly enough, in an evening sitting where there's not many MPPs there, just those who are on house duty. And I wasn't on house duty but I stayed in my office because I felt that something might be up that week. And I was late in my office on Monday night and Tuesday night. And on Wednesday night, suddenly I hear the Solicitor General come on and she starts talking about a bill. And I went, why would she be talking about a bill at third reading? Then it occurred to me that she's talking about this motion to extend the *Emergency Act* into—I believe it was late March of 2022. So I had some red flags pop up in my head. I went down, sought clarification, went back up to my office. And at that point in time, I finished up my notes because I wanted to speak to it.

And I got there— Had I been 10 seconds later— Because if no one stands to do further debate on a particular bill, then the speaker is then asked to ask three times—further debate; further debate; and then, further debate. And no one else stands, it forces a vote. And of course, I walked in. And if I'd been 10 seconds later, I think I would have missed out on the third further debate. I got there at the second one. I got over to my seat and then I stood and I had an opportunity to raise my concerns as to why I would not support the extension of that particular motion. I also made it very clear that— Since the Minister of Health was constantly saying these vaccines are safe and effective, I raised the issue that if they are that safe and effective then they should not give Big Pharma what I would call—if you want to use the Monopoly example—a "get out of jail card free" card. Because right now under those orders, Big Pharma were protected. Any vaccine injuries or deaths that occurred, they could not be sued. So I said, "Well, if you're so confident, then remove that from the bill." That didn't happen.

[00:15:00]

After I was finished, no one else stood up and that forced a vote. The procedure is the speaker says, "All those in favor say 'aye,' opposed, say 'nay.'" I said, "nay." I was the only one that said, "nay." He said, "I heard a 'nay,' I heard a 'no.' In my opinion, the 'ayes' have it." Had there been five people—myself and four others—stand that would have forced a recorded vote. Unfortunately, I was the only one there that opposed it. Therefore, the bill passed third reading on a voice vote.

Genevieve Eliany
We've heard that you didn't get much notice about this debate. How much time typically did MPPs have to review new orders and legislation and anything that was to be passed in the House?

Rick Nicholls
Well, the House leaders—both on the government side and in opposition—are given a heads-up as to what bills are going to be introduced. Typically, it's somewhat short notice but at least the House leaders— Especially in opposition, they let their people know so that those who want to speak to it can speak to it and get their speaking points all in a row and can present during debate.

Genevieve Eliany
But was there time to review the legislation in detail?

Rick Nicholls
No. Oftentimes, again, during a caucus meeting, details are brought forward and a review. If, for example, in opposition—if the opposition requests a meeting to review the bill, that is often granted. But then shortly thereafter and then suddenly during proceedings, when the speaker asks for orders of the day, that's when a particular bill is introduced and they start right into debate on it actually at second reading.

Genevieve Eliany
And of course, ultimately, you're always told how to vote by the party, right?

Rick Nicholls
Yes, we are. We are. Typically, it would be political suicide for someone to oppose. Now, that's not to say that— There were times, even when I was in opposition, where the government would bring forth a bill— That would be the Liberal government at that time. And there'd be a number of us actually in caucus say, "No, we can't support this particular bill." So then, and I remember our leader at the time said, "Well, look, it would look bad on us if a bunch of us stood in favor, and we had a number of caucus members stand opposed. So do us a favor, just don't show up for the vote." And so that was often the case for that. But when in government, if someone was vehemently opposed to a particular bill then they would be asked not to show up for the vote.

Or sometimes— It happened actually with one individual: No one knew that this individual was vehemently opposed to a bill that was being brought forward. It wasn't the bill that we're talking about now. And this individual silently voted against it because we had— Because of COVID, the voting structures were different. We had to go into our various east wing, west wing, to vote. We just kind of walked through when the clerks would check our names out. This individual went on the "nay" side and voted—but then also issued a press release indicating how they were opposed to this particular bill. Well, that basically spelled the demise of this individual from caucus. Well, that person was removed as well, but for different reasons.

Genevieve Eliany
Okay, thank you very much. We're out of time, so I very much appreciate your testimony today. Thanks again.

Rick Nicholls
Thank you very much. Thank you for the time.

Genevieve Eliany
I believe we may have a question from the commissioners, is that right? Before you leave us, Mr. Nicholls, one moment. Apologies, Commissioners.

Commissioner Kaikkonen
Good morning. I just have a quick question. The Solicitor General that you're referring to, is that Sylvia Jones?

Rick Nicholls
Yes. That's correct.

Commissioner Kaikkonen
Did Sylvia Jones, in discussions with caucus,

[00:20:00]

ever speak about the people who were demonstrating out of her office, outside her office repeatedly, who were opposed to vaccines? Did that ever come up in her decision-making powers?

Rick Nicholls
Unfortunately, I don't have an answer for that. I do not know for sure. I know that there were demonstrations and a number of ministers were being targeted. She may have been targeted but I don't recall her specifically talking about the protesters outside of her office.

Commissioner Kaikkonen
So basically, just as a follow-up, her decision-making was coming from the health folks—her peers in the health and not necessarily her constituents?

Rick Nicholls
Yes, I'm confident of that. As a matter of fact, even locally for myself, I had constituents that voiced concerns. Some were definitely in favour of it but there were also many that were fearful. I didn't think that it was appropriate that even businesses who had no medical background would in fact mandate these vaccines for people that didn't want it. Vaccinate or terminate: that was the way it went. I was totally against that. To me, that was coercion. And people lost their jobs because of it and that just is not right.

Commissioner Kaikkonen
And you would also know that Sylvia Jones is not a medical doctor?

Rick Nicholls
That's correct. She is not. She and the Minister of Health, Christine Elliott—who by the way is not a medical doctor either—but she was the Minister of Health, were very close throughout the entire COVID. Because the rules, sorry, the responsibilities, of the Solicitor General and of course the responsibilities of the Minister of Health. But again, they were

taking their lead from the Chief Medical Officers of Health, Dr. Williams and Dr. Moore. I also firmly believe that the College of Physicians and Surgeons were muzzling doctors and saying, "This is what you're going to do. This is how you're going to do it." And I believe that they in fact were providing some direction to the Chief Medical Officers of Health as well. There's a lot of advisors out there— But what I found was that with many people, you try to talk to them about it. And I have an adage and it's called, "Don't confuse me with facts. My mind is already made up."

And there was no real discussion about whether or not these mandates were going to be well-received. Obviously, they weren't. because there was demonstrations going on throughout the province, actually—even after I was removed from caucus.

Commissioner Kaikkonen
Thank you.

Rick Nicholls
Thank you very much.

Commissioner Drysdale
Good morning, Mr. Nicholls. Thank you for coming here to testify. I have a few short questions.

Rick Nicholls
Certainly.

Commissioner Drysdale
How long were you a sitting member of the Ontario legislature?

Rick Nicholls
Well, from October of 2011 through to August 19, 2021, when I was removed from caucus.

Commissioner Drysdale
And you said that you were a member of caucus. For my information and perhaps for some of the folks listening, can you describe to me what you mean by caucus?

Rick Nicholls
Okay, those are the elected MPPs who were in fact—who won their seat sitting as a member of the Progressive Conservative Party of Ontario. That's caucus. Every MPP of the party, they comprise caucus. They are elected officials. But every once in a while, there'd be some unelected people in there sitting in on those meetings as well.

Commissioner Drysdale
You had mentioned to me that, or you mentioned in your testimony, that you felt your position was threatened by an unelected official.

Rick Nicholls
That's correct.

Commissioner Drysdale
In your time in the legislature, was that a common practice—for unelected officials to come in and threaten your position as an elected official?

Rick Nicholls
Well, I can't speak for others. All I can do is speak for mine. And I certainly didn't appreciate the coercion, the threats from this unelected official telling me that if I didn't comply with getting the vaccines— By the way, his company— Although he had stepped aside as the co-founder and president of Rubicon Strategies, he in fact was very, very threatening. And as a result, I had to deal with that. And I was not about to comply to his direction.

[00:25:00]

He's not a medical doctor either.

Commissioner Drysdale
You were elected in a certain riding, or a certain area in Ontario, to represent the people of that riding. Is that not correct?

Rick Nicholls
Yes, sir, it is. Chatham-Kent—Leamington is my riding. I proudly represented the people even after I was removed from caucus, after August 19, 2021. I continue to do my very best to support the people, the constituents in my riding.

Commissioner Drysdale
Well, having said that, you had also said that when certain bills were coming down the pipe—and you may be opposed to those bills—and being on opposition, seeing as you're the elected representative in your riding: How is it that members can say they represent the people in the riding when the party tells them how they will vote universally? In other words, are you representing the party or are you representing the people?

Rick Nicholls
Therein is the million-dollar question. Again, so what would happen is that when a bill is presented to caucus, there are talking points that are also provided. And those talking points assist greatly in the preparation of the big talking points. And of course, it's up to the individual—that being the elected official, the MPP—to basically "sell" those talking points. Not only in debate. Obviously back in my riding, I had great staff and we would have meetings. And I would say, "Okay, here is how we're going to present this or talk about it." But there were times when some of those talking points, I didn't agree with. And candidly, between myself and maybe a person I was talking with who was quite upset, I'd have a candid discussion with them regarding those talking points.

Commissioner Drysdale
The last question. Just before you came on, we listened to a video by Premier Ford. And I believe he said in that video that they would not go against any directives or information they got from the health officers. As a member of the caucus, do you recall being involved in any discussions where the caucus weighed the risks and benefits of the vaccine, the lockdowns, the mandates, et cetera? You would expect health officers to make a certain decision or a certain recommendation. And then you would expect the politicians to review the social, financial, economic implications of those, debate them, and then make a decision as to adopt them or to adopt modifications or not to adopt them at all. So were you involved in any of those risk–benefit conversations?

Rick Nicholls
Well, again, one of the things that I would challenge during caucus meetings was the efficacy of the vaccines. I challenged on several occasions the reasons: Why are we subjecting 12- to 17-year-olds with this vaccine? When we're seeing two things: first of all, younger people don't necessarily normally come down with COVID. And I would challenge them: Why are we doing it? What proof do we have that these vaccines are safe and effective? Where are the trials? And I would just get some answer that, as far as I was concerned, I wasn't satisfied with. And then when they also all of a sudden wanted to go down to the 5 to 11-year-olds—Oh boy. I'll tell you I questioned that and challenged the doctors in our in our caucus meetings. But, again, it would seemingly fall on deaf ears. It's the old story: Don't confuse me with facts, our mind is made up.

Commissioner Drysdale
Thank you very much for your service and your courage in coming and representing the people of your riding and the people of Ontario.

Rick Nicholls
Thank you, sir. I truly appreciate the kind comments. Thank you.

[00:29:24]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 2: Lynn Kofler
Full Day 2 Timestamp: 01:24:34–01:43:36
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
If you could please state your name and spell it for the record, please.

Lynn Kofler
Lynn Kofler, K-O-F-L-E-R, L-Y-N-N

Geneviève Eliany
And do you promise or affirm to tell the truth today?

Lynn Kofler
Absolutely.

Geneviève Eliany
Could you tell us what your professional training is?

Lynn Kofler
I am a registered nurse.

Geneviève Eliany
And where were you working, without naming the institution, during the pandemic?

Lynn Kofler
I was working in long-term care.

Geneviève Eliany
Can you tell us about some injuries you witnessed which appeared to be correlated to the administration of the vaccine?

Lynn Kofler
Yeah, we had large numbers of the residents with extremely painful arms for, like, days and days. They couldn't even lift their arms and stuff. We had to prop them on a pillow. We saw some patients break out in these huge boils. This one gentleman had boils all over his back. He was on four different types of antibiotics and nothing would help. And on time I left, he was still dealing with at least two that were still there, that we had to dress and clean every day.

Geneviève Eliany
How long were you working in this long-term care home?

Lynn Kofler
I have been working long-term care for four years.

Geneviève Eliany
Can you comment on how many deaths there were in your stay at this long-term care home?

Lynn Kofler
Well, my last long-term care home, which is shocking for me: the building holds 55 residents and they keep a book and a log when people pass. And there were 34 deaths out of 55 in a one-year period I was there.

Geneviève Eliany
Was that higher than what you had observed in your previous years working in the long-term care?

Lynn Kofler
In all my years of nursing, period. I've never seen that kind of death rate.

Geneviève Eliany
I understand that you worked nights and you were receiving communications and faxes. Can you tell us about what you learned from this correspondence?

Lynn Kofler
Sure. Because I was working night, I would get all the faxes and have to file them all. But I would frequently get the fax that came from the government and it would list the local, the area of our group, all the nursing homes. And which ones were in lockdown, which ones were in lockdown for COVID and which ones were in lockdown for influenza or any other

reason. I found, every time I got those, our nursing home was in COVID lockdown; only we never had one case in the whole full year I worked there.

Geneviève Eliany
To be clear: Again, the faxes and the correspondence were reporting that your institution was closed for a lockdown, even though there was no COVID that you knew about.

Lynn Kofler
Right, and sometimes we weren't in lockdown. On occasion, we had to be in lockdown because we had some false positives for staff or patients. but after a two-week period, the lockdown would be gone until the next occurrence. But there was never COVID in the building.

Geneviève Eliany
What impact did you see on the residents with respect to lockdowns and lack of visitors?

Lynn Kofler
Oh, it was really hard to watch. They had to stay in their rooms. They ate out of paper plates, paper cups, plastic cups. They were no longer allowed to go to the dining room. They were no longer allowed to participate in any activities: crafts, music, anything. They were literally in their rooms for the whole two-week lockdown periods, which there were quite a few when I was there.

And they had no socialization. Just whoever was in their room but frequently they're not always— You know, we have dementia patients and that kind of thing, so it's not like real company. It's not like getting out and talking and having conversation and being able to interact with people. That was a huge impact.

And we found there was an increase in confusion, actually. Because frequently, they didn't know what was happening and they'd be all stressed and they'd walk out of the room and then they'd have to be put back in the room. It was really hard to watch.

I know that some patients we saw just stopped eating; they stopped getting out of bed. And I really believe that they more or less died because they had no clue why family members weren't coming. Where are their grandchildren? You know, where are the people who love them? And they could not see them at any point.

[00:05:00]

Geneviève Eliany
Let's speak about your personal experience. As far as you can tell, when do you suspect you first had COVID?

Lynn Kofler
I first had COVID actually February 2020, before the thing was announced. And I knew I had COVID because I had six years of never had a flu or a cold. I take a lot of vitamins. I take

vitamin D, C, all those; I was already taking them. So they had prevented colds for a long period of time for me.

But when I got what I perceived was COVID, I was flat out for three days. I, like, couldn't even move off the couch. And then after three days, I was fine. I was up and about and I didn't have the headache, didn't have the sore throat or anything like that. I was fine.

Geneviève Eliany
And I understand you refused the vaccine, is that correct?

Lynn Kofler
Yes, I did.

Geneviève Eliany
What were some of the reasons that you chose not to receive it?

Lynn Kofler
Well, I have health issues and I had tested positive for lupus two years ago, so they're monitoring that. I have other autoimmune issues that really prevented me from wanting to take the risk of putting anything in my body that might increase my symptoms or make my issues worse.

Geneviève Eliany
How did your refusal impact your ability to work?

Lynn Kofler
Sorry?

Geneviève Eliany
How did your refusal impact your ability to work?

Lynn Kofler
Initially, the nursing home was— I was fine. I worked in COVID right up until October 9th, 2021. I worked all through there. I worked large amounts of hours. I mean, I felt like I was never home, but they started saying stuff like, "Okay, with the nursing home: owners of the nursing home are looking to get everybody vaccinated." So that was the first step.

Then the next step was: those who weren't vaccinated now had to do this little online course, that they told you all about COVID and all that stuff. I mean, we are registered nurses, I think we understood that. They put us in front of that and it went through the whole list of what it was. And at the bottom it says, "Are you now willing to get the vaccine?" To which, of course, we all went, "No." I don't know why they thought that that little teaching session would help us—but anyway.

And then the next thing that kept occurring was we didn't get discreet letters. We would walk into our lockers for the morning shift and the letters would be pasted on all the people who weren't vaccinated, saying that we had until October 9th, 2021.

Geneviève Eliany
When were you put on leave?

Lynn Kofler
I was never put on leave. I just never got any shifts after October 9th and was requested not to return.

Geneviève Eliany
And ultimately, what happened to your nursing license?

Lynn Kofler
I had my nursing license for a while, but now it is— I relinquished it, because I turned 65 on February 4th. In order for me to get back into nursing, in case they open the door again, I would have to go through remedial stuff: more work, courses, all that kind of stuff to get up and running again. So the time period for me, it's not possible for me to work in nursing again.

Geneviève Eliany
Did you consider trying to find work in other areas of health care?

Lynn Kofler
I did and every area of health care I was not allowed to work there.

Geneviève Eliany
And you weren't allowed to work because of your vaccination status, just to make it clear.

Lynn Kofler
Exactly. Yeah.

Geneviève Eliany
Okay. Ultimately, what did you do to support yourself?

Lynn Kofler
I was 10 months unemployed. I withdrew money from my RRSP, I withdrew money from my tax-free savings. I cancelled all my magazines, my cable TV, anything I could scale down on. I started selling my stuff on Marketplace and made it through the 10-month period. And I was constantly applying for jobs locally, in Coburg and Port Hope—and not getting any response. I felt it probably was due to the fact that I was overqualified for minimum wage jobs and that I was too old.

Geneviève Eliany
Do you regret your decision?

Lynn Kofler
Do I regret my decision to not get the vaccine? Absolutely not. I think it was the right thing to do. For me.

Geneviève Eliany
And if you can make recommendations on how,

[00:10:00]

let's say, specifically the circumstances and the management of the situation could have been better handled in long-term care, what would some of those recommendations be?

Lynn Kofler
In regards to myself, or in regards to the patients and all that?

Geneviève Eliany
You're welcome to comment on the patients, but since you were staff there, with respect to management of the staff.

Lynn Kofler
Right. I think that, first of all, nursing— I've been a nurse for 40 years. So in a 40-year period, we all knew that we're working under stressful situations, always short-staffed. And they were constantly calling you to come in and you rarely had a day off. But that just meant that when we were short-staffed, then the patients got less attention. Frequently, if it was their bath day, for example, they would skip it and hope that the next day they'd have enough staff to actually get the person bathed and cleaned and stuff. So that was kind of tough, but that's a normal part.

But I found it really hard to— When I began to talk to other nurses about the things I had been learning about COVID and why I had chosen not to vaccinate, I went to work and there were two days in the week that I had shifts and all the others were gone. Normally, I look at my schedule and the whole entire thing is full. I phoned up my manager and I said, "What's going on?" And she said, "We heard you were going to the rally in Ottawa." And I went, "Excuse me?" "You were telling people you were going to the rally in Ottawa." I said, "I never ended up going, but that was the plan. I just never had enough time off to go."

And under that condition, because of that—that I wanted to go to the rally—they took away my shifts. Even though they were short-staffed, they still took away my shifts as kind of a punishment. And then once they discussed it with me, they brought all the shifts back because I didn't go while I was working with them.

After I got let go, I definitely went to Ottawa just for the day—to see. I wanted to see for myself what it was really like, what was really happening up there.

Geneviève Eliany
Is it fair to say that you'd never lost shifts before because of political beliefs?

Lynn Kofler
No, never, no. No.

Geneviève Eliany
Certainly sounds unusual.

Lynn Kofler
Yeah, it does.

Geneviève Eliany
We'll see if the commissioners have any questions for you.

Lynn Kofler
Sure.

Commissioner Drysdale
Thank you for coming down. Are you aware of the adverse reactions reporting system in Canada, sometimes called CAEFISS [Canadian Adverse Events Following Immunization System]?

Lynn Kofler
No, I am not.

Commissioner Drysdale
You mentioned that you noticed some of the residents in the long-term care facility were having soreness of arms and whatnot. Do you know whether anyone was making reports to higher-ups about those reactions to the health department, or—?

Lynn Kofler
Well, those issues were spoken of from shift to shift, but I don't think they were ever really documented or ever really catalogued in any way, shape, or form.

Commissioner Drysdale
Okay. You mentioned the conditions in the facility with the lockdowns, or lockdowns for various reasons. And the patients were in the rooms, they couldn't get out, they had no social interaction. Did the Province of Ontario provide any oversight, any regulation, any inspection of these facilities to see the conditions that were going on and to make comment? Or did they provide any guidance to lockdowns and social interactions?

Lynn Kofler
Well, I had overheard that there was a Ministry person in the office with the Director of Care. I happened to be in the other room on the computer and I heard them talking, but I didn't specifically hear what they said. But it was obvious that the Director of Care had to do what the Ministry was telling them and I was quite surprised that the Director of Care had no response, but kind of like a "yes, sir" response.

Commissioner Drysdale
I understand that—that the direction on how to lockdown was there. But did anyone from the government come into the facility to actually check with their eyes to see the condition of the patients and what the effects of those lockdowns were on those residents?

Lynn Kofler
I'm not sure. I saw that lady come but I wasn't sure if she was there to assess the residents or the conditions or anything. I'm not sure why she was there.

Commissioner Drysdale
Do you have any idea how many staff in the facility were treated similar to you?

[00:15:00]

In other words, lost shifts or left the facility due to this issue?

Lynn Kofler
There weren't a huge amount of staff in there. It was a 55-patient unit but when I was asked to leave, there were also at least four others who were asked to leave. And in an institution that small, that was a big chunk.

Commissioner Drysdale
Well, you had mentioned earlier that you're always understaffed. And if you lost four staff due to this issue, how would that affect the care the residents were getting?

Lynn Kofler
I'm sure it was even worse than usual. I know before I left, I had to train the person who was going to replace me. I know for a fact that these PSWs [personal support workers] especially were fast-tracked in their coming to Canada actually; and also fast-tracked into education in order to work as a PSW. Which made the staff who were already PSWs and working their butt off angry because they were getting so much more pay and they didn't even have to take the long courses that they had to take to become PSWs. They were six-month online course and then they were in the building.

Commissioner Drysdale
Are you describing a somewhat toxic situation in the facility with staff angry, short of staff, patients locked into their rooms for days or weeks on end?

Lynn Kofler
Yes. Definitely, yes, and the stress on the staff was pretty— You could feel it in the air. And they were always being called to come back in on their days off. And so there was a lot of resentment, a lot of stressed-out people. It was just too much to cover everything.

Commissioner Drysdale
Thank you very much.

Lynn Kofler
You're welcome.

Commissioner Kaikkonen
Good morning. I just have a couple of quick questions on the online course. Who was the author that would have been responsible for that online course?

Lynn Kofler
The author?

Commissioner Kaikkonen
Yeah, who. Was it the government?

Lynn Kofler
I think it was a government form, a little course that we had to take. If it wasn't government, then it would have been by the owners of the nursing care facility.

Commissioner Kaikkonen
Was it accredited do you remember?

Lynn Kofler
I'm sorry?

Commissioner Kaikkonen
Was it an accredited education piece or was it just something that had been put together?

Lynn Kofler
No, it was just something they put together so that we could become "more informed" and be convinced that it would be better for us to take the vaccine than not take it.

Commissioner Kaikkonen
And my second question is: You may not have been working at this time, but I believe the media had this blitz in the middle of COVID about the military having to go into nursing homes. Did you experience or hear any information about that?

Lynn Kofler
I heard about that, but that was more in the Mississauga area and I work in the east. I live in Cobourg, so I work in nursing homes in that region.

I heard about the military coming in and saying how bad the situation was. I can tell you just from my own experience: I worked most of my career in hospitals and with the VON [Victorian Order of Nurses] community. And at the end of my career, I've been doing long-term care. And it is not a good picture, I think. I went to 10 to 12 nursing homes as an agency nurse and I can tell you that probably, there were three good ones and the rest were all just struggling, I think. And the patients were not getting top quality care at all.

Commissioner Kaikkonen
Thank you.

Lynn Kofler
You're welcome.

Geneviève Eliany
Thank you very much for attending today.

Lynn Kofler
Okay. Thank you.

[00:19:02]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 3: Thomas Marazzo
Full Day 2 Timestamp: 01:43:44–02:28:50
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Our next witness today is Mr. Tom Marazzo. And Tom, I placed a couple of sheets of paper on that thing there for you, that will be exhibits.

Thomas Marazzo
Okay, got it.

Shawn Buckley
And I'll, for starting, ask you if you will state your full name for the record and then spell for the record your first and last name.

Thomas Marazzo
Okay, Thomas James Marazzo T-H-O-M-A-S M-A-R-A-Z-Z-O.

Shawn Buckley
And Mr. Marazzo, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Thomas Marazzo
I do.

Shawn Buckley
Now, my understanding is that you were a combat engineer for the Canadian Armed Forces for 25 years.

Thomas Marazzo
I started off in the reserves in high school. I was infantry and then after I graduated college in '90, I joined the Regular Force in 1998 as a combat engineer officer until 2015.

Shawn Buckley
And then you have a bachelor's degree, basically in software—that's what it's called.

Thomas Marazzo
Yes.

Shawn Buckley
And then you went on and got a Master of Business Administration.

Thomas Marazzo
Yes.

Shawn Buckley
And when COVID-19 appeared on the scene, you were a teacher at Georgian College in Barrie, Ontario?

Thomas Marazzo
Yes.

Shawn Buckley
Now, what happened as COVID came along in 2020?

Thomas Marazzo
The world lost its mind and its ability to do basic critical thinking. So you know, I kind of was keeping an eye on this from afar. I knew something was up. I was watching what was happening in China and around the rest of the world and I was closely listening to the way the media was presenting it. So I think immediately I was skeptical of what the public was being told. And when the media says, look left, I always look right. Because in my experience, they really just can't be trusted.

I was teaching in class full time for about six months and then, six months into it, COVID hit and the first lockdown happened. And so we had to transition to online learning for—I was teaching online for the next 18 months. But I could see that there was this with the other post-secondary: Western University implemented a vaccine passport and then Seneca College implemented a passport as well.

You were seeing these stories of students all over the place. They weren't even allowed to register for online learning if they didn't get the vaccine. There was a lot of— My entire time with COVID nothing made sense. Nothing at all. In terms of what the media narrative was, they were scaring the crap out of the public at every possible opportunity and they were always talking about case count, case count. And it's like, so what? Case count is a

meaningless number. It's just meant to fill people with fear. And for me it just didn't seem to have an effect. Other than I was baffled by the illogical aspect, you know? The case count numbers were only meant to scare the public.

Shawn Buckley
Right. Now eventually—because you kind of intimated you saw something coming. So eventually a vaccine mandate was imposed, am I right?

Thomas Marazzo
Yes.

Shawn Buckley
Tell us how that came about and how you responded to that.

Thomas Marazzo
Well, I had been sent a text from one of the coordinators of the programs that I was teaching in and he said, "You know, Seneca just implemented a passport." And when Seneca College does it, usually the other colleges follow suit. And I had been stockpiling as much money as I could, knowing that I was probably going to be affected by this. And so students registered for school. And then, just before school started, the President put out an email, basically threatening people with very strong aggressive language, saying that if you didn't get this vaccine, you were no longer employed. At the time, I was a member of an organization called Police On Guard. I was eligible because I was retired military. But there had been— Some of the police officers that were retired were in the group, were actually sharing a lot of the case law and putting together some really helpful documents. So I went in and I researched it.

[00:05:00]

And when the President sent out the email threatening everybody's employment, I basically did a "reply all," so I copied the President, the Vice-President, the VP of HR, all the deans that I personally knew, and as many faculty as I could find.

Shawn Buckley
And this actually ran into the hundreds, didn't it?

Thomas Marazzo
Oh, it was; yes, a couple of hundred for sure.

Shawn Buckley
I apologize to the audience: I can't draw this document up because of the format I copied it in. But Commissioners, I've given you two pages and the first one is Mr. Marazzo's response, which is Exhibit TO-17 in these proceedings. And Mr. Marazzo, you have a copy. That is the email that you sent in response.

Thomas Marazzo
Yes. My intention was to basically say, "How is it exactly that you believe you're going to get around all of these specific laws?" And there was no response right away, but then one faculty member just replied—hit a "reply all," and said, "Please take me off your distribution list."

Shawn Buckley
Okay. So you send this email and one person replies first, saying, "please take me off your email."

Thomas Marazzo
Yes. "Take me off of your distribution list," yes.

Shawn Buckley
And this was a "reply all," wasn't it?

Thomas Marazzo
Yes.

Shawn Buckley
Okay. So what happened after the first?

Thomas Marazzo
So then shortly after another faculty, same thing: "Please take me off your distribution list." "Please take me off." And so after about the tenth, one of the other faculty said, "As much as I'd love to see you guys read all your comments, could you just hit 'reply,' so I don't have to spend all day long deleting all of your emails?"

Shawn Buckley
And this was an email sent, as you say, to several hundred people.

Thomas Marazzo
Yes, several hundred. One of the faculty responded to him and said, "No, I think we should stand together in unity against this guy." And then immediately after, they all jumped on board, including the dean of the faculty I worked in, the coordinator, some of my other colleagues that I work closely with teaching. Every five to ten seconds, I was getting another email, "Please take me off your distribution," "Please take me off your distribution." After a while I just stopped looking at it because I was getting these things coming in every, you know, five to ten seconds from another person.

Shawn Buckley
Basically, what this was: Because you were taking a stand and basically questioning the legality of the vaccine mandate, all of the people in this email chain made a point of publicly shaming you.

Thomas Marazzo
Yes.

Shawn Buckley
How did that make you feel?

Thomas Marazzo
I was kind of—at first it didn't bother me too much. But then I was starting— I was actually quite shocked. Because these are the types of people that like to profess that they teach their students critical thinking. But yet, I outlined all of this legislation in front of them and it didn't seem like any of them actually had the ability to exercise critical thinking. So I was— I was embarrassed actually, I was embarrassed for them. And I know that sounds maybe a little bit arrogant on my part, where, you know, I'm the lone person criticizing the vast majority of the faculty. But I kind of laid it all out for them. All they had to do was take a look at it. And instead, what they did is they went with groupthink and their own fear and they just started piling on one person who's standing alone, who is waving a warning sign for them. They didn't care. They were just trying to virtue-signal to the Dean that they were on board with this stuff.

Shawn Buckley
No, but personally, how did it make you feel? You felt embarrassed for them, basically, in having to do this virtue-signalling. But how did it make you feel that basically, one after another was participating in an act designed to shame you publicly?

Thomas Marazzo
I think I transitioned very quickly to surprise, to shock. I was a little bit angry that not one of them had the courage to actually back me up. Like, there was a couple of them that sent me private emails saying, "Hey, I understand, good." But they weren't going to come forward. They weren't going to stick their neck out. They were perfectly happy to see me stick my head out. To be honest, I started to get quite angry about it, that I wasn't getting any support from any of them.

[00:10:00]

I mean, just the law of large numbers: I should have got somebody doing a "reply all" and saying, "Wait a minute: maybe this guy's got a point. Maybe we should be discussing this." And nothing.

Shawn Buckley
So let's just put this into context. I mean we're basically talking about faculty members at a university. Is that right?

Thomas Marazzo
Yes—or a college.

Shawn Buckley
Yeah, okay a college. But these will be people with Master's degrees and PhDs that have been taught to think critically. And they are your colleagues.

Thomas Marazzo
Yes.

Shawn Buckley
You're one of them, and some of them will be your friends.

Thomas Marazzo
Um hum.

Shawn Buckley
Did any single one of them stand up publicly for you?

Thomas Marazzo
No, not one.

Shawn Buckley
Now, getting back then. So you send this email and you're publicly shamed. How did Georgian College respond to your email?

Thomas Marazzo
I was summoned to a virtual meeting. First off, I was ordered to remove the email by the VP of HR. But I didn't see his email till later on and didn't matter anyway, because he had directed the IT Department to take down my email. Then I was summoned to a meeting on the Friday. This is the first week of school, so by the first Friday, classes had already started. That Friday, I was summoned to a meeting, asked some questions, and then told that I would have to come back to another meeting Monday morning. Monday morning, I believe 8 or 9 a.m., first thing in the morning— And the union rep was there, the union president was actually on the call, but you'd never know it because he didn't say a word. And I was informed that I was being fired for cause. So I was fired and I haven't had a job since that time.

Shawn Buckley
Now, David, can I have you— I've got on this computer a copy of that termination letter. If you can pull that up on the screen for the online audience to see. And Commissioners, you have a paper copy in front of you [Exhibit TO-17a].

Mr. Marazzo, so you've sent an email. And my understanding is— And I'm just reading from the second paragraph: "Your actions are in violation of the College's Employee Code of Conduct, the Appropriate Use of Email and Anti-Spam Compliance Policy and the Information Technology Acceptable Use Procedure."

So you didn't have a student or anyone complain about your behaviour.

Thomas Marazzo
No, all my teaching ratings were really high.

Shawn Buckley
So basically, you were getting fired for—by your email—basically stating that there are other laws and things like that should be considered before a mandate is imposed.

Thomas Marazzo
Yes.

Shawn Buckley
Now I want to segue into another topic because you found yourself involved in the Trucker Convoy.

Thomas Marazzo
Yes.

Shawn Buckley
Can you tell us how you became involved and what your role was?

Thomas Marazzo
I was following it just like everybody else on social media. And through a friend of a friend basically, I ended up on a phone call with a guy named James Bauder, who's with Canada Unity. And the intention of that call was, I thought, just to give some advice. Because as a former military, this was quite a normal. This would have been easy for anybody with some experience in the military. I had taken the call with the expectation that I would just give some advice. And within 15 minutes of that call, James had just said, "Would you mind just coming to Ottawa?" Because I was only in the Kingston area, so for me to go to Ottawa was maybe a two-hour drive. So within three hours of that phone call, I found myself in Ottawa. And I walked into this conference room with a whole bunch of truckers, a couple of Ottawa police, and next thing you know, I was there for 22 days.

Shawn Buckley
And that was to the very end.

Thomas Marazzo
To the very end, yes.

Shawn Buckley
And my understanding is that you became a spokesperson for the Truckers Convoy.

Thomas Marazzo
Yeah, on occasion. I didn't do too much of the public stuff. And it was never my intention, that just kind of— The longer I stayed at the Convoy, the more my role started to evolve.

Shawn Buckley
Now, you came after a couple of days. My understanding is that the Truckers Convoy lasted for 24 days in Ottawa.

Thomas Marazzo
Yes.

Shawn Buckley
And you were there for 22 days.

Thomas Marazzo
Yes. Two days after is when I arrived.

[00:15:00]

Shawn Buckley
Can you share with us— Because some of us weren't there and I don't think we appreciate the size, the number of Canadians that got involved, can you share with us basically the size, including on weekends?

Thomas Marazzo
Well, the weekends was the big swell. That is when the general public that were not working during the week would come and bring their families, bring their kids, and participate in the activities there in Ottawa. It was like Canada Day: every weekend was like Canada Day. And you know, at one point I would estimate that there was probably 100,000 people that showed up on one of the weekends. We had a stage sound system and people were giving speeches. There was lots of activities. So the influx on the weekends was much greater than during the week. But I would think, on weekends you were looking at about a hundred thousand people would come into—down to Wellington.

And of course, then there were truckers. Finding the exact number of truckers was always a big challenge for everybody. But if you just look at some of the video you could see there's a lot of trucks that showed up to Ottawa.

Shawn Buckley
And we're talking thousands, we're talking trucks in the thousands.

Thomas Marazzo
Well, that originally travelled across Canada, yes. But when they arrived into Ottawa, I would estimate somewhere around a thousand in the whole Ottawa region. Because there were trucks that were out at various different locations, not just in the downtown core.

Shawn Buckley
Now, being involved—because you were involved with the leadership, and that's how you became a spokesman at times—what was your understanding of the goal of the Truckers Convoy?

Thomas Marazzo
Well, after over two years of all these protests that were going on across the country, everybody who protested was literally being either ignored or arrested for protesting. When the mandates came out for the truckers, the truckers took it upon themselves and said, "We're ending these federal mandates. That is our objective, is to go to Ottawa and make them listen, because they haven't been for two years. So the goal is to end the federal mandates—and all of them." It was the mask mandates, vaccine mandates, lockdowns, you name it, travel restrictions, this cross-border issue. So for the truckers, they were allowed as unvaccinated to travel into the United States, drop their load. But when they came back, they were required to quarantine for 14 days. So how do you do a cross-border trip and then come back and have to quarantine in your home, place yourself under house arrest for 14 days, and still expect to make a living? They couldn't do it. And it was a significant portion of the actual industry.

Shawn Buckley
Now, my understanding is this protest is right on Parliament Hill. I mean, it's at the seat of government.

Thomas Marazzo
Yes.

Shawn Buckley
And you're telling us they wanted to have a dialogue with the federal government. Am I correct? You basically did a public statement asking the Prime Minister to speak to you and the truckers.

Thomas Marazzo
Yes, several times.

Shawn Buckley
And am I correct that even the Ontario Provincial Police called on the federal government to speak to the truckers?

Thomas Marazzo
Yes, there was an engagement plan that was drafted by the OPP. And I heard this testimony directly from the person who wrote it, I believe he's an acting inspector, Marcel Beaudoin of the OPP [Ontario Provincial Police]; he's the Liaison Team Leader for the OPP. And he had drafted an Engagement Plan. It was presented to the federal government the day before they invoked the *Emergencies Act*.

So they were briefed on the 13th of February. And then the next day they invoked it and it completely ignored any form of engagement.

Shawn Buckley
Now, I assume—I mean, we've got on weekends 100,000 people on Parliament Hill. We have trucks all around Parliament Hill and in other parts of Ottawa. This is going on for 24 days. I assume, as a spokesperson who actually had been authorized to issue a public statement for dialogue, that all of your time was taken up speaking with the federal government to kind of deal with these issues.

Thomas Marazzo
That would have been great.

Shawn Buckley
And you laugh. Tell us what really happened there.

Thomas Marazzo
The highest ranking non-elected person I ever spoke to was Steve Kanellakos: he was the City Manager of Ottawa. And I met with him on two separate occasions. But we never met with the mayor. The highest-ranking police officer I ever sat in a room with was an inspector.

[00:20:00]

And he didn't really participate much in that meeting. But my day-to-day conversations were no higher than the rank of sergeant with the Ottawa Police.

Shawn Buckley
Okay, so I just want to focus us. Because this likely is the largest protest, well, definitely in my lifetime and likely in your lifetime. And the object is to have a dialogue with the federal government. Did a single federal government person speak with you or the truckers?

Thomas Marazzo
The Member of Parliament, the Conservative Member of Parliament for Tamara Lich's riding, I believe, had a conversation with her. But they're not the government. They're just as powerless to get anything going on with the federal Liberals, the government in power. There was nothing. We never met with any of the Liberal Party. We were trying to back-channel and maybe get some help from the Conservatives to arrange some sort of meeting. Never happened, we never— And we expected, actually— Because the Liberal government had had a previous history of engaging with other protests. And again, the OPP testified at the Public Order Emergency Commission that their expectation was that the Liberal government was actually going to reach out and talk to us. And they didn't. There was literally no dialogue between us and the federal government or the Ontario Government.

Shawn Buckley
And that would be for the full 24 days?

Thomas Marazzo
The full time.

Shawn Buckley
Before the *Emergencies Act* is invoked, not a single dialogue with the federal government?

Thomas Marazzo
Nothing, nothing at all.

Shawn Buckley
What is your worst memory? Well, let me just back up. What was your impression? You were there for 22 days. And we've heard that the Prime Minister is basically disparaged. We've seen pictures of Nazi flags—just a few handful. An immediate person spoke to that yesterday.

But what was your observations of how people were behaved, and basically the entire atmosphere and behaviour? How would you characterize it?

Thomas Marazzo
Well, up until the last two days—the 18th and 19th of February—up until those two days, everything really was more of a festival, party-type of an atmosphere. And people were being very responsible in— For example, we shovelled the roads, we shovelled the sidewalks, we collected garbage and on occasions we did first aid. We always kept safety lanes open, despite what any media outlet tells you. We worked really hard to make sure that EMS was always able to get through any portion, and they did. There was testimony of that as well, that we actually accomplished that. But overall, it was a friendly environment. If you ever even talked to some of the people that went there, it's a constant theme: that it was such a truly Canadian experience and it didn't matter over ethnicities, races, religions, creeds, anything.
It was ordinary Canadians from east to west that were there being Canadians. And they were putting their foot down and saying, you know, "We're going to be here, we're going to be non-violent, we're going to be peaceful, we're going to try to make the best of a situation, because we'll be here for a long time. But we're not going to be aggressive, we're not going to be violent." You know, we were even donating food to homeless shelters because we had so much support that we were sharing it within the community. We were not a threat to businesses; we were actually asking for business owners to open up so that we could shop in their businesses. We were trying to support that community.

But overall, our intention was never to go and put pressure on the residents of Ottawa, it was just the government and that's what we were there to do. And, you know, it was a very, very peaceful, very fun experience for a lot of people—very fun.

Shawn Buckley
Now, you understood that the *Emergencies Act* was invoked. And my understanding is you basically gave a public statement and you had a dialogue with the OPP to basically permit a staged withdrawal, without the need for what we all witnessed—thank goodness, because people could live stream.

Thomas Marazzo
Yeah, so on the 19th, the morning of the 19th, I had a meeting in my hotel with several truckers that were in various leadership positions. And we made the decision to recommend to the truckers to peacefully withdraw from the city. And we chose that language very specifically,

[00:25:00]

because we wanted to obviously instil the idea that we're still going to be peacefully interacting with the police. Despite the day before, where the police were exceedingly aggressive and the whole situation had been violent.

So even on the second day we were emphasizing peace, but we were recommending that the convoy withdraw from the city. At 10:03 that morning on the 19th of February, I made a call to the OPP. I was pretty emotional about it because I had just finished watching a lot of the video footage on the news of people getting beaten. And I was there when Candace was run over by the horse and the other man. I was standing 15 feet away—so I witnessed this violence myself. And I wasn't too happy about the veterans getting beaten by the police as well, at the National War Memorial. I made the call to the OPP and I said, "Look, we're recommending that they leave. But you need to move the concrete barriers and allow us to get fuel into the trucks." Because we were boxed in, we couldn't actually move. We couldn't leave if we wanted, unless people literally walked out of the city. So we said, "You need to move the concrete barriers and you need to let us get fuel into the truck, so they can drive out."

But we were recommending that the drivers, the truck owners, leave the city. And he said "Yeah, I'll pass it up the chain." And nothing happened. No concrete barriers moved and people were continuously beaten and arrested.

Shawn Buckley
Okay, so I just want to be perfectly clear. You were personally involved in trying to make arrangements with the police for the truckers to withdraw their trucks from downtown Ottawa.

Thomas Marazzo
Yes.

Shawn Buckley
And this was all done in an effort to forestall unnecessary violence against Canadians that you had witnessed the day before.

Thomas Marazzo
Yes.

Shawn Buckley
And there was no answer or no response.

Thomas Marazzo
No. We were starting to see some of the leadership of the convoy get arrested anyway. By that point, Tamara had already been arrested, Chris Barber had been arrested. I think Danny Bulford, who's retired RCMP, was already arrested and in custody at that time. Which was why on the last day I was the one who gave the public statements saying—because I was the last one left that the public would recognize and maybe listen to.

Shawn Buckley
Right. Now, you spoke about what happened at the War Memorial. Can you describe that? I'm going to play a video. And there's a person in the video and I want you to share with us your knowledge and relationship with that person. But please explain to us in detail who was at the War Memorial and what occurred.

Thomas Marazzo
So as the convoy went on, more and more Canadian military veterans—in a lot of cases, combat veterans—started to arrive in Ottawa. And they spent time mostly concentrated at the National War Memorial because, for a time, there was a big steel fence around the memorial and the veterans were quite upset about this, because it wasn't being cleaned off with snow. It was being kind of neglected. I was there as well when the veterans took down the steel fence. The police came in, they thought that the monument was kind of, you know, not being taken care of. But as soon as they came in, they saw all the veterans. We said, "Look, we're going to put a 24 and 7 guard on the memorial," and they did. So the veterans, for two weeks, had a 24 and 7 vigil on the National War Memorial, protecting it. And that's kind of the ground they typically stuck to.

But after the *Emergencies Act*, when the police started to do their raiding, the veterans formed a wall and they linked arms and basically said, "We're not going to move off this piece of ground." They're not going to fight, but they linked arms and they were resisting—peacefully resisting. One of the individuals, Chris Dearing: he was a wounded Afghanistan vet. Two others of his colleagues were immediately killed. He was blown up in a LAV-3 IED explosion that sent the vehicle 100 feet into the air, flipped over. The turret fell out, Chris fell out. He was badly, badly injured—luckily not killed. But he was there. He arrived and one of the veterans told the police, "Look, when you come up, this guy here: he's in bad shape. He's a wounded veteran, he's in really bad shape."

[00:30:00]

Well, they rolled through and at one point they just grabbed Chris right out of the line, right out of the chain, and two of the police started beating him on the ground.

Shawn Buckley
I'm just going to stop you. So Chris is a war veteran that served this nation in Afghanistan.

Thomas Marazzo
Yes.

Shawn Buckley
And he witnessed two of his fellow soldiers being killed in action.

Thomas Marazzo
Yes.

Shawn Buckley
And he himself was wounded and has problems to this day because of that.

Thomas Marazzo
He has many physical problems. He's not very employable right now, but— You know, he's not a large person. But he was certainly not a threat to any of the large police officers and if you show the video, you'll see the difference in size.

Shawn Buckley
And I will. But before I do, I saw some other videos. And I saw that Chris was wearing three medals—

Thomas Marazzo
Yes.

Shawn Buckley
On his jacket, that don't show up in this video. So he's a decorated war veteran.

Thomas Marazzo
Yes.

Shawn Buckley
I'm just going to play this video and it's short. I'm going to play it twice because it's so short. But I just— I just want the people of Canada to see how we treat decorated war veterans.

Thomas Marazzo
To be clear too: all the veterans that were there were wearing their berets and their medals. So they were easily recognized as Canadian veterans.

Shawn Buckley
And the police were told that in any event.

Thomas Marazzo
They were told.

Shawn Buckley
And you told us that they were told that Chris actually has some physical issues.

Thomas Marazzo
Yeah, specifically Chris was pointed out.

Shawn Buckley
In this video, Chris is basically the gentleman in the brown jacket being dealt with by the police?

Thomas Marazzo
Yes.

Shawn Buckley
Can I have the screen please—thank you.

[A Global News video clip is played of the final Friday of the Trucker Convoy, depicting police beating Chris Dearing, a Canadian war veteran who was wounded in Afghanistan.]

What was your experience of the police during those last two days?

Thomas Marazzo
Very, very mixed. At one point I was there— Like I mentioned, I was there on the line when the horse came through and ran over the two people. I remember there was a large group of OPP standing there. I walked over and I was looking at them, and I kind of started yelling at them saying, "Thank you, thank you, you got to be proud of yourself for stealing the future of my kids and your kids too." And they looked at me— They looked at me as if, though, you know, "If I could shoot this guy and get away with it, I'd drop him right now." That was the impression I got. I didn't see people that had any shame in their eyes, I saw people that were getting geared up to go in and beat people. That's what I saw. I had very mixed emotions because on my one-on-one dealings with specific individual officers, it was very good, not all. Then when we got to that— And what's interesting is, none of the police that we were interacting with the previous three weeks were the ones that were on that line. They brought in new people from other jurisdictions that had no ties, no relationships, hadn't been in Ottawa, to come in and start mass-arresting people.

Shawn Buckley
And as my final question before I give commissioners the opportunity to question you, is: What happened to your bank accounts, and what was the effect of that?

Thomas Marazzo
My bank account was frozen, along with approximately 280 Canadians. I was not informed that it would be. I was not informed that it was frozen and I was never told when it would be returned to me. It was credit cards, banks, joint accounts, any financial asset that I had. And my ex-wife was notified by her financial institution that they were looking at hers.

[00:35:00]

It's recently been disclosed in the media that all of our information was shared globally to banks—including China, India, France, U.K., Wall Street. All of our personal information

was shared and they were told, "If you're doing banking with these people, cease doing banking with them."

Now to be clear, there was never a warrant for my arrest. I was never charged. I've never been convicted. My son has a heart condition. And if we didn't have cash, we would not have been able to purchase his heart medication. You had to have cash to actually buy this. They didn't give any consideration to anything like that. Nothing, there was no information that we knew about. Next thing you know, rumour started that bank accounts were frozen. And, you know, I was one of them. And on top of that, now I'm being sued for $400 million for my participation in the convoy.

Shawn Buckley
Well, welcome to your Charter-protected right for freedom of expression and freedom to assemble. I'll open it up for the commissioners if they have any questions for you, Mr. Marazzo.

Commissioner Kaikkonen
Good morning. I just would like to go back for a moment to the faculty union. And I see in your email that you have listed a number of legislative pieces. Usually, unions stand up for the minority voice to some extent. I'm just wondering, in this case, you said the union member remained silent.

Did you have any thoughts about that or any follow-up conversations with the union that would suggest that they were silent for a reason or being silenced by the administration?

Thomas Marazzo
There was nothing offered. I was in a pre-meeting before all this had happened. There were several people on the call and I remember specifically asking the union president in this call: If something like this were to occur, would they represent us as individuals, or would they look at it almost like a 'majority rules' kind of a thing? And his response was to the negative. He did say, "We'll take it as a case by case," but then he immediately shut me down and told me that that question was inappropriate to ask in that meeting. And one of the other people participating, a faculty member, asked me a question about my original question. And he shot her down and said, "that's inappropriate for you to talk to the other faculty member in this Zoom meeting."

I did go to arbitration after, but that's a whole other story. I did lose the arbitration because I couldn't attend the arbitration. But my feeling was that the union did— I did threaten to go, what is it—DIF? I can't remember the acronym, for when you don't feel that the union is actually representing you. I did suggest to them that I was going to do that. I did indicate to the union that I was considering suing the College. They said, "You can't because of the collective agreement." And I said, "Well, I'm actually considering going after you guys first, so that I can then go after the school." And I did have lawyers that were gearing up to do that. But, you know, I've only got so much bandwidth and I'm pretty exhausted after a year and a half of this. So on that particular issue, I've walked away, but I think there was a few lawyers that really would have liked to pursue that.

Commissioner Raikkonen
Thank you.

Commissioner Drysdale
Good morning, Mr. Marazzo. Thank you for coming and telling your story. I have a few questions. The first is, I'm quite familiar with that area in front of Parliament on Wellington Street where the War Memorial is. And I'm assuming, like in most places in Canada when I look around, there are video cameras everywhere. Even in this hotel: when I'm in the elevator, there's a video camera watching me. Most of the videos that I have seen that were related to the convoy were videos shot by individuals with phones or whatever.

Do you have any idea what happened to or where the video from—I have no idea how many, but—what had to have been hundreds, if not thousands, of security cameras in the area recording?

[00:40:00]

Thomas Marazzo
Yeah, that was an issue that we had raised right at the beginning. When the lawyer or the legal team showed up from the JCCF, we started to inquire as to: Why are all of these CCTV cameras turned off? Why are they not—there's no public access? Because some of those cameras all across the country, which is really interesting: because all across the country, there are zones that have CCTV along the highways. And as the larger portions of the convoy were traveling across Canada, they were shut off. So when the convoy actually arrived into the city of Ottawa, all those CCTV cameras were no longer streaming for public consumption. All of those cameras were completely turned off, which was really bizarre to us, because we were kind of anticipating that in the future, we may need to see some of that footage. It was never activated, which is bizarre.

Commissioner Drysdale
You also mentioned an incident with regard to the horses and the trampling of one of the protesters. Are you aware of any type of independent investigation that's been carried out of the police actions and/or their messaging that was going on at that time surrounding that incident?

Thomas Marazzo
I'm not aware of any investigation into that incident.

Commissioner Drysdale
Are you aware of any other internal or public investigations of the actions of the police during the last two days of the protests?

Thomas Marazzo
No, I'm not.

Commissioner Drysdale
One last question. Concerning your statement about the 280 Canadian bank accounts who were frozen: I'm assuming that—and this is none of my business, you can tell me that if you wish—but I'm assuming that you are not using digital currencies and you're using ordinary money and bank accounts and ordinary identification cards yourself, like most Canadians?

Thomas Marazzo
Yes—and I'm absolutely against digital ID, as somebody who has experienced the current mechanisms to go in and attack people's financial assets right now, even without digital ID. So digital ID is a step beyond what— I think every Canadian in this country should be outright rejecting the idea of these CBDCs, any form of digital ID, any form of currency like that in that manner. I think that Canadians should keep an eye on that every single day and get updates on it.

Because even under the current system, it took nothing for the government, without any criminal charges, to completely remove my ability to access my own financial assets. So I carry cash now. But I haven't worked in 18 months, so I don't have a lot of it.

Commissioner Drysdale
But the government didn't act alone. I'm assuming that your bank account wasn't with the Government of Canada, it was with a private institution. I'm assuming that your credit cards weren't with the Government of Canada, and it was a private institution. How do you account for the incredible cooperation that was between the banks, the government, the credit card companies, and employers—whoever else was involved with that?

Thomas Marazzo
Well, that's an interesting question, because it wasn't just the banks that were ordered to seize the accounts. It was also the insurance industry, as well as, I think, more the equity market, like the big trading firms. Everybody was ordered to do it. It was the insurance company—the life insurance companies and stuff, and house insurance and all that—that said, "No, we're not doing that." So it's interesting because there's this kind of thought that the banks were compelled to do it legally, and if they didn't, they'd be in breach. But the same order was given to the other forms of financial institutions, but they pushed back. Because if you would have frozen or taken away or removed somebody's house insurance, then they'd be in default of their mortgage. And so they pushed back and said, "No, we're not doing it." And it's funny, because the bank industry has more money than God. I think they can afford some lawyers to have tied this up for about a week or two until this was settled and not gone after people's bank accounts. But they did it anyway.

It's because there's only five chartered banks. Well, no—I guess the credit unions, the credit card companies, they all did it. It was just the two other industries or sectors that didn't do it. But the banks were right on board with it.

Commissioner Drysdale
That's all the questions I have. Thank you very much.

Shawn Buckley
There being no further questions, we'll let you go. Thank you on behalf of the National Citizens Inquiry for testifying, Mr. Marazzo.

[00:45:06]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

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EVIDENCE

Witness 4: Laura Jeffery
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[00:00:00]

Shawn Buckley
Ms. Jeffery, can we begin with you stating your full name for the record and then spelling your first and last name for the record?

Laura Jeffery
My name is Laura Jeffery. It's spelled L-A-U-R-A J-E-F-F-E-R-Y.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth today?

Laura Jeffery
Yes, absolutely.

Shawn Buckley
Now, Ms. Jeffery, my understanding is that you are quite a senior embalmer as far as embalmers in Canada go.

Laura Jeffery
I'm the best-kept secret in embalming.

Shawn Buckley
You have been working as a funeral director, and that includes embalming, for 27 years now.

Laura Jeffery
Yes.

Shawn Buckley
I did the math and that would mean you started roughly in 1996.

Laura Jeffery
I'm an old lady.

Shawn Buckley
I started practicing law in 1995.

Laura Jeffery
Well then, you're an older fellow too.

Shawn Buckley
So we share a long career. And for the past five years, my understanding is you would average roughly about 170?

Laura Jeffery
Yes.

Shawn Buckley
I guess I don't know what you call it.

Laura Jeffery
I would embalm and care for 170 people that required embalming. I would care for many more that maybe we weren't embalming, but I would care for them as well.

Shawn Buckley
Right, because if somebody is being cremated then they don't go through an embalming.

Laura Jeffery
No, that's not necessarily true. It doesn't matter if you're buried or cremated, it depends on what you're doing beforehand.

Shawn Buckley
Okay. Now, when COVID came along, my understanding is that you were working at a place which cared for approximately 600 deceased persons a year?

Laura Jeffrey
Yes.

Shawn Buckley
And COVID hits, so we're in, I guess March 2020. And a year and a half goes by—

Laura Jeffery
Yes.

Shawn Buckley
And you're still with this organization that cares for roughly 600 deceased persons a year. How many deaths did you see attributed—not caused, but attributed—to COVID?

Laura Jeffery
Seven.

Shawn Buckley
And were there other comorbidities involved?

Laura Jeffery
Of course, yes. Routinely, the COVID cases that I would see would be people that had been suffering dementia for probably quite some time and living in a nursing home facility, and that's fairly typical in the winter. We would see that with any virus or any cold maybe that was going around because those people are very vulnerable.

Shawn Buckley
Now, what did you observe about the death rate when COVID swept through this land?

Laura Jeffery
Ah, nothing. There was nothing to observe. Nothing changed.

Shawn Buckley
So nothing changed?

Laura Jeffery
Oh, well, that's not true actually. Lockdowns created a situation where suicides and drug overdoses escalated dramatically.

Shawn Buckley
Now, what about the first lockdown?

Laura Jeffery
The first lockdown wasn't as obvious. There may have been the odd unusual death. But, I mean, that also could have just been normal timing—because the first lockdown was the pajama party, right? The second lockdown was the problem. In the second lockdown, the escalation of suicide deaths and drug overdoses was obvious. Young people, middle-aged people.

Shawn Buckley
And as an embalmer, you're aware of cause of death when you're treating somebody.

Laura Jeffery
Yes. I mean, I don't always look, but sometimes you're very aware. You can't miss it.

Shawn Buckley
Okay, So the suicides and drug overdoses—

Laura Jeffrey
Yes.

Shawn Buckley
They're obviously increasing in number in the second lockdown?

Laura Jeffery
Second lockdown, yeah.

Shawn Buckley
Now, my understanding is that you had a very unique experience with a nine-week period with a specific type of death. Can you share with us slowly what you witnessed and just how unusual that was?

Laura Jeffery
Okay, so in nine weeks—so one a week for nine weeks—there were middle-aged women that were well-settled in their lives mostly, who didn't want to stay on earth anymore. So they left. By their choice and their hand. They had children, they had spouses, they had homes, but the second lockdown was too much for them. So they left. And we cared for them. And it was awful, to be honest. Like, each week, one person would do that for no reason. They had children.

So that was hard.

Shawn Buckley
These are mothers with children?

Laura Jeffery
Yeah, average people, average people. Yeah. I mean, it could have been me, right? Except that I don't have kids. But in a general sense, yes: it was a middle-aged woman that had children ranging, I found, aged maybe 10 to 20.

[00:05:00]

And then you're looking at that middle-aged woman, right? And she has a home and a husband and children. So that happened.

Shawn Buckley
Had you ever, in your career, seen a suicide death from that type of person before?

Laura Jeffery
No, no, no, no, no. Women don't do that.

Shawn Buckley
So this—this just stuck out like a sore thumb?

Laura Jeffery
Mm-hmm. Everybody noticed.

Shawn Buckley
Now, my understanding is that you started seeing changes after the COVID-19 vaccines were introduced?

Laura Jeffery
Yes, yes.

Shawn Buckley
Can you tell us about that?

Laura Jeffery
It started in January 2021. At first, I was seeing an anomaly in what we would call "return." You have to understand a little bit about embalming. In embalming we have a vat and then there's a hose and the vat has a pump in it. And what we do is we use the human circulatory system that God gave us. So we go into that circulatory system; generally, we start at the carotid, right? That's a major artery that goes not only to your brain but also to the top of your heart. And it pumps the fluid through. And then the return would be people's blood that's pumped back out through the venous system. And we open that and let it release. The concept is to put preservation in and take out what would not preserve a body long term, so that we can present a person that is reasonable to their appearance that they should be, right?

When I was seeing the return, I started to notice anomalies in what the return was. So that went on for about three or four months. And the return was more viscous. And it's not like I hadn't seen that before, but you didn't see it consistently—in every single person, right? Now I'm seeing it every single person.

Shawn Buckley
You'll have to explain to us what "more viscous" is.

Laura Jeffery
Viscous— Thicker. Darker. Sticky. And that return—well, what I call return—it's return blood, right? So that return blood was stickier, thicker, darker. Then I started seeing the return blood would have little, little, tiny, tiny pieces of clot in it, and the clot would be like a currant jelly clot. But it's tiny pieces, like pinhead-sized, but it was almost like polka dot coming out, right? Polka dot pattern, sticky, viscous, thicker blood, darker. And then these little pieces of clot that kind of looked like a polka dot pattern sticking to the embalming table. And of course, that goes down the drain, right? But it was just different. There was something different. I would call it maybe "dirty blood" if you want to make a sort of a basic example, right?

The blood was dirtier, and at first— I'm really conscientious, right? I notice things and I'm known for that. At first, I was sort of like, "This is weird," but I'm an embalmer. I'm not a scientist, I'm not a doctor, right? I'm an embalmer. But I notice things and a lot of people do, and a lot of people don't. But in retrospect, there's an awful lot of people in my profession that are also saying the same thing. They won't tell you that in person; they certainly wouldn't go public like this, but that's what they're telling me.

Shawn Buckley
Did you see changes in persons that were dying after the vaccines were introduced?

Laura Jeffery
Yes. It was kind of horrifying—well, it is horrifying. There was an escalation of middle-aged people's deaths, like, just average Canadian, came home from work, had dinner with the family and died suddenly at home. So that went on for maybe a good month and a half, and usually an evening call—what we call a night call. You would send a removal team out: two people because they're going into someone's home. Usually, a night call or a night removal would be in the middle of the night. Like it might start at one o'clock in the morning. You might get one, you might not, right?

Then there was a lengthy period of time, like many weeks, where these middle-aged people were dying kind of like, right after dinner at their house with their families present. And they weren't being investigated. They were coming to the funeral home and I was looking at this, and I'm like, "This should be investigated because it's an unusual death. It's an unexpected death." But no, no, it wasn't investigated. It was almost like they dialed it in and brought the person into our care at the funeral home. And then didn't worry about them.

Shawn Buckley
So there are a couple of things there. You were telling us that typically a call is around 1 a.m. or after 1 a.m.

[00:10:00]

Laura Jeffery
Yeah—like middle of the night. If you're going to have a night call happen, for some reason it always seems to be that one o'clock in the morning kind of time frame.

Shawn Buckley
And prior to the vaccines, roughly how many would calls would you guys have on a night?

Laura Jeffery
You could get one in an evening, you could get two, you could get none. And then for a while there, it was every night; one, two, even maybe three, always completed before 11 o'clock at night. My removal staff were loving that because they weren't getting called out of bed, right? Yeah, they thought that was marvelous. And I was saying, "Why can't you see the pattern?"

Everything's a pattern. Like, we're not really all that different. None of us are. We think we are, but we're not. When we die, or when we breathe, or when we're born, there's patterns. And as soon as you see an anomaly in a pattern, you should be going "Why is there an anomaly?" But nobody was asking, "Why is there an anomaly?" And then—I'm a funeral director and it's not my job to ask, "Why is there an anomaly?" But I was asking, "Why is there an anomaly?" in my mind.

I started asking my co-workers, "What did you see? Where were you? What was it like?" Family there, after dinner, average people, average home. It was an anomaly, a big one—obvious one. But it was like everybody had blinders on. I don't know why nobody noticed. But I noticed. I was rather concerned.

Shawn Buckley
Now, my understanding is that early on you had an experience with a 47-year-old man that seemed unusual. Can you tell us about that?

Laura Jeffery
Yeah, so— Okay. You have someone that's so healthy, you can't miss it. Healthy. If that gentleman walked in the room right now, we would all turn our heads and say, "My goodness, what a good-looking man." Healthy, strong, fit, tall—huge, healthy person. Gone. Right away, just— And his family told us that his death was investigated. And his family told us point blank he died from clots. That's what they were told.

Shawn Buckley
And had you ever seen a person that age and that fitness that had died of blood clots?

Laura Jeffery
Had I ever seen that before?

Shawn Buckley
Yes.

Laura Jeffery
Heavens no. No, no—too healthy. No, no, not healthy people.

Shawn Buckley
Okay, so that's why that sticks out in your mind as it was so unusual.

Laura Jeffery
It sticks out in a lot of people's minds, I'm sure.

Shawn Buckley
Now did you start seeing any—basically, scarring or anything like that on shoulders?

Laura Jeffery
Yeah. For a long time, people were coming in with a little Band-Aid, right? And I kind of go, "Okay Laura, it's just a Band-Aid, ignore it even though—" It was just unusual deaths with a Band-Aid. That's how I'm supposed to look at it because I'm not a doctor, I'm an embalmer. But the reality is I'm looking at this and I'm going, "Yeah, there's a little tiny Band-Aid on everybody's shoulder." So that tells me. I mean Band-Aids—they last, what, two or three days if you're lucky, right? So that tells me there is a problem.

Shawn Buckley
And what were the ages of these people coming in?

Laura Jeffery
Oh, full range.

Shawn Buckley
Full range?

Laura Jeffery
Yeah. Actually, at that point— To be more clear, at that point people were— I would say it was retirement age at that point. Because I was seeing people that were like maybe 60-something, older, with the Band-Aid.

Shawn Buckley
Now, earlier you were telling us changes that you saw in the blood.

Laura Jeffery
Yes.

Shawn Buckley
You were seeing little clots and you've seen color changes. Was there also something else happening that you were starting to observe?

Laura Jeffery
Yeah. And that's what everybody wants to hear about, right? So first, like you said, the viscosity changed—which means the color is going to be deeper. There's a stickiness, it's been termed dirty blood. There's small micro clots in the return and the odd time there was like, a rainbow slick, right? Remember the '80s, they had those rainbow slick dresses or oil slick dresses, I think they called them. You would see that on the odd occasion, which is really weird. And nobody can put their finger on it, that's the weird thing.

In the spring of 2021—we're talking April, May—so four or five months after the rollouts of the gene therapy, right?

[00:15:00]

The first time I saw it I thought it was a parasite. We have something called drainage forceps. I use a pair, generally speaking, that are about this long and that have a handle port. You can squeeze them like tweezers, right? So curved tweezers, think of them that way. I use that to pull anything out of the way on the venous side of the body, where you're draining the return blood. And all of a sudden, I was having trouble. I couldn't understand. Then I pulled it out and I went and I kind of— You can turn the drainage forcep and you can see what's in it. I'm sort of like this and I see something that I thought was a tapeworm. Which was weird, because tapeworms shouldn't be in a circulatory system. And then I'm looking at this and I'm thinking, "Is this a parasite?" Because a tapeworm's a parasite; that looked like a parasite. And it was at that point, maybe, like three, four inches long. That's a small one. But at that point, that was a huge one for me, because I'd never seen this before. This was a whole new anomaly.

Shawn Buckley
I just I just want to make sure. At that point you had been embalming for a quarter of a century, 25 years.

Laura Jeffery
Yeah, with a heavy focus on it.

Shawn Buckley
You had never seen anything like that in your career?

Laura Jeffery
No—absolutely not. Blood clots are sort of in a few categories. There's currant jello blood clots, there's chicken fat blood clots, there's just sludging, which is thicker blood in general. And then there was this anomaly, which I thought was a parasite but it's not.

Shawn Buckley
In what percentage? So this starts in April, May of 2021?

Laura Jeffery
Yes.

Shawn Buckley
Once you saw your first one, how common was it to see this?

Laura Jeffery
It just kept happening. It was everybody. So there was that.

Shawn Buckley
And how much of this would you find?

Laura Jeffery
Over time it got bigger. When I first started seeing it, it would be small, right? Then, when I started seeing it near the end of my time frame there, if you were to take a small side plate, like a bread plate, and put spaghetti on it and kind of heap it, that could happen. Yeah. And they were longer and longer and then the integrated jelly clots at the end of course adds to the confusion. Like, if you were thinking it was a parasite, the integrated jelly clots were always at the end.

Shawn Buckley
Can you explain what you're talking about when you say "integrated jelly clot," just so that the commissioners—

Laura Jeffery
Okay. Have you ever seen those erasers that you push out and they're like a pen, but they're a circle? They're round, cylindrical. You think of one of those but then it maybe has a couple of little tentacles of eraser coming out the end. Then there's a blood clot that is integrated into the end of those tentacles. It felt like it was a parasite that was feeding off a blood clot that it created in the body. When you think of a parasite, you think— Because it feeds off of something, right? Then you see the jelly clots at the end of this parasite. You see those and you think, "Are they feeding off us as humans? Out of our circulatory system?" Because they always had the currant jelly integrated at the ends. It's something to see, let's put it to you that way. It's horrific.

Shawn Buckley
I'm going to show some photos now. Just so that nobody believes that you took these photos, these are photos you basically had an embalmer from elsewhere share with you. So that for the purposes of this presentation, you would be able to show us what you're talking about.

Laura Jeffery
Yes.

Shawn Buckley
David, could you pull up this computer screen please?

Laura Jeffery
Yeah, that's it [Exhibit TO-27].

Shawn Buckley
Am I correct that this is basically what you would be pulling out of bodies? I appreciate this isn't an embalming that you did, but this is typical of what you would see?

Laura Jeffery
Yes, that would be. If you were thinking that I started seeing this anomaly in the spring of 2021, then I would have been seeing that closer to the end of the year. Because that's a fairly large amount. It's unfortunate it's not stretched out, but you can see where the currant jelly clots are: the darker pieces that are integrated into the white fibre mass. That's what I call them. I call them "white fibre masses," because they are fibrous. They are stretchy kind of. And you can't break them easily, you need to cut them, the white fibre branches.

[00:20:00]

So it's like an exact duplicate or a cast of the inside of an arterial system.

Shawn Buckley
Just so I'm clear—

Laura Jeffery
Yes.

Shawn Buckley
And it's clear for everyone else, where are these coming out of?

Laura Jeffery
Everywhere.

Shawn Buckley
No, no, but what part of the body?

Laura Jeffery
Everywhere, everywhere, everywhere. I had to change how I embalm because of these. I have a routine now. Well, I did, I don't have it anymore. I don't have to do it anymore. But I had a routine. I would go into the carotid artery, where we always start embalming on an average case. I would go into the carotid artery and I wouldn't even try to put the cannula in, which is what comes from the pump, the vat. There's a hose and there's a cannula. It's a little crooked piece. It goes into the carotid artery. I wouldn't even try to put it in. Why would I bother? It's plugged anyway.

I would open the carotid artery like normal. I would take a small pair of forceps and go in and pull. And I would find what I call "the fish." I named everything because that's, I guess, how I function. But yeah— I would pull what I call the fish. And the fish would be an exact cast of the inside of that person's artery. It usually was approximately this long and it sits here. So if we go in here, half the fish would be towards the head and half the fish would be towards the heart. Then once you pulled the fish out, you could put the cannula in, you would start the embalming.

And what I quit doing— Quite often, we like to back-pressure the human circulatory system to allow more fluid to go into the body and go everywhere, like right to the toes, right to the fingers, right? I would instead not back-pressure. I would open the venous system fairly quickly after starting injection and start pulling return—because I would see what that picture was. That's what I would start to see fairly quickly into the embalming. I would be looking for it because I knew it was coming. When you know something's coming, you have to change how you care for somebody and you have to change your approach and your perspective. Embalmings that normally would take a couple of hours were now taking like three or four hours because there was a lot more work involved.

Shawn Buckley
And I just wanted to clarify. When I say, "where are these coming from?" it's from the circulatory system.

Laura Jeffery
Yes, yes.

Shawn Buckley
Okay. So we're looking at this one. I'm just going to pull up another one [Exhibit TO-27a].

Laura Jeffery
Yeah, that's small compared to some of them. But you can see there that those have been washed off. You're seeing what I call the white fibre mass because I didn't really have a name for it. And if you were to cut those, there's no hole in the middle, they're solid. A lot of people were thinking that they were the lining of the circulatory system—somehow it was lining. No, no, no, no, no, it's plugging. I mean, a technical term would be the clot, right? But I hesitate to use that because people assume it's a blood clot. This is not a blood clot. This is something else. This is something new.

Shawn Buckley
And I'm just going to go to the next photo [TO-27c].

Laura Jeffery
Yep. Right.

Okay, so those are some skinnier ones. Because you can see that they were branchy and they were down into smaller parts of the circulatory system, so they're closer to the capillary beds. And you can see that the fellow that took these pictures and was doing the work, he has been keeping samples. I didn't do that, but he has. You can see that the color has changed a little bit in those ones. Because, if you look, the fluid that they're in is a type of embalming fluid, but it's to maintain— You can keep them long-term, samples. I think that's maybe what he was doing there.

But if you look closely, you'll see that the ends of those fibre masses are quite small, very tiny, tiny. And that's because their branch is going into very tiny vessels in the human body, so they're really small. They're everywhere.

Shawn Buckley
Now, before COVID, I expect that there would be a certain number of autopsies done.

Laura Jeffery
Yes.

Shawn Buckley
And after COVID, I'm asking if there was a change in the number of autopsies and can you please tell us about that?

[00:25:00]

Laura Jeffery
The concept was, "Autopsies are too dangerous because there's a virus that's going to kill everybody, so we have to not worry about these things. We'll do them if we absolutely have to." But they just didn't do them. I guess it would set the concept in people's minds not to do them, right? So, "Oh, well, it's pretty obvious why this person passed away. We'll just write that on the paper."

Shawn Buckley
Just so that I understand because you're describing types of deaths that you hadn't seen before—such as middle-aged people just dying after supper in front of their family, so at a different hour.

Laura Jeffery
Right.

Shawn Buckley
So these are unusual deaths. And is it your evidence that there were not autopsies being done to explain this change in pattern?

Laura Jeffery
Yes, I felt that they were kind of dialed in. We'll just sign this piece of paper and dial it in. But again, it goes back to— It has nothing to do with each individual, right? It does—I mean each individual is very important—but there's a broader spectrum.

It's like, if you see an anomaly in a pattern, whose job is it to call that out? Because it's not my job. It's someone that's got a much higher pay grade and much more power than I would. I'm just an embalmer, why am I here? There should be other people here.

Shawn Buckley
But you do know if a body has been autopsied or not?

Laura Jeffery
Oh, very clearly, yes.

Shawn Buckley
So you're able to tell us about it. So actually, were there fewer autopsies done?

Laura Jeffery
Way less—yes.

But you have to put that in perspective too. If I'm talking about a change in the pattern—and that change means I'm seeing deaths that should have been investigated and they're not being investigated—then really, there would have been an escalation in autopsies, not a decrease. So I'm seeing a decrease from the norm, but then we're not in the normal zone because there are more deaths that should have been investigated. So now, there should have been more autopsies than previous to COVID. That's the difference.

Shawn Buckley
Right. So basically, we were doing the exact opposite of what we should have been doing?

Laura Jeffery
Yes.

Shawn Buckley
Now, I'm wondering if you can also tell us: you saw a change concerning deaths of babies?

Laura Jeffery
Yes, I did.

Shawn Buckley
Can you tell us about that?

Laura Jeffery
Well, I was used to caring for maybe three to five babies in various stages of gestation, so the whole pregnancy. I was used to seeing three to five—maybe a month, maybe two—but quite often three to five. And then that just stopped. There weren't any babies anymore.

Shawn Buckley
When did that stop?

Laura Jeffery
I would say February of 2021. It was wintertime.

Shawn Buckley
Now, you did get one that caught your attention coming in after the vaccinations started. Can you tell us about that?

Laura Jeffery
I don't think I can tell you about that, I'm sorry. That's over the line.

Shawn Buckley
That's fair enough. Okay. But would it be fair to say that you had not seen anything like that before?

Laura Jeffery
No, I had not.

Shawn Buckley
Okay. You're telling us basically: you're having the normal course of events pre-vaccine, three to five babies a month?

Laura Jeffery
Yes. And then none.

Shawn Buckley
And then none. For how long were there none?

Laura Jeffery
Up until recently, so like two years almost.

Shawn Buckley
For two years, all of a sudden, you're not receiving a single baby?

Laura Jeffery
Keeping in mind, I worked in a very large community, right? And then I have a friend who works in a very large community and he hasn't seen any babies until recently. But then you have to remember— I have a friend who works in a very small community and he saw an escalation, a dramatic escalation. It's like the small communities got a different memo than the big ones, how to care for babies during COVID.

Shawn Buckley
Right. Can you expand on that? I don't understand. There's been a change; where do you think the change—

Laura Jeffery
A social worker at the hospital would help a family that lost a baby. It wouldn't matter how old the baby—like how far in gestation the baby was. If someone went to the hospital and a woman was having a baby and the baby didn't live, then in larger hospitals they have a social worker to assist that family. And the social worker would spend time with the family, time with the baby, give them pictures, give them footprints, and then ask them, "Would you like us as the hospital to care for the baby or do you have a funeral home that you would like to care for the baby?" Then the social worker would liaise between the family and the funeral home so that we would care for the baby. Then that didn't happen anymore for almost two years. But then in a smaller town where they don't have a social worker that liaisons between the family and the funeral home— Right?

[00:30:00]

There was an escalation of small babies going through that funeral home for a period of time.

Shawn Buckley
I have a friend that works in healthcare who has reported to me in Alberta that when an expecting mother's child has died in utero, rather than the hospital taking the child out, that they're being now sent to abortion clinics. Have you heard of anything similar happening in Ontario?

Laura Jeffery
I'm an embalmer, not an abortionist.

Shawn Buckley
Okay. Now, my understanding is that you also saw a change in your clientele that would speak perhaps to fatigue. And I'm wondering if you can share that.

Laura Jeffery
Okay. I think I've told you that I'm well-known for being very conscientious and very visual. Like, I do a visual interpretation. And you can learn a lot from looking at a person's body. They can't talk anymore but their body does. Fingernails, hands, scars, haircut, sometimes clothing would give an indication of who a person was, right? And what I started to notice was, over time, people that I was caring for and embalming— Because I can only speak to

the ones that I embalmed, but over time, you would see that fingernails that normally had been manicured were splayed, split, broken, and dirty. Toenails, same thing. The pedicure would still be there. Like the nail polish would still be there, but grown out probably about three months and not trimmed. You could see that the clothing was loose-fitting, unkempt, maybe had some food spilled on it, and not kept tidy. Hair was grown out. You could see maybe they had highlights or something and they had not maintained those. And that was during a time frame that we were open for business, so to speak, in Ontario. This was sort of a consistent thing. You would see that.

I think people just got tired. When you're not feeling well, you get tired. I was used to seeing unkempt hair or personal care at a lower standard with people who were maybe suffering with cancer, a long-term illness, because they couldn't do it for themselves, right? And now I was seeing it for people that were at home, not ill—you know, no illness. Not an expected death but you were just seeing that people were just unkempt. They just weren't quite maybe what they should have been.

Shawn Buckley
And then the last area I wanted to ask you about—

Laura Jeffery
Yes.

Shawn Buckley
Do you have any thoughts on how we could have managed this situation better, but in relation to your area? I think an obvious one would be there should be more autopsies when there's a pattern change. But are there any other thoughts that you might have?

Laura Jeffery
Well, yeah. On a professional and personal level—because I pay taxes too, like everybody else, right? Our system relies on medical care and medical personnel. If those personnel are restricted in what they can look at, what they can say, what they can surmise, what they can investigate, then we're not being cared for. Our community isn't being cared for. Our province isn't being cared for. Because you're taking the opportunity for people who are forward-thinking to do their job. So when you take the opportunity for forward-thinking people to do their job away and we're just like monochromatic people, I guess—there's no intellectual thought process or investigation. If you take that away, then people die.

Or did it happen because the people that should have been doing that job were afraid? Did it happen because they felt that they were duped as well? I don't know what was going on with coroners but I would say that they should have noted the anomaly, right? And maybe they did inside themselves but I haven't seen any reports where they're saying, "Oh, dear, we have a problem." And then the pathologists: Where were they? Autopsies were less but they weren't that much less. And if that's the case, then if the funeral director can see, then why weren't they seeing it? Because, I mean, I was seeing these fibre masses left—for lack of a better word—left dangling out of arteries that the pathology department had cut. That's their job. But I would have to take that out in order to embalm that person.

[00:35:00]

And they were long. They were— It's horrific. It was absolutely horrific. I'm at the point where I don't think I can do what I did for a year anymore because it has affected me. I can do my work—but not at that level ever again. Never. Because I don't need the aggravation that it causes me. It's not nice.

Shawn Buckley
Thank you. Now, those are my questions. We'll open it up if the commissioners have any questions for you.

Laura Jeffery
Yes.

Commissioner Massie
Thank you very much for your testimony. Of course, I mean, the structure you were seeing there: it's very difficult to know exactly what it is and how it came about. I've seen video on that and I'm wondering myself what it could be. You're not aware of any people that would have tried to investigate?

Laura Jeffery
Oh, people have investigated it already; yes, of course.

Commissioner Massie
And what is it that they typically found? Because when you mention parasite, for example: to me, it means that this is not human material. It's foreign.

Laura Jeffery
I'm not a scientist. I can't investigate that but I can send you in the right direction to look. In my profession, there are a few people that have been quite dedicated to finding out: What is this? And of course, that's the first thing that went through my mind, too: What is this? Because this is new. If you're extremely curious, which you should be, then you maybe want to review what Dr. Ryan Cole, who's a very dedicated pathologist in the U.S., has to say about that.

But it's not for me to tell you what that is, because I don't know. I'm an embalmer, right? I won't tell you what he thinks it is. Look it up.

Commissioner Massie
My other question is about the timing of having these people—in terms of the COVID unfolding and the vaccine rollout and so on. Have you seen a sort of coincidence of having more of these events when the vaccination rollout was more intense? Or is it totally unrelated?

Laura Jeffery
They go hand in hand. It goes hand in hand.

Commissioner Massie
And do you see, now the vaccine has been reduced, that a lot of people are no longer taking it—

Laura Jeffery
Oh, yeah. Yeah.

Commissioner Massie
Have you seen a difference in your daily work?

Laura Jeffery
I can't actually speak to that because I don't embalm regularly anymore. For the past, I think we're at nine months now, I haven't been in that environment. So I can't tell you, I don't know.

Commissioner Massie
Okay, thank you.

Commissioner DiGregorio
Thank you for coming today and sharing your testimony. Bernard asked a few of my questions. But just to make sure I was listening correctly: These white fibrous masses, you had never seen them before?

Laura Jeffery
No. They don't exist before 2021, spring of 2021.

What's really weird is, the embalmers that I have talked to, none of us can nail down a date. Because we didn't log it. We just went, "Huh, that's weird" and then carried on. And then we started to go, "Huh, that's weird" all the time, so none of us sort of logged it. I've had many talk to me and they've said, "Hey, Laura, like, when did you start seeing that?" And I said, "The best I can tell you is spring of 2021." And they say, "Yeah, me too."

Within the profession, specifically embalmers, there's kind of like this curiosity of the timing of events. But when it comes to the timing of events, I've now spoken with Canadian directors across the country. I anticipate to be speaking to more—specifically, those that embalm. But more and more. And they won't say it in public. I'm the only one that'll stand up and say this in public, which is terrifying, to be honest. They're telling me that they saw exactly what I've discussed today. Like, "Okay, we started seeing middle-aged people that just died suddenly and that particular anomaly. We saw babies." We had different stories about the babies depending on the size of the community they lived in. But they saw that as well. "Yes, we saw these fibre mass."

[00:40:00]

These fibre masses show up in the spring of 2021, but not every single embalmer will tell you that. And then there are funeral directors that don't embalm too, right? They're not in the prep room every day. So that put me in an unusual position within the industry.

Then there are also funeral directors that have very small funeral homes, and they do all parts of funeral service for a funeral. Those people would be more likely to express it but they live in a smaller community. They are more likely to see an escalation—because not only do they live in that community but they know those people and they love them, right? So they take it more to heart as well. They're more conscious. It's kind of an interesting industry that way.

Commissioner DiGregorio
Thank you. When you do an embalming do you prepare a report, or anything like that?

Laura Jeffery
Yeah. An embalming report I don't think is mandatory per se, but a lot of funeral directors do an embalming report. It's well-suggested— Afraid an authority might come at me now. But anyway, yes, I prepared reports and I don't have access to those anymore.

Commissioner DiGregorio
What is the purpose of the report? Is it for—

Laura Jeffery
It's a long-term report. If there was an issue where someone was disappointed in the effect that we created on their loved one, then the report could be looked at and there would be— Just an example. A woman had an unusual arm positioning. Well, that was her arm positioning, not what we did, right? So I marked on the report and then when there was a, "Hey, you know we weren't really happy with how mom's arm was," we opened the report. There it is, there was an issue because of something that happened to her prior to our caring for her. So that's just an example. It's very rare for me to ever go back and look at a report—like very rare, never pretty much. They just get filed.

Commissioner DiGregorio
Just to change gears a little bit, early in your testimony you talked about an unusual nine-week period in which you saw a lot of middle-aged women who had ended their own lives.

Laura Jeffery
Yes, it was awful.

Commissioner DiGregorio
I wasn't sure what nine-week period that was.

Laura Jeffery
Second lockdown.

Commissioner DiGregorio
Second lockdown. Okay, thank you.

Shawn Buckley
Thank you. I believe those are the questions of the commissioners. Ms. Jeffery, the National Citizens Inquiry thanks you so much for coming and attending and sharing this very important information with us.

Laura Jeffery
Okay. Can I just make a quick statement? Short, short.

Shawn Buckley
Sure.

Laura Jeffery
If you're a funeral director or an embalmer and you've been concerned about this for the last two years or so, if you would like to reach out, I've set up a Gmail account and you're welcome to reach out there.

I don't know who would respond but it's concernedfds@gmail.com. It's C-O-N-C-E-R-N-E-D-F-D-S at Gmail dot com. And you know, maybe we can talk about this. Thank you.

Shawn Buckley
Thank you, Ms. Jeffery.

[00:43:35]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 5: Sean Mitchell
Full Day 2 Timestamp: 03:29:29–04:27:19
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
I'd like to introduce our next witness, Mr. Sean Mitchell. Sean, can I get you to state your full name for the record, spelling your first and last name?

Sean Mitchell
My name is Sean Mitchell. S-E-A-N M-I-T-C-H-E-L-L.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Sean Mitchell
I do.

Shawn Buckley
Now, my understanding is that from 2009 to 2022, you were a paramedic.

Sean Mitchell
That's correct.

Shawn Buckley
And for the years 2016 to 2022, you were an advanced care paramedic.

Sean Mitchell
I believe that was 2017 to 2022.

Shawn Buckley
Thank you. Now, when the COVID pandemic hit us back in February of 2020, what was your mindset at that time?

Sean Mitchell
In late 2019, early 2020, my mindset— We were told in late 2019 about an atypical pneumonia. We were getting emails from our management about that, didn't really think much of it. Into 2020, January, world news was starting to report about a possible outbreak in China. So there was some fears and concerns as it progressed through into February and March. So yeah, once March hit and there was a declared pandemic, there was definitely some concern. There was a lot of confusion. But yeah, early on in 2020, it was concern and confusion.

Shawn Buckley
Did your opinion change, and if so, when?

Sean Mitchell
My opinion did start to change a little bit as time progressed. Once there was more and more information out there about what we were dealing with—and what we were actually dealing with—I kind of started to relax and not be so concerned about the severity of the virus that we were dealing with. We'd seen call volumes drop off drastically in early 2020.

Shawn Buckley
So just hang on a second, because my understanding is that Canada was suffering from a severe COVID-19 pandemic in early 2020. You're telling us your first responder call rate was dropping?

Sean Mitchell
Yeah, that was my experience and that was confirmed by our management.

Shawn Buckley
Can you give us some numbers and kind of flesh that out for us a little more?

Sean Mitchell
So as far as call volume, numbers-wise— On a personal level, I think it's important to preface, I worked in the region of Durham. I was at the time a part-time paramedic. I was around bases from Newcastle to West to Pickering and all the way up to Beaverton. So a large demographic and population densities were varying.

On a typical shift prior to the pandemic, I would expect to have four, five, six calls to service—depending on which station—all the way up to eight or ten calls for service where we'd actually see a patient. During the early months of the pandemic—March, April, May, June—it was more like two, three calls for service some shifts.

Shawn Buckley
Can I just stop you there? I mean, that's literally down two-thirds.

Sean Mitchell
My experience was, early on, we just weren't getting as many calls for service.

Shawn Buckley
So in the spring of 2020, when Canadians are told that we're in an absolute crisis and that our hospitals are full—"Don't go to the hospital"—your call volume has dropped by two-thirds.

Sean Mitchell
On a personal level during— Yeah, certain days, we would see a fraction of the calls that we would be used to seeing during a typical cold and flu season.

Shawn Buckley
And how long did that last?

Sean Mitchell
I would say it was very noticeable early on in the pandemic because that was your typical higher volume calls—typical cold and flu season. My experience was kind of—October to March, end of March, early April. So early on it was very distinct, but the lower call volumes lasted up until the following cold and flu season.

[00:05:00]

Shawn Buckley
Okay. So the flu season, which some people call low vitamin D season, basically starts in the fall—October, November—and runs to the spring. Was it any different in 2020 than in previous years?

Sean Mitchell
In 2020, yeah, it was— Like I had said earlier, call volume was less than 2019. Seemed less than 2018. We were spending a lot more time at the ambulance stations and not as much time stuck in the hospitals and responding to calls.

Shawn Buckley
Okay, so the media was telling us that our hospitals were full. What was your experience?

Sean Mitchell
Early on in the pandemic, the same time period—March, April, May, June, right till 2021—I experienced very little offload delay compared to the year previous and compared to the year 2021. Our wait times to get our patients offloaded onto a bed were a lot less. The hospitals didn't appear as busy in the ambulance areas where we'd wait to be triaged and

wait to offload our patients. Nor did they seem to be as busy in the waiting area where the public would access the hospitals.

Shawn Buckley
If I can ask you a direct question: Have you ever seen the hospitals as empty as they were in the spring of 2020?

Sean Mitchell
In the Emergency Department—that's specifically what we see—no, not in my career.

Shawn Buckley
Okay, so in your career—and you started in 2009—you had never seen the emergency rooms as empty as you saw them in the spring of 2020.

Sean Mitchell
I had never seen so few patients seeking medical care as I did in 2020. That's correct.

Shawn Buckley
Now, you indicated that you work for the Region of Durham. And you have provided to the NCI a document called "Comprehensive Master Plan for Paramedic Services, Region of Durham," titled August 13th, 2001. And that document in its entirety will be made available to the commissioners.

David, I'm just going to put a document on my screen I'm hoping we can pull up. I'm pulling up from that document. As I say, the full document would be Exhibit TO-1. But this is page 25 that I'm pulling up from here. And when we look at this what my understanding is: This basically shows ambulance use. So this is basically numbers of calls. Is that correct?

Sean Mitchell
It just says, "Demand by Year." So it's a percentage increase of calls.

Shawn Buckley
Right. Now, if we look at year 2020 and we go down to the bottom, where it says "Annual % of Change," so 2020: that's the year where we're in the COVID pandemic. We don't have any vaccine to protect us. We have the least natural immunity because as people get infected, we get more natural immunity. The average daily demand went down 0.7 per cent.

Sean Mitchell
That's correct.

Shawn Buckley
And that's in line with what you experienced. You saw a drop in demand.

Sean Mitchell
I did see a drop in demand.

Shawn Buckley
And now, if we move over to the next line, it's average annual change and the average from 2016 to 2019. So the average annual change, the average is an increase of 4.7 per cent.

Sean Mitchell
Yes.

Shawn Buckley
There's not an increase, according to this, between 2019 and 2020. There's actually a decrease. But it might be more significant than minus 0.07 per cent because we would anticipate, with population growth and the like, for there to be an increase of 4.7 per cent.

Sean Mitchell
As shown in the years prior.

Shawn Buckley
Now, I want to pull up another document. Can you tell us what this document is?

[00:10:00]

Sean Mitchell
This is just a standard communication from the chief of our paramedic service.

Shawn Buckley
This is basically your boss and the person that communicates what's happening to the paramedics.

Sean Mitchell
Yeah.

Shawn Buckley
And this is a letter sent out to all of the paramedics, so you get a copy of it.

Sean Mitchell
That's right, it's an email.

Shawn Buckley
It's dated March 20th, 2020, and you would have received it on that date.

Sean Mitchell
That's right.

Shawn Buckley
And it starts: "Thank you all for working through another challenging week. Luckily, call volumes continue to remain down, but I know that won't last forever." So basically, your boss is saying something that confirms what you're telling us, is that in the spring, in this case March, call volumes are down.

Sean Mitchell
Yes.

Shawn Buckley
And commissioners, this forms part of the official record as Exhibit TO-1jj [listed on the NCI website as Exhibit TO-1a].

Now my understanding is that, in 2020, your department was actually supposed to receive an additional ambulance.

Sean Mitchell
We were supposed to receive additional staffing in, I think, the second quarter of 2020, yeah.

Shawn Buckley
And did you receive that?

Sean Mitchell
No, we received another email similar to the last one, saying that they were going to defer adding the additional staffing because of low call volumes.

Shawn Buckley
So just so that we understand, your department was slotted to get an additional ambulance because of anticipated demand and that is put off in the spring of 2020 because demand was so low?

Sean Mitchell
That was what the email said, yeah. And that's my understanding. It was deferred until a later time.

Shawn Buckley
Now, I didn't live in the Durham region, but I expect the media would have reported that ambulance use is down and so it's being deferred; they're not getting their new ambulance. Is that what you were hearing in the media in the spring of 2020?

Sean Mitchell
That is not what was stated in the media at all. I had actually asked my management staff to be transparent with the public and report, to try to ease anxiety within the public. And that conversation just didn't go anywhere. So no, the media wasn't reporting on any of this.

Shawn Buckley
How was the media reporting at that time?

Sean Mitchell
At that time—I'm going to just class that "early pandemic"—it was fear.

Like I said, we were able to spend more time in our ambulance stations than we would normally. Most ambulance stations seemed to have CP24 on loop, and it was just total fear mongering. Like, it was telling something that I wasn't seeing in reality and my co-workers weren't really seeing. I think there was a lot of unknowns at that point. But what the media was saying and what reality on the road as a paramedic and a healthcare provider—it just wasn't lining up. It wasn't the same.

Shawn Buckley
Right. You told us earlier that basically, the call volume in spring of 2020 was down by two-thirds. Would I be correct in saying that never had you been able to spend so much time basically just at the unit, not out in an ambulance?

Sean Mitchell
Like I said, we spent a lot of time at the stations, not moving around. A lot of reflect on that is, when it is busy, they juggle ambulances around. So say, if all the Oshawa crews are out, they'll move resources from one station to the other. So in past, a lot of time was spent in trucks just moving from station to station, maybe not seeing a patient.

But yeah, because there just systemically seemed like not as many patients calling 911 and not as many calls for service, we weren't spending that time in the truck either. So yeah, we were able to be at our stations.

Shawn Buckley
Right. Now I want you to kind of turn our minds then to staff issues. The call volume is down, but my understanding is actually some of the policies created some staff issues. And can you speak to us about that?

Sean Mitchell
Yeah. Early on in the pandemic, there was a lot of confusion, I guess. Or the Ministry of Health, which kind of dictates our ambulance call,

[00:15:00]

our CAC—our communication centre that dispatches us out—the Ministry of Health is in charge of that. And they had a screening process where they would ask the person calling

911 a series of questions. And how those patients answered those questions would dictate whether or not the patient was high-risk COVID, screened positive or negative.

Shawn Buckley
And can I just stop you? If you were in a high-risk exposure situation, what were paramedics required to do after that?

Sean Mitchell
A high-risk exposure would be somebody that's probable COVID-19 and had, like, a breach of their personal protective equipment. If we were notified of a high-risk exposure, usually it would be days after, we would have to isolate for—I believe at that time, it was 14 days.

Shawn Buckley
Would a high-risk exposure also include if you weren't told by dispatch that this was high-risk and so you didn't put your PPE on and then later found out it was high-risk?

Sean Mitchell
Yeah, that was kind of early on, where dispatch was including travel. You could answer "yes" to a lot of questions regarding, like, fever, shortness of breath, cough. But if you answered that you hadn't travelled in the last 14 days, you would automatically have been screened negative, when there was information out there that community spread was already happening.

So there were times where myself and co-workers were dispatched to a call that the person was a probable COVID-19 and did test positive after, where dispatch said the patient didn't screen positive. So paramedics would walk into a scene, they would have contact with that patient, then find out that, yeah, maybe we should put some protective equipment on because this person has a cough, shortness of breath, febrile. We would just get COVID positive or COVID negative.

Shawn Buckley
I just want to make sure that everyone understands what you're saying. So somebody calls in and they're being screened and they're asked, "Do you have a fever?" "Yes." "Are you coughing?" "Yes." "Did you travel in the last 14 days?" "No." So they're classed as basically negative.

Sean Mitchell
Early on, yes, that's right.

Shawn Buckley
Then you guys would show up without putting PPE on, and the person has a fever and is coughing.

Sean Mitchell
Sometimes, yes. I did bring this to my management's attention. And in the communication that I got back from my management, they acknowledged that, yes, the Ministry of Health screening process has been causing problems. They haven't really evolved with the knowledge of the virus.

Shawn Buckley
Okay. Am I correct that this policy, as long as it lasted, created a bit of a shortage because then the paramedics had to go in quarantine?

Sean Mitchell
Yeah, if a paramedic did have a high-risk exposure—meaning they didn't have PPE on and the person was likely or confirmed COVID-19—they would have been told to isolate and monitor their symptoms if they had any. Or let them know if they had symptoms. And then they were, I think, directed after that, if they did have symptoms, to undergo a PCR test.

So yeah, there's only so many paramedics in our service. The more that are told to isolate and not come to work, it developed staffing challenges.

Shawn Buckley
Okay. And that was independent of whether or not the paramedic was actually sick.

Sean Mitchell
Yeah, to my knowledge, that was just like a high-risk exposure.

Shawn Buckley
Now, in the year 2020, which is the year we're speaking about— And just to set the stage. So we're in the pandemic. We'd have the least natural immunity. There is no vaccine at all. What was your observation on our paramedics actually getting sick and dying because of COVID or any other reason in 2020?

Sean Mitchell
Paramedics were getting sick. I do know that there were paramedics that were confirmed, did have COVID. I do not know of any paramedic in my service that died of COVID-19. So paramedics were getting sick, but not in any greater extent than I have seen in the past.

[00:20:00]

Perhaps even to a lesser extent.

Shawn Buckley
Okay, so compared to other years, there was no meaningful change that you saw.

Sean Mitchell
Not that I saw, no.

Shawn Buckley
Now, you sent an email, and I can't pull that document up for the public. But you sent an email to your supervisor, Troy—do you pronounce it, Cheeseborough?

Sean Mitchell
That's correct, Cheeseborough.

Shawn Buckley
On March 24th, 2023. And the commissioners have a copy of this and it's going to be part of the record as TO-1KK [available on the NCI website as Exhibit TO-1b]. Anyone can look that up once it's posted as part of the record.

Now, this is at the beginning of the pandemic. And I just want to draw your attention to the last paragraph—and specifically the second sentence. And I'm going to read it to you and then ask for your comments. But basically, this is your boss sending an email to all of the paramedics.

Sean Mitchell
I just want to confirm that's the March 7th, 2020, email?

Shawn Buckley
Oh, yes, I'm sorry. I'm looking at the date that you sent it to me, so yes March 7th, 2020. Thank you for correcting me.

He basically writes to all the paramedics: "Remember not to get caught up with social media as not all that information is accurate and only serves to increase concern. Coronavirus has been around since the late 60s so the only thing new is an enhanced ability to screen for it and the global scale which it seems to have taken."

Now do you remember receiving that email?

Sean Mitchell
I do.

Shawn Buckley
And basically, did you interpret that as he's saying, "Calm down, this is early on in the pandemic?"

Sean Mitchell
Yeah, I do. Because, like I said, early on in the pandemic, there was concern. Paramedics have families. I had a pregnant wife that's also a paramedic in the same service at the time. We were hearing about PPE shortages. There was an email that he had sent out saying, "We're well-supplied; don't worry about that." There was all sorts of information going out on the media. And this was him reassuring us that we're in good shape; it's going to be okay.

Shawn Buckley
And basically, to ignore the social media where people are voicing concern about this.

Sean Mitchell
Yeah.

Shawn Buckley
Now, my understanding is that you guys were also getting weekly reports for the Durham Region for the first couple of months of the pandemic.

Sean Mitchell
That's right. It was like a COVID report that would just say case counts in Durham region, potential cases counts, that sort of thing.

Shawn Buckley
And did they basically match what you were seeing?

Sean Mitchell
For the most part, yeah. The reports we were getting were pretty low numbers, really, for the amount of COVID positives that we were having. There was nothing to really compare that to. We'd never gotten any kind of weekly statistical update in any years prior about, like, flu-like symptoms or sicknesses. So they kind of match. The numbers of us—population around 700,000—were pretty low, I thought. So yeah, I'd say they match.

Shawn Buckley
I'm just going to pull up one of those reports. And I apologize for the audience that it's not the clearest. Mr. Mitchell, you have a paper copy and the commissioners have a paper copy. But for those viewing online and in person, in that first box, the very bottom line—so this is a report. And RDPS, that just basically refers to the paramedic service that you belong to.

Sean Mitchell
That's right.

Shawn Buckley
And it's a situation report as of March 26, 2020. And the last line in that first box says, "37 cases in Durham region. Thirty-one are on self-isolation, and five are hospitalized. One death." Now, my understanding is that the population of Durham region is roughly about 688,000 people at the time?

Sean Mitchell
Somewhere around there, yeah, just under 700,000.

[00:25:00]

Shawn Buckley
Right. So I'm just going to go with the 688 figure, because that's what you told me in an interview. And so if we have 37 cases divided by 688,000, we basically end up with 0.00005 per cent of the population is being reported as a COVID case.

Sean Mitchell
Yes.

Shawn Buckley
And does that kind of match what you were seeing?

Sean Mitchell
Yeah. Like I had said before, we weren't really seeing anything out of the ordinary for this time of year. Like, we were definitely getting respiratory cases that we'd respond to. But whether they were COVID or not— I've seen COVID cases that we were told were COVID cases, but it wasn't an eye-popping number of them. So yes, I'd say that this matches my experience.

Shawn Buckley
Is the population of Durham in lockdown on March 26, 2020? Do you recall?

Sean Mitchell
I don't know. I know that the pandemic had gotten declared around that time, like March 20th. I don't know when lockdowns started. I'm not sure.

Shawn Buckley
Right. Where I'm from in Alberta, I think we started with "two weeks to flatten the curve" in March. And I learned that my education was wrong in elementary school because I thought a week was seven days, but I'm wiser now. Do you recall, was a similar thing happening in Durham? Or you're not sure if there was a lockdown?

Sean Mitchell
There was a lockdown. I just don't know if the lockdown was on March 26. But yeah, around that time we were in lockdown as well.

Shawn Buckley
With the media reporting— I had gotten the impression from an earlier interview that really the media in the Durham region: they were painting kind of an extreme case, like there's case after case after case after case. Was the media reporting that you were seeing consistent with a .00005 per cent case rate?

Sean Mitchell
No.

Shawn Buckley
What was your impression of the media reporting at the time?

Sean Mitchell
At the time, my impression was that this was the deadliest virus that could hit humanity and we should all be afraid. Like I said before, I just was not seeing that in my profession and responding to patients.

Shawn Buckley
And then, for anyone who wants to view this, once it's up, it's going to be Exhibit T0-1GG [available on the NCI website as Exhibit TO-1e].

So we were talking about 2020. Now, in 2021, we had rollout of the COVID-19 vaccines. My understanding is it was released in January 2021. Did you see a change, let's say, in hospital use, into 2021?

Sean Mitchell
So the following cold and flu season—starting November of 2020 into early 2021—that's where I definitely started seeing kind of a return back to normal call volumes, where we were getting your typical calls for service and hospitals were starting to get busier. Offload delays were starting to increase into late 2020, early 2021.

Shawn Buckley
Right. Were they higher than normal prior to the vaccine release?

Sean Mitchell
Yeah, they were definitely higher than 2020, absolutely.

Shawn Buckley
Right, so that's into January, February of 2021?

Sean Mitchell
That's right.

Shawn Buckley
Was there a change in the type of call? Let's move into the spring of 2021. A year after the pandemic starts, are you starting to see a change in the type of call?

Sean Mitchell
Yeah. So along with the increased call volume, we were starting to see changes. A lot of mental health problems, starting to see more opioid and drug-related—kind of like social calls. I was starting to see some events that were concerning with younger people and medical events that way. We started getting correspondence in 2021 about—I don't want to say assaults, but aggression towards healthcare workers and paramedics.

Shawn Buckley
Can I just stop you? You were talking first of all about a change in calls in younger people. Can you give us the age range?

Sean Mitchell
Late 20s, early 30s, 40s, healthy individuals

[00:30:00]

that had no real medical history, that were feeling the need to call 911 for legitimate medical emergencies.

Shawn Buckley
And were you seeing a type of injuries that you hadn't seen before for this age group?

Sean Mitchell
I was seeing symptoms and I was seeing medical findings more often that I didn't see in those age demographics in years prior. There were a number of cases that come to mind. But I was seeing younger people my age—a little bit younger, a little bit older—that were having cardiac-like symptoms, having neurological-type symptoms that they'd never had any history of. They were young, healthy individuals.

Shawn Buckley
So as far as the neurological-type symptoms, can you share with us what you were seeing?

Sean Mitchell
I was seeing stroke-like symptoms, so unilateral paralysis, facial droop, slurred speech, muscle spasms on certain parts of their body. I've seen a number of narcolepsy-type things where patients were just falling asleep, like at a gas station, at a gas pump in their driver's seat of their car, or sitting with their son and daughter at the kitchen table and falling asleep and just not being able to stay awake. I've seen cardiac concerns—

Shawn Buckley
Just before we go to the cardiac, so you're talking about basically young to middle-aged people falling asleep at the gas pump in the driver's seat or falling asleep while they're eating a meal with the family. Had you ever seen anything like that before?

Sean Mitchell
Never in my career.

Shawn Buckley
So not only have you never seen that before, but now this isn't an atypical call. You're getting calls—plural—with this type of thing.

Sean Mitchell
Multiple calls. Like patterns of similar calls within similar demographics. And once history-gathering developed with those patients, finding a common denominator of recent vaccination.

Shawn Buckley
And then the stroke-like symptoms that you spoke about, like slurred speech and twitching muscles and the like: Had you been seeing those types of symptoms in this age group prior?

Sean Mitchell
I have, prior to this, seen those types of symptoms in younger age groups but not to the frequency and extent that I was seeing it at that time.

Shawn Buckley
Okay. You were also speaking about cardiac problems in this age group. Can you share with us what you were observing and also whether or not it was a change?

Sean Mitchell
I was observing younger individuals, athletic individuals that, when they would exert themselves— One that comes to mind was a hockey player that was 33 years old. Any time they would exert themselves, they would get crushing chest pain. It would last for two or three days. They couldn't be physical.

We were seeing pericarditis come up on our 12 electrocardiograms. We were seeing younger, like, ST-elevation MIs [myocardial infarctions]. Yeah—like a lot of concerning cardiac-type calls that were happening in a demographic that you wouldn't really expect to see it as frequent as I was.

Shawn Buckley
So it was a change from previous or pre-vaccination years?

Sean Mitchell
That's correct.

Shawn Buckley
What about— Were you having to respond to calls where people were not alive?

Sean Mitchell
Yes, yes, we were responding to VSA calls as well, which is vital signs absent.

Shawn Buckley
And was there a change in the calls where a person has already died by the time you've arrived?

Sean Mitchell
As far as numbers— I wouldn't say there was too much of a change, as far as the amount of VSAs that I responded to. I did notice that there were some younger VSAs, which isn't out of the ordinary. But there were some younger ones, a few more than I would expect. But as far, like, more or less: I would say it was pretty consistent with the years prior to the pandemic.

Shawn Buckley
And as far as the changes you've told us, so you've seen these neurological calls and these cardiac calls

[00:35:00]

in a younger age group than you had seen before. How were paramedics responding to this?

Sean Mitchell
Just like they do for any call. They get a call for service and they respond and give the best patient care that they can.

Shawn Buckley
Now, you became concerned about this, so you basically spoke to one of your supervisors.

Sean Mitchell
Yeah, after a number of patients that I kind of thought were attributed to vaccine injuries or having some sort of problem with the vaccine, I did contact a quality development co-worker of mine. And they're responsible for basically everything with gathering data, gathering information, educating paramedics on trends. They were the ones sending out the reports of COVID case numbers.

I reached out to him in order to just see, first off, if anybody else had reported concerning trends and if there was some way that we could capture just on our electronic call report when a person was vaccinated—like what date, time, with what vaccination. And that was it, just a checkbox, just to be able to collect data and drive data to see if maybe there's some sort of correlation between the two. He'd forwarded my concerns up to all of our managers, upper management, because at this time I wanted to kind of remain anonymous. Because that's just the way that I felt was the best way to go given the workplace environment. And there was no response from management. I think there was one road manager that got back saying something, but—

Shawn Buckley
I'll just shorten this a bit. My understanding is that over a period of maybe eight months, you followed up and you followed up and basically, there was no change to require reporting.

Sean Mitchell
That's right. There was no change, we were told.

Shawn Buckley
But just to make sure that I've understood your evidence correctly: you're seeing these changes and because of that, you're thinking, well, we should be documenting on a report we have to do anyway. Let's add a box for vaccination and just a few details so that we can see if the change is related to the vaccination.

Sean Mitchell
That's right.

Shawn Buckley
And you had approached management, made several efforts, and at the end of the day, there was no change. Paramedics were not requested to change their reporting at all.

Sean Mitchell
That's right.

Shawn Buckley
Now as 2021 went on, what happened to the call volumes?

Sean Mitchell
In 2021, call volume returned back to kind of what it was pre-pandemic. It was busy. We were having more down-staffed vehicles. We were having a lot longer times on offload delay. This was confirmed not just like, my experience, but this was confirmed in multiple emails from our managers—just acknowledging that, yeah, in fact, in 2021, offload delay time had doubled.

Shawn Buckley
What happened when— You call it the flu season. Into the winter, so October, November, maybe December, you're well into the flu season of 2021. What was basically the hospital situation at that time?

Sean Mitchell
At that time, it was busy. Yeah, people were coming to the hospital for all the things that they went to the hospital for prior to the pandemic. It was busy. It was chaotic, offload delays; the hospitals were busy.

Shawn Buckley
So there was no increase because of the vaccinations?

Sean Mitchell
I can't say why there was an increase. There was a definite increase from 2020 to 2021. I can't say for sure why.

Shawn Buckley
Okay. Now, were the paramedics in the Durham region required to get vaccinated?

Sean Mitchell
Yes. Yes, they were required. In September of 2021, a policy came out—a number of policies came out between September and December of 2021. But a policy came out that correlated with the Ministry of Health Directive Number 6. And it originally had stated that covered organizations had to have a vaccination or an immunization policy for COVID-19. And as that living document progressed,

[00:40:00]

the Region of Durham Paramedic Service, as well as the entirety of the Region of Durham staff, was required to either get vaccinated or lose their job.

Shawn Buckley
Basically then, in 2021, was your understanding that the majority of paramedics did get vaccinated?

Sean Mitchell
That's my understanding, yes.

Shawn Buckley
In 2021, after the paramedics start getting vaccinated, did that basically create a situation where they were less sick? There was less off time because they had been vaccinated and protected from COVID-19?

Sean Mitchell
I don't think so, no. I think that sick time was getting worse in 2021 compared to 2020.

Shawn Buckley
Okay, so was that your observation?

Sean Mitchell
That was my observation, yes. And like I said, management had confirmed, thanking paramedics for taking overtime shifts to cover vacancies. So our managers did acknowledge that in a December 2021 email.

Shawn Buckley
Now, I'm going to pull up for you another document. I've just got the first page here and I'll scroll down. I can advise people that the entire document is an exhibit [Exhibit TO-1f] but I am, just for brevity, reproducing what would be page 18 [Exhibit TO-1c].

This is the consolidated financial statements for the Regional Municipality of Durham for the year ending December 31st, 2021. So people can see that at the top in blue is number 6,

Employee Benefits and Post-Employment Liabilities. And if we go down, there's a section at the top, Liability for WSI [Workplace Safety and Insurance] Benefits. Do you see where that is?

Sean Mitchell
Yes.

Shawn Buckley
And if we go down to where there's a line, the last line, there is benefit payments.
And when you go to the top of the document—and I apologize for those in the audience, I haven't scrolled up—this is in thousands of dollars.

So if we look at the year 2020, benefit payments—so actual payouts to paramedics—that 5,986 is actually 5 million 986 dollars paid out to paramedics for WSI benefits. And WSI benefits are basically workplace injuries, right?

Sean Mitchell
That's right, work.

Shawn Buckley
If you are injured at work—in BC, where I practice, it's Workman's Compensation. But in Ontario, it's WSI.

Sean Mitchell
Yeah. And it's not necessarily like a physical injury. It could be, like, emotional or—

Shawn Buckley
Right, right.

But if we go to the year 2021— So 2020, that's where we're in the pandemic, there's no vaccine, there should be less natural immunity. We have $5,986,000 paid out. But if we go to 2021, where we now have the vaccine rollout, we have $9,202,000 payment. And if you do the math, that is exactly a 65 per cent increase in basically what would be the equivalent of off-time for workplace injury in the year 2021. Does that match with your experience?

Sean Mitchell
Yes, it matches. The year that vaccines were made mandatory, increased WSI benefits were paid out.

Shawn Buckley
I'll just ask. Because my understanding is— As you know, you were a little critical about they're not being reporting and then there being an imposition of a vaccine mandate. My understanding is that you actually lost your job because of that.

Sean Mitchell
That's correct.

Shawn Buckley
So would you have any recommendations on how we could do this better if we ever faced a similar situation?

Sean Mitchell
Yes. Early on in the pandemic, we were—it was frontline this and frontline that, frontline workers, essential workers.

[00:45:00]

Nobody listened to the frontline workers. I tried multiple times to bring concerns to management and facilitate it up through the chain of command. And nothing. It was either ignored or just nothing was done. So we need to listen to the workers and the people that are on the ground and doing the work and living it day-to-day, that have been experiencing this for years. And it wasn't being listened to at all. We weren't being listened to.

It was all— Our managers had an opportunity. All the statistics were there in our paramedic service. All the statistics are there in hospital corporations to show the call volumes, early on in the pandemic, the first year of the pandemic, were low. And all the statistics are there to show that in 2021 and 2022, it substantially increased. If we want to manage another event like this properly, we need to listen to the boots on the ground.

Shawn Buckley
Thank you. Those are all the questions I have. I'll open this up if the commissioners have any questions of you.

Commissioner Massie
Thank you very much, Mr. Mitchell, for your testimony. I have a question related to the last answer you provided about the recommendation that the management or administration should listen more to what you have to contribute. Is it something that was part of the culture before the pandemic? Or is it something that was in other words, lost during the pandemic management? Or is it just a trend that was there for a long time?

Sean Mitchell
I think it's kind of a trend that's been there for a long time. The public doesn't know anything about statistics and call volumes. There's been a significant lack of resources, in at least Durham Region, for a number of years that started long before the pandemic. And the statistics are there to show it. The report that I had given Mr. Buckley kind of outlines this systemic problem.

But I brought forth to my management, during, I guess, late 2020: Why aren't we using the statistics to try to bring calm to the public? Why aren't we saying, "We're not overrun, we have resources, we have proper protective equipment, the hospitals are in good shape?" Like, why aren't we using and being transparent with the data that we collect every day? And I just got a political answer to it and nothing was ever really done.

I think that had there been transparency with our service, and with our profession, and with the hospitals early on, we wouldn't be seeing problems that we're seeing today and that we were seeing in 2021—with violence towards paramedics, violence towards nurses, violence towards first responders. A lot of members in the public realized that they were being lied to during the pandemic. And there was nothing that my service did to try to reassure the public. And I think that's very unfortunate. So a systemic problem of our management system not reporting on anything.

Commissioner Massie
So is it your observation that now management starts to realize that and they have a plan to fix it?

Sean Mitchell
I haven't been at the workplace since January of 2022. I'm not really sure that they have a plan. The report that I submitted—the master plan—was the first step in kind of acknowledging the trends that were going on long before the pandemic, about staffing shortages, about down-staffed ambulances, about all that stuff. So they have done some things to try to at least support their effort towards council to obtain resources. But as far as being transparent to the public, I don't know if they're doing anything.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
Thank you for your testimony.

I'd like to just go back to the emails. Let's start with the March 7th email. This is coming from the Durham Region Health Department. I believe that that was the time that churches were being told that they had to close and that small businesses

[00:50:00]

could have a maximum of five people entering their business places. So you were being told at that time, just let me get this right: your supervisor wants to remind everyone PPE is only required on calls at a given meeting. The criteria are determined immediately upon your assessment to meet the criteria. And then if I jump to the last sentence of that paragraph: "The most important factor to consider is to ensure good hand washing with a minimum of 20 seconds or aggressive scrubbing with a good soap." And then on the March 20th email, going into long-term homes: "I would like to suggest to all that, in the event you are responding to any long-term care home, you take the opportunity to wear a mask, gloves, and eye protection on all calls to long-term care. Facilities accounts should only be required if you intend to perform—" and it continues on that.

From your experience as a paramedic, and just looking at the public policy that came down, would you think it was an unfair statement by the provincial government to actually close small businesses and churches, for example, when you're only being advised that a good strong hand washing is a good response?

Sean Mitchell
I think that, yeah. I don't want to get into public health stuff really, because that's not my area of expertise. But it was pretty obvious early on, from emails and from experiences that we had, that the severity of COVID-19 wasn't as severe as we were being made to believe. And we were responding to these long-term care facilities and it was sad at times. We were responding there, not always for serious medical calls, but, yeah, you'd see individuals locked in their rooms. What was going on at that time was not right.

And it just kind of goes along with— They didn't really know what to do, it seems. Because every week we were getting conflicting things from the week prior, like: Should we gown up? Should we be reusing our PPE? "Put them in this bin, so we can wash our single-use PPE." "No, don't do that." "We're going to use aerosolized procedures, like ventolin." "No, don't do that because you're at increased risk." "Don't intubate people when they need it because you're at increased risk."

Those weekly COVID reports not only gave the case counts but they also gave directions on what we were to do or not to do, and they were just— It was all over the place. So I don't know if locking down businesses was the right answer. I don't know if locking down long-term care facilities was the right answer. If things were going to get in there, they were going to get in there. And typically, like every other cold and flu season we've had, long-term care facilities are on "outbreak," they call it. So it's not unusual for long-term care facilities to be placed on outbreak or different floors on outbreak. That's just standard procedure. This one was just more extreme.

Commissioner Kaikkonen
I want to thank you for your honesty.

Commissioner Drysdale
We heard from previous testimony two weeks ago in Truro that the government in fact had a detailed influenza pandemic plan in place called, if I recall, the Canadian Influenza Pandemic Plan for the Health Sector.

Being a paramedic, I assume that means you're in the health sector.

Sean Mitchell
Yes, it does.

Commissioner Drysdale
Were you aware of this detailed report?

Sean Mitchell
No, I was not. Like I had said, we were getting correspondence through email in late 2019 about atypical pneumonia. But yeah, we were made aware of no such national plan.

Commissioner Drysdale
One question of curiosity for myself: When you were to wear PPE, what PPE were you wearing to protect yourself from the breathing in of the COVID virus?

Sean Mitchell
Like I said earlier, it kind of changed back and forth, what the requirements were. I utilized for the most part of the pandemic—it's called a P100 mask.

[00:55:00]

It's like a rubber thing that goes over your nose, mouth, and jaw. And it's got two pink filters, so that's kind of the best protection that we were issued. N95 masks were used. We were supposed to wear goggles and safety glasses at times. We were supposed to wear gowns and Tyvek suits at times. And then other times, they told us not to do that. So it was kind of all over the place. But as far as inhaling virus particles when doing patient care, with a suspected COVID-19 case, we were to use N95 or P100 masks, and then use surgical masks in the trucks and at stations.

Commissioner Drysdale
Right. And the one mask you described, I guess is what they described as a respirator. And I noticed that today you're sporting a very fashionable beard, like myself.

Sean Mitchell
Thank you.

Commissioner Drysdale
How are those masks sealed around someone with facial hair, beard, mustache, etc.?

Sean Mitchell
So they aren't, they aren't. So yeah, they don't seal properly. Every two years our service is required to undergo mask-fit testing, so physiological changes as people age or gain weight, lose weight, just to keep on top of that. And we have a policy that says you're to be clean-shaven. Now if you're a supervisor, clean-shaven means you can have a goatee around there. If you're a paramedic, that kind of depends. But proper PPE, you're supposed to be clean-shaven.

Commissioner Drysdale
Are you saying that even when they dictated a certain PPE, like a respirator, they weren't necessarily enforcing the correct way to use it?

Sean Mitchell
They had a big scramble for mask-fit testing as the pandemic rolled out, because they hadn't done it for longer than the two years they were supposed to. There is a policy in place that says you're supposed to be clean-shaven to maintain a proper seal. Some supervisors would enforce that and some wouldn't.

But for the most part during the pandemic, at the start of the pandemic— Like I said, people were afraid, so they were doing everything that they could protect themselves and protect their family.

Commissioner Drysdale
Thank you very much.

Sean Mitchell
You're welcome.

Shawn Buckley
There being no further questions, Mr. Mitchell, on behalf of the National Citizens Inquiry, I'd like to thank you for coming and testifying today.

Sean Mitchell
Thank you for the opportunity.

[00:57:50]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 6: Natasha Petite
Full Day 2 Timestamp: 05:21:14–05:37:07
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Natasha, I'd like to begin by asking you to state your full name for the record, spelling your first and last name for the record.

Natasha Petite
Sure, my name is Natasha Petite, N-A-T-A-S-H-A P-E-T-I-T-E.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Natasha Petite
Yes, I do.

Shawn Buckley
Now, Natasha my understanding is that you have a disability, and you simply cannot wear a mask.

Natasha Petite
That is correct.

Shawn Buckley
Can you describe for us basically how that came about, because— I'll just back up. My understanding is you used to work in the oil patch in Alberta.

Natasha Petite
Yeah, I worked in the oil and gas industry in mainly Fort McMurray, Alberta, for ten years.

Shawn Buckley
And you worked in dangerous environments where you had to wear a mask.

Natasha Petite
Yeah, we had to wear, like—there's the half mask with a P100 filter respirator. And then there's the full face and sometimes we had to do full face and under Scott air-supplied breathing.

Shawn Buckley
Right. And the point I'm just trying to make is, it's not like you're mask averse or anything like that.

Natasha Petite
Exactly.

Shawn Buckley
You've professionally worn lots of masks. But something happened and now you truly have a disability and can't wear a mask.

Natasha Petite
That's correct.

Shawn Buckley
Can you share with us how that came about?

Natasha Petite
In 2018, I was living in Quebec and I was in a car accident—it was January 24th, 2018—in which I'm actually lucky to be alive today. I was trapped in the car for about 45 minutes. I had the air knocked out of me. Some of my teeth were smashed and pretty much from that day, I have lost feeling in several different parts of my left leg. I have memory loss issues, herniated discs in my neck and my back, major depressive disorder, anxiety, and ADHD recently diagnosed.

Shawn Buckley
Sorry, you haven't gotten into it, and I don't need you to. But is it fair to say also, you were in a prolonged situation where it was difficult to breathe?

Natasha Petite
Yes.

Shawn Buckley
It was enclosed, there was smoke all about—and that is part of the reason why you just simply cannot wear a mask?

Natasha Petite
Yeah, actually, I do have PTSD from the car accident and I have been in trauma therapy for the last five years before that. Basically, I cannot have anything on my face, around my face. If it's minus 40 outside, you will not see me with my face covered because it just sends me into panic because I can't breathe. My breathing feels so restricted that I just— I'll have an anxiety attack.

Shawn Buckley
And you had a medical exemption for this.

Natasha Petite
Yes.

Shawn Buckley
For a mask, a legitimate one.

Natasha Petite
Yes.

Shawn Buckley
During any masking mandate.

Natasha Petite
Mm-hmm.

Shawn Buckley
Okay. Now, my understanding is, you had been on a career path in law enforcement.

Natasha Petite
Mm-hmm.

Shawn Buckley
And I'll ask this, when you go mm-hmm, we're not sure if you're saying "yes" or "no," so please use words.

Natasha Petite
Yes, sorry.

Shawn Buckley
So you were a corrections officer?

Natasha Petite
Yes.

Shawn Buckley
And your plan was then to work from corrections into probation?

Natasha Petite
Yes.

Shawn Buckley
And then into parole?

Natasha Petite
Yes.

Shawn Buckley
And then segue into basically helping veterans and first responders who have PTSD and things like that, and help them cope. You had this all planned out, basically spending your entire career in law enforcement.

Natasha Petite
Yes. I wanted to be in law enforcement since I was ten years old.

Shawn Buckley
Yes, so a childhood dream for you.

Natasha Petite
Yeah, it was a dream.

Shawn Buckley
Yeah. Okay. Now, Christmas Eve 2021. Can you please tell us your story?

Natasha Petite
I was actually back in Cape Breton, Nova Scotia visiting my mother for Christmas, my family. And my mother and I went to Walmart at approximately 12:30, 1 o'clock in the afternoon to get some last-minute Christmas items.

And the lady at the door said, "Excuse me, you have to wear a mask." I told her I was exempt and she said, "I know," because she had seen me there actually two days prior. I was there on December 22nd and nobody said anything to me about it. So she said she had to call the manager and I said, "Okay, you call the manager, do what you have to do."

I was approached by the first manager, who told me, "You have to put a mask on or leave the store." I told him I was exempt and he said, "Where is your medical documentation?" I said, "Excuse me?" I said, "You can't ask me that. You're not my doctor. You're not a medical professional and you cannot ask me for my documentation." He made a comment of accusing me of lying or like, "How do we know you're not lying?"

Then he got the second manager who came and said the same thing: "You have to put a mask on or you have to leave." I said "I'm not going anywhere. I have a medical exemption." He also asked for my medical exemption letter,

[00:05:00]

and I told him the same thing, "You cannot ask me for that, you're not a medical professional." They told me they had called the non-emergency police. So I said, "You do what you have to do, and I'm going to do what I have to do, and I'm going to continue my Christmas shopping."

So about 15 minutes later I was in the water aisle and one officer showed up and she said, "You need to put a mask on or leave." And I said, "Well no, I have a medical exemption." She also asked to see it, in which I explained to her that she is also not a medical professional and she does not have authority to ask me for such documentation. From there she said I need to put a mask on, again, or leave.

I questioned her about her mask because she was wearing one of those— It's like a stretchy bandana that she just pulled over her face. I made a comment about her mask not actually being a mask. From there we were just arguing back and forth; she called for the second officer.

The second officer arrived and he said the same thing: "You need to put a mask on, or you need to leave." I told him the same thing. I said, "I have a medical exemption. and I can't wear a mask." He asked me for the note. I told him, "I don't carry something like that with me and you can't ask."

So we argued back and forth and he said, "You know, wearing a mask is a mandate and you need to wear it by law." And I said, "Well no, by law, I don't. I do not have to wear it because a mandate is not a law, it's a recommendation, and I was recommended by a doctor to not wear a mask." So he called for officer number three.

Officer three came and he basically came right in there and said, "You're coming with me." I said, "I'm not going anywhere with you." He said, "You need to put a mask on or you need to leave right now." I said, "I don't need to do anything and I'm not going anywhere. I didn't break any laws. I'm here shopping like everybody else, and I have the right to do that."

Again, there was a back and forth, arguing over mandates and laws and who was right, who was wrong. I had just turned to reach for my cell phone. I thought this might be a good time to turn my camera on. And as I did that, officer number three grabbed my arm; the second officer grabbed this arm; I went forward into the shelving, which essentially bruised my

ribs; and then we wrestled, probably, I don't know, for a good minute; and they threw me down to the floor—my face at the floor. I'm sorry—my face hit the floor.

Shawn Buckley
Take your time.

Natasha Petite
And I knew there was somebody trying to hold down my feet. And my mother was with me. My mother yelled out, "She's a trained corrections officer," just to give them a heads up. So someone was trying to hold my feet. And officer number two was to my right side. Officer three was on my left side.

And I did, like, what we would call "the turtle." It's where you tuck everything in. It makes it harder for them to detain you. So that's what I did. And officer number two had slipped his arm underneath me. And he placed me in the choke hold, which— The choke hold is illegal in Canada since 1979. And I couldn't breathe. I kept trying to say that I couldn't breathe.

I told him I couldn't breathe. And he said, "If you can scream, you can fucking breathe." I really couldn't breathe. And I was having an anxiety attack at the same time because I couldn't breathe. I was having an anxiety attack and I couldn't breathe. And I could see stars. I knew I was passing out. I knew I was going to pass out. I talked to myself and, as hard as I was fighting, I said, "Natasha, you need to either give in or you're going to pass out."

I struggled so hard I ended up urinating myself.

So I gave in. My mom told them—sorry. My mom told them that I have issues with my shoulders and stuff from the accident so they used two pairs of cuffs because I can't put my hands behind my back. They flipped me over. And I was sitting on the ground, struggling to breathe, they told me to get up.

[00:10:00]

And I'll be 100 per cent honest, I said, "You fucking took me down, you can fucking pick me up." And they picked me up and took me out to the police car.

Shawn Buckley
Can I just stop you? Were they told anything about your medical condition before they took you down?

Natasha Petite
Yes, because they were all asking to see my medical documentation and I wouldn't show it to them. I said, "It's none of your business, but if you must know, I said, I was in a car accident in 2018." And I said, "I have physical and mental disabilities."

Shawn Buckley
So they were told before they physically took you to the ground.

Natasha Petite
Yes.

Shawn Buckley
That you have both physical and mental disabilities—

Natasha Petite
Yes.

Shawn Buckley
That would complicate them taking you to the ground.

Natasha Petite
Yes.

Shawn Buckley
Okay, I'm sorry to interrupt. So you're telling us they'd now handcuffed you in front?

Natasha Petite
Yeah, they handcuffed me. One officer was on one side, one was holding my arm on the other side. And they took me out to the car. And I told the officer that had me in a choke hold, I told him that my cuffs were too tight; they were digging in my hands. And he didn't say anything. And I repeated myself and I said, "I know you heard me." And he didn't say anything. I said, "Well, why won't you loosen my cuffs?" And he was standing, like, right here, really, really close. I asked him why he wouldn't loosen my cuffs and he looked at me and he's like, "Because you're a fucking bitch."

Shawn Buckley
And what did you do in response to that?

Natasha Petite
I asked the girl that was with him, officer number one, I said, "Did you hear that, rookie?" Because I knew she was very new. I said, "Did you hear that rookie? What he said?" And she said, "Nope." I said, "Yeah, I thought so."

Shawn Buckley
Right, so basically you were confirming that the other officer, the young officer, was going to cover for the older one.

Natasha Petite
Yeah.

Shawn Buckley
So carry on. What happened after that?

Natasha Petite
After that, they placed me in the back of the police vehicle. Probably, I would say probably a good 20 minutes I waited. Then they took me to the police station, into lock up, and took all my belongings from me, and took my jacket off. They took the cuffs off. I asked for my cell phone right away to take pictures of my hands but I wasn't allowed to have access to it at that point.

And the senior officer, which would be officer number two, he said: "We're going to let you go today. There won't be any charges. You won't have anything on your record." And I said, "Well, I would hope not. Because I didn't break any laws and I'm not a fucking criminal."

So from there, my brother came and picked me up from the jail. And I didn't bother— I didn't go to the hospital or anything because I know they probably would have called the police again over a mask. So I just went home. But I do have pictures, I have photos. They busted my lip. I had a bruise here on my head, a bruise this side of my neck. I had lockjaw for about three days. I couldn't open my mouth because of the choke hold.

Shawn Buckley
Did you have a conversation, because my understanding is that you were taken to the police station by the first officer. Did you have a conversation with the first officer on the trip to the police station?

Natasha Petite
I did, yes.

Shawn Buckley
Can you tell us about that?

Natasha Petite
She told me that she had a three-year-old nephew who had asthma and even he wears a mask. And people like me were the reason why people were dying.

Shawn Buckley
Now, I'm curious. Because I'm just guessing that on Christmas Eve, Walmart is just packed with people. There must have been a whole bunch of people watching these three officers take you down after you explain to them that you have physical and mental disabilities. What can you tell us about— First of all, was there a crowd there, and what can you tell us about that?

Natasha Petite
Honestly, it was like I was a spectacle. There was people lined up from the beginning of the aisle right out to the door. And I was yelling when I was going out. I'm like, "How can you

people stand there and watch three police officers on one woman who has disabilities? How can you stand there and watch this and not say anything and not do anything?" And I asked them, "What happened to humanity? What happened to people's morals and values?" It was absolutely, just— I can't even really, like, explain the feeling. It was humiliating, degrading, embarrassing.

[00:15:00]

Shawn Buckley
And thank you for sharing. We can see that it's difficult. I don't have any further questions. And I'll just ask if the commissioners have any questions.

Natasha, it's very important that people like you tell us their stories. On behalf of the National Citizens Inquiry, I'd like to thank you for sharing your story with us.

Natasha Petite
Thank you for doing this.

[00:15:52]

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Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 7: Tamara Ugolini
Full Day 2 Timestamp: 05:37:40–05:59:15
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Could I ask you to state and spell your name for the record please?

Tamara Ugolini
Yes. It's Tamara, T-A-M-A-R-A, Ugolini, U-G-O-L-I-N-I. And before we proceed further, I just want to make a note of clarification here that I am a journalist who has been reporting on the National Citizens Inquiry and I plan to continue doing that work. However, I'm here this afternoon in my complete personal capacity.

Geneviève Eliany
Thank you. Do you promise to tell the truth today?

Tamara Ugolini
I do.

Geneviève Eliany
We'll start with an incident that happened on the beach with your family. Can you tell us what happened and how many of you were out?

Tamara Ugolini
So the first incident happened on the beach. There's a beach where I live called Pebble Beach. And in the end of March 2020, or perhaps even the very first few weeks of April 2020— I can't recall exactly when this happened but it was when we had restrictions on outdoor gatherings of five people or less.

I had taken my four children—we've since had another child but at the time I had four children; and myself, so that was five, including my youngest sister, who we lived with at

the time; so five children total plus myself, six people—to a beach to throw some rocks because there was literally nothing else to do. The playgrounds were closed. The schools were closed. The swimming lessons ended abruptly. The membership that we had just purchased a week prior to the local YMCA was null because that was also closed. There was literally, quite literally, nothing else to do. So we got to the beach to throw rocks in the water and we ran into some friends who also were doing the same. And the children hadn't seen each other for, at this point, it was three or four weeks because of the school closures. And so they ran over and they're like, "Hey, our friends," none of which we've seen for nearly a month. And we had a brief conversation. The mom was really nervous because she's like, "Oh, wait, we can't even be talking outside. We're going to get in trouble for this." And I thought, okay. I didn't really give it a second thought, but you're right. So she continued on, and my kids continued to throw rocks in the water.

I took up exercising on a log because, again, everything else was closed; there was no way to engage in any sort of physical activity, so I was doing some of that. An officer approached me from behind, tapped me on the shoulder—I didn't even see them coming, and wasn't obviously expecting that to happen—and asked me if the children who were in my care at the beach were all mine because we were over the five allotted people outside together. And I basically told the officer that was none of her business but that we all lived in a house together and was obviously very shocked as to what she was asking me. And I said, "And what brings you here?"

She alluded to the fact that someone in the apartment dwelling adjacent to where we were had seen that there was some sort of gathering happening and called the police. She was hoping at that time that the person who called would be satisfied that the police were responding to the call. She issued me, I suppose, some form of a warning and then she left. And we continued to stay at the beach.

Geneviève Eliany
I understand that you'd looked into the property lines. Can you tell us about that?

Tamara Ugolini
Yeah, so there was another incident: the culmination of events that led to my questioning some of the arbitrary closures that were happening in my local municipality, the Town of Cobourg.

My husband and I had lost a business very early on in the pandemic. Just to kind of give some context here, we had executed a five-year plan: We re-mortgaged our house, we consolidated all of our debt, we took out all of the equity that we had built up in our home. And we started a business that took several months longer than we anticipated to get off the ground. It was a construction-type industry.

My husband had been operating a hydrovac excavator. The context here really lends to why I was engaging in the advocacy work that I was in this particular instance that you're asking me about. My husband had been working as a hydrovac excavator.

[00:05:00]

And they use heavy pieces of equipment, large hydrovac trucks, to excavate and dig underground to expose things like utilities, gas lines, water mains. He was working in the utility industry, so they were doing installations for things like Rogers Communications and

Bell Fibre Optics. We purchased this large piece of equipment, about half a million dollars, in November of 2019. And we didn't realize at the time that financing would take so long to go through because obviously construction—especially tunneling underground in December and January in Canada—is very tough. December and January were really a hard go for us with nearly $20,000 worth of overhead on this particular endeavor, which would have been fine, because the money coming in would have easily offset that.

February was still a little bit tough, but March 2020 was his best month worked. We thought, "This is great. If this continues, we'll be able to pay off this vehicle a lot sooner than we had originally anticipated, get out of this one-year rent-to-own contract, bring our expenses way down, and the rest will be gravy." We planned this out. We rented our house out. We moved in with my father. We did all the things over a five-year plan to execute this business endeavor.

And then April of 2020, the Ford government instituted further restrictions on construction. And the company that my husband's company was subcontracted to, which was Rogers Communication, shut down their construction across Ontario for one month. At that point we only had one month worth of overhead left. So that month, those four weeks, turned into six weeks. And then when things started to slowly come back a little bit in his industry in May, he was working one to maybe three days a week, not enough to give us that threshold of meeting that overhead expense. And so by June of 2020, we made the extremely difficult decision, with literally nothing left— We had nothing to fall back on, all of our savings were gone, the equity in our home was used. We made the very difficult decision at that point to give back this truck and end our contract there, which had a ripple effect for that company. But it was at that point that I decided we had nothing left to lose anymore.

I had been delegating at our town council meetings. I had been reaching out to our MPP and eventually even our MP. I had been petitioning the Town, who went above and beyond the provincial regulations and arbitrarily closed all of our green spaces. They restricted access to the Northumberland Forest, which is hundreds of acres worth of forest. They closed down our local public beach, arbitrarily above and beyond the provincial guidelines, without a bylaw, without any sort of legal check or balance put in place to do so. I had been petitioning them and delegating and asking questions and never receiving any answers. Either I was completely ignored or they were responding to me, "noted and received."

So by June, we had lost our business. Still these closures remained. My children had no access to any of the normal amenities that, you know, our tax dollars go toward funding; they were really suffering the effects of isolation, as were we all. And so I decided to engage in an act of civil disobedience. When the town continued to keep restricting access to this shore and the public beach—they weren't paying attention, they weren't answering my questions, no one was listening to any of my concerns and the concerns of other people who I had met along the way expressing the same—I decided to walk the shoreline in defiance of their arbitrary closure.

Now for the lot lines, I want to mention that I had researched the roll call numbers and where the town's property ended and where it began. And I discovered that the town doesn't actually own a segment of the sand, and of course, they don't own the water. So there's riparian rights that are involved here when you're looking at a shoreline—a fluid moving thing that doesn't have a defined lot limit. So I strategically entered the water from the pier, which is on Crown land—the town does not own that property, they could never have restricted access to it. And I walked the beach shoreline. In doing so I think that there was calls put to bylaw and/or the local police. They met me on the opposite side of the

shore and they proceeded to tell me that I would be hit with an $880 COVID-related trespass fine, to which we bantered a little bit back and forth about the fact that

[00:10:00]

I was not on any Town of Cobourg property. I was not trespassing and I never actually entered any area of the sand, which they had—in my still-to-this-day opinion—unlawfully restricted access to. One thing led to another. I refused to identify myself to receive that fine and it resulted in me being arrested. I was handcuffed. I was detained. I was put in the back of a police car. And I was brought down to the local jail where I was held for about an hour and a half in a jail cell after being fingerprinted and mug-shotted for walking my local shore in defiance of arbitrary COVID restrictions—when no one could answer me whether or not outdoor viral spread was a documented scientific thing, which to this day we know it is not.

Geneviève Eliany
Did any of the officials seem to have an idea of the lot lines you were referring to?

Tamara Ugolini
I had been asking the town what justification they had to close this shoreline, where their lot lines ended, if they had the lawful authority to impose this sort of measure. Again, my communications, my questions, my delegations, were met with the response that it was "received and noted."

Geneviève Eliany
Now, we'll shift back to the business losses, which you've already explained a little bit. We heard that you surrendered the heavy equipment in June 2020, right?

Tamara Ugolini
Yes.

Geneviève Eliany
Can you comment on whether or not the company that you purchased the equipment from was at all flexible, and what kind of circumstances you could observe them to be in?

Tamara Ugolini
The company was primarily based out of the United States, which didn't have at that time the same level of restrictions that we had. But they had a satellite office here in Ontario. And they gave us a little bit of flexibility in terms of making the payments because there were some months where we said, "We need a few extra days," But there is an interest factor on a late payment like that and then, when you're dealing with an overhead charge of $13,500 and change, the interest adds up very quickly. So it wasn't long that we could sustain something like that. And we also had to come up with the bulk of the purchase price by November of 2020 to meet that contract deadline of buying the rent-to-own vehicle outright, which we would have done easily and happily had that March 2020 same level of invoices been continuing on throughout the next six, seven months.

The company that we had been on this rent-to-own contract, the gentleman that we were dealing with directly here in Ontario: his job was commission-based. And so when he had these vehicles out on rent-to-own contracts, or on leases, what have you, he received a certain percentage of commission on those vehicles.

And it was very difficult for us to decide to give back this truck because the bulk of the financial fallout of that really fell on this particular gentleman. All of the trucks he had been receiving commission on were coming back to the lot. And he expressed to us privately that he was really concerned that he would be losing things like his home and his livelihood and other things to do with his personal life and his family. So we started to see, really, the ricochet effect. And we held on to the vehicle for longer than we probably should have because we didn't want to negatively affect this gentleman, who we'd developed rapport and a relationship with. So that was a really, really difficult part of the decision as well: was knowing that it would harm other people too.

Geneviève Eliany
Did you apply for any business grants from the government or elsewhere?

Tamara Ugolini
So that was— Another part of this puzzle is that in order to apply for the grants that were being rolled out at the time, you had to show one year of tax returns. We had just begun our business in November of 2019. We didn't have any form of record-keeping or paperwork to show at that point, nor did we really have any form of invoicing. November was a really tough month. We were just working out all the kinks of the business and of the vehicle. And December of course, with the nature of our country and winter and digging underground and Christmas, it was not fruitful for those two months. But regardless, you needed a full year's worth of tax returns to even apply to these business grants. And even if we were able to, I don't know how we'd ever repay those grants, given the situation that we were in,

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with the rental of this vehicle and not having consistent work from April onward.

Geneviève Eliany
Ultimately, how did your family survive financially?

Tamara Ugolini
Well, I was primarily a stay-at-home mom at that point as well. And I ran a small graphic design business, which I had mostly shut because I was helping my husband do all his advertising work and I was doing the bookkeeping for him. And I also served on the side, evenings and weekends when my husband was at home. I was a server at a local restaurant and that was completely gone. I actually worked the St. Patrick's Day before the shutdown happened and I thought, "Wow, if there's this crazy viral threat, I really hope I didn't pick it up at the bar I just worked all weekend, touching people's cutlery and glasses and being in close contact with intoxicated people." But if it weren't for the fact that we rented our house out and moved in with a family member, we also would have lost our home. It was by the grace of God, really, that that didn't happen and we set ourselves up for the success of getting this business off the ground. No one would have ever foreseen that a mere six

months later we'd be facing unprecedented lockdowns and closures and economic sanctions by our own government.

But then my husband— It was really hard. It was obviously a dream of his, so it was really difficult for him, that drive back to take the vehicle back. He then went to work again in the industry for "the man," not for himself anymore. And over the next 14 months he worked his way up in his company doing the same line of work. He was one of their most reliable workers. During this time, we had a baby also, a little surprise pandemic baby, who we love dearly. And so this company that he had been with since the time of our business loss even sent us—when we had our baby in March 2021—a small monetary congratulations with a little bib.

Then seven months later, when the COVID mandates came out in September of 2021, my husband was terminated from his job in October of 2021 for refusal to divulge and disclose his personal private medical information. He repeatedly inquired with his supervisors, the human resources people deploying this policy indiscriminately onto their workers. And I want to remind everyone that a hydrovac excavator works primarily outside and alone. He was not in close contact with anyone throughout any length of time, any day, and they were never able to ascertain the policy. They were never able to answer our questions on if this was reasonable, if it was justified, if there were any form of accommodations that could be exercised to ensure that he was keeping everyone else safe while still remaining gainfully employed. It even came down to the point where, in an email, one of the people involved in this situation told him that the policy was about vaccine uptake and not immunity.

Our family— At that point we had already moved back into our home and we were trying to regain some financial security. And at that point our loose plan was—because I was still on maternity leave with a seven-month-old at home in addition to our other children—our loose plan was that he would take the remainder of my maternity benefits and I would transition to work full-time. And it would get us through the winter months until the construction industry picked back up again in the spring and he would be in a better situation to get another job.

But then they put on his ROE [Record of Employment] that he had, I think it was Code M: that he was in noncompliance with a workplace safety policy and he would not be eligible for government assistance. So I immediately pivoted— And thank goodness for my line of work I was able to pivot and go to work full time, but we were down our main breadwinner's income. And to this day, in fact these past few weeks, we have been discussing the very real possibility that we will be selling our home and moving back in with our family member because we can no longer sustain ourselves and stay afloat.

Geneviève Eliany
Can you comment on ongoing childcare issues since you had to pull the kids from Montessori?

Tamara Ugolini
When my husband lost his job—our children had been attending a private Montessori school. And they had been attending there for the duration; we've been with the same provider for approximately 10 years. At the time, we had to obviously cut major financial commitments way back.

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So we made the decision to remove our children from this facility. And since that time, we have been unable to secure any form of reliable, consistent childcare. Our two older children now go to conventional school, despite my convictions otherwise. And we struggle to this day, to this week, to have gainful, readily available, consistent, reliable childcare because we've since lost our space in that other school where the younger children would have been grandfathered in.

Geneviève Eliany
Do you expect that you'll both be able to return to full-time work unless you secure full-time childcare?

Tamara Ugolini
That's part of the piece we're trying to figure out currently. So for anyone who says that COVID is over and the worst is behind us, there are still people out there suffering the fallout of these misinformed policies.

Geneviève Eliany
Thank you. We'll see if the commissioners have any questions for you. No questions. Thank you so much for attending today and telling us your story.

Tamara Ugolini
Thank you.

[00:21:37]

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Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 8: Michael Alexander
Full Day 2 Timestamp: 05:59:46–06:46:51
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Good afternoon. Could you tell us your full name and spell it for the record, please?

Michael Alexander
My full name is Michael Ian Beardall Alexander. I usually go my Michael Alexander and my last name is spelled A-L-E-X-A-N-D-E-R. And it's Michael M-I-C-H-A-E-L.

Geneviève Eliany
Thank you. Do you promise to tell the truth today?

Michael Alexander
I do.

Geneviève Eliany
Tell us a bit about the type of work you do. You're a lawyer, but specifically, what kind of cases have you been taking on recently?

Michael Alexander
Yes, I'm a lawyer. I'm trained in Canada and the United States. Recently, I've been representing doctors and nurses all across the country—primarily doctors, though—and have been defending them against charges that they have been spreading misinformation and harming the public by making comments that are contrary to the public narrative around COVID-19. Many of these doctors have already been suspended. Attempts are now being made to revoke their licences permanently. I am raising defences based on public law and the Charter of Rights and other basic principles in attempt to vindicate them and vindicate their right to speak freely about public matters.

Geneviève Eliany
And to be clear, these investigations and prosecutions are conducted by the regulatory colleges, is that right?

Michael Alexander
That's right. We have something called self-regulation in Canada. So there's legislation in each of the provinces that establishes a college, which is an administrative body that regulates the practice of medicine. These are not private bodies. They are in fact public bodies, since they are created in and through legislation. In Ontario in particular, the legislation is very clear that the Minister of Health is the boss of the various health colleges. So these are public bodies and they have two aims: they are to prevent patient harm and to establish standards of practice and competence for the profession.

Geneviève Eliany
And those two aims, is it fair to say, is ultimately to protect the public?

Michael Alexander
That's correct. In fact, the legislation here in Ontario says that the College is to act at all times in the public interest.

Geneviève Eliany
Let's talk about how the role of the colleges—in your view and certainly your legal arguments—has shifted through the pandemic. Can you give us some examples of investigations that were unusual and handled differently?

Michael Alexander
Well, that's a really nice question because, in some sense, the investigations have not been handled differently. What the investigations have done, they have highlighted existing problems and faults in the system and ways of exercising power that have been going on for three decades. We have in my opinion a chronic abuse of authority by the college system in Ontario and in other provinces. What has happened now is that they've just upped the level of abuse and lawlessness in pursuit of their objectives. So I can give you particular examples of what some of my clients are facing to illustrate that, unless you would like me to go somewhere else.

Geneviève Eliany
No. A couple examples would be great, just to illustrate what's happening.

Michael Alexander
All right. The College posted a statement here in Ontario. The College of Physicians [and Surgeons of Ontario] posted a statement to the effect that a doctor may not say anything contrary to public health policies and recommendations. A very clear restriction on freedom of expression, which is otherwise guaranteed to us under the Charter of Rights. And that's called a "statement" on the site. It's not a resolution passed by the College Council under the legislation— Every college has its own council of members of the profession and they have the right to vote on various things and establish policies.

So this is not a policy established by the College. It's not based on the legislation itself. There's no reference to the legislation. It's also, as far as we know, not a directive from the Ontario government. It's just a posting on the website, a statement endorsed by the registrar, Dr. Nancy Whitmore, to the effect that doctors may not say anything contrary to public health policies and recommendations. So all of my clients are being prosecuted for saying something contrary

[00:05:00]

to public health policies and recommendations.

But what's quite extraordinary about this is that the College can only order an investigation and proceed with a prosecution if it establishes "reasonable and probable grounds." That's the legal term. It's the criminal standard for conducting an investigation and a search and seizure. In Ontario, you cannot have an investigation, a search and seizure, and prosecution unless you have reasonable and probable grounds to believe that somebody has done something wrong, has actually committed an act of professional misconduct. So the problem here is that a statement—the decision not to follow a statement, which is merely a guideline—is not an act of professional misconduct. So to conduct an investigation because somebody didn't follow a guideline is quite extraordinary. It does not meet the standard of reasonable and probable grounds.

And what's even more extraordinary about this is that the College claims the right actually not to even make a reference to the guideline in the investigation order. So they write these orders in such a vague way—as we go further down the line in prosecution, they essentially can accuse the doctor of anything. And they can also conduct a search and seizure at the patient's office without any boundaries set by the order because it's so vague. So this is what is called a fishing expedition.

This all goes back to how the investigation is ordered and the reference that is made—or, in this case, not made—in the order. That's where the problem begins. The College of Physicians is acting without authority but yet somehow under the colour of authority.

Geneviève Eliany
I just want to pinpoint a few issues that you've raised before we move on to how the courts have dealt with judicial reviews of some of these complaints. You've highlighted that the difficulties with the colleges and some of the prosecutions have existed for decades now. When was this first detailed in a report and what were the main findings of that report?

Michael Alexander
Well, back in 1999, 2000, Michael Code, who at that time was recognized as a leading lawyer in the areas of constitutional law and criminal law, conducted an investigation that was commissioned by a group of doctors and patients. Michael Code by the way is now Justice Code and a professor at the University of Toronto Law School. So Mr. Code, as he then was, was given 10 patient files by this group of doctors and patients. Mr. Code had never practiced before in the area of regulatory law, had never represented doctors. So they asked him because they wanted a lawyer who would look at this with fresh eyes, without any preconceptions. And they provided 10 files from College prosecutions where they believed that doctors had been subject to the abuse of power and unjust prosecutions. And he drafted a report that's available online for anybody who would like to look. It's sort

of a riff on Boris Yeltsin and the idea of Glasnost. It's called, "Medicine in Ontario Needs Glasnost" [Exhibit TO-24e]. It Needs Openness.

And he concluded that none of these prosecutions were justified, that they all involved the abuse of power, and that many of them were conducted without establishing reasonable and probable grounds to initiate an investigation. All the problems that he highlighted in that report still exist today, 23 years later. I fought trying to vindicate the findings of his report for doctors back in the 2000s. I was not successful in that. But now I'm back at it. I'm taking a second run at the College and I'm still using the insights of the Glasnost Report. Because we now are going into three decades of, in my opinion, unlawful conduct and the abuse of power at the College of Physicians and at other colleges in the province.

Geneviève Eliany
He also highlighted that many of these investigations were brought against individuals or professionals practicing at the cutting-edge branch—these are his words—of their field. Often difficult fields like pain management, where there aren't that many solutions. Have you observed the same thing with respect to physicians and protocols for COVID?

[00:10:00]

Michael Alexander
There was a real hostility at that time to doctors who were attempting to innovate in medicine, who were addressing difficult problems such as the one you alluded to—pain management, where medicine had kind of come to the end of its rope. And so the College was very intolerant towards doctors who were attempting to establish new methods of treatment and experimenting with methods of treatment. Of course, with the consent of patients always in these cases. And they were actually hostile to innovation in medical science. And so that's partly what led to this report.

As to whether that's going on today, that's less of a problem today. Because, as a result of the Glasnost report, the Ontario government passed a new version of the *Medicine Act*. In 2000, they established a provision which allows doctors in Ontario to use non-traditional methods or modalities to treat patients as long as the risks of using non-traditional treatment are not greater than the risks of conventional treatment.

So that was a very big step forward for medicine in Ontario. But I can say, after this was established in 2000, I was representing doctors who were still being persecuted. And a whistleblower came to my group and said that there was a hit list within the College of doctors who they still wanted to eliminate because they were regarded as dangerous innovators somehow. Even though they were acting, in our view, consistent with the new legislative provision in the *Medicine Act*.

What's going on today has less to do with innovation in medicine than a turning back of traditional medicine. And for instance, it's always been the case. In fact, it's a fundamental right in Western medicine that, once a medication is approved by the government—in this case the federal government, Health Canada—once it approves a medication and puts it on our approved list of medications, any doctor in the country can prescribe that medication on an off-label basis. So in other words, you might have a medication that, I don't know, was for a certain kind of allergy. But doctors may determine through their own experience that it may be effective in treating other problems that people may have. The reason that you have an off-label right to prescribe medication is that with the authorization comes a

side effect profile. So if a doctor can see what the side effect profile is, then he or she is in a position to measure that profile against the needs and the conditions of a particular patient.

So let me bring this back to COVID-19. Health Canada issued a safety alert regarding ivermectin. It's still there on the site—and said that ivermectin was never authorized to treat COVID-19. And so the College here in Ontario took that to mean that this is no longer an authorized medication. And now you will be prosecuted if you prescribe ivermectin, or any other Health Canada approved medication, for the treatment of COVID-19. And what Health Canada doesn't tell you, and what the College doesn't tell you, is that Stromectal, which is the brand name for ivermectin as an approved medication, is still on the Health Canada database. The authorization has not been modified in any way. And so the safety alert is actually just an alert. It has nothing to do with the authorization. Any doctor in the country has the lawful right to prescribe ivermectin for the prevention and treatment of COVID-19. Again, it goes back to the fundamental right in Western medicine to prescribe on an off-label basis.

So the College is proceeding against my clients, some of whom have prescribed ivermectin, but they have done so completely in accordance with the law and the authorization around this medication. Yet the College is trying to take away their licences for doing so.

Geneviève Eliany
This is very much a continuation of the theme you have explained where policies, statements that are certainly not law or regulations, are being prosecuted as law.

Michael Alexander
Yes. And you know, we have to make a distinction here. We're supposed to be in a society that's governed by the rule of law. I've actually never been a straight rule-of-law guy, I'm kind of a justice guy.

[00:15:00]

Sometimes the law is just, sometimes it's not. But we do prefer the rule of law to the rule of tyrants and autocrats and people with very subjective ideas of how we should conduct ourselves. So the rule of law is very important.

But what the colleges have done is they have published statements and established policies and issued guidelines. Well, the Ontario Court of Appeal has said that a statement, a policy, or a guideline is not a law; it's just a recommendation. And yet, the colleges are treating these guidelines and recommendations which they post as if they have the force of law and as if they can be used as a basis for investigating and prosecuting doctors and other health care professionals. So it's a very troubling situation because essentially what we have—in particular with the College of Physicians—is bureaucrats simply inventing the law and then using it to prosecute doctors and rob thousands of patients of medical care.

Geneviève Eliany
So once someone has been found guilty or there's been a misconduct finding against a doctor or nurse or other health professional, they have the opportunity to bring a judicial review. And that's something that you've been involved in as well, correct?

Michael Alexander
Yes, that's right.

Geneviève Eliany
And how have the courts been treating these judicial reviews?

Michael Alexander
Well, what is going on in the courts is deeply troubling.

In Ontario, if a doctor, for instance, has been suspended—well, let me take a step back here. The courts will review the decisions of administrative tribunals. And all these colleges have tribunals and they make findings against doctors. They are discipline tribunals. They make findings as to whether a doctor, or another health care professional in other disciplines, has committed an act of professional misconduct. And they can revoke a license, or they can levy fines. The powers are very substantial.

The courts have taken the view that, "We prefer to see a final decision from a tribunal before we address an appeal of that decision and review it to determine whether it was properly decided." There is one exception, though: you can get into the system here in Ontario and have the Divisional Court review a decision if someone's licence has been suspended. And that's true in the case of my clients.

So I went to the Divisional Court with one of my clients, Dr. Luchkiw, who had her license suspended. Which robbed 1,700 patients of care, 20 per cent of whom were in palliative care. And all they had with Dr. Luchkiw was the mere suspicion that she may have written one medical exemption for COVID-19 exemptions. I brought this to the attention of the Divisional Court. Now, the Supreme Court of Canada made a very fundamental and important decision in public law in 2019, in a case called *Canada (Minister of Immigration and Citizenship) v. Vavilov*. It's referred to generally as the *Vavilov* decision [Exhibit TO-24h]. And in *Vavilov*, the Supreme Court says that when the courts are reviewing the decision of administrative tribunal, they must hold the tribunal to a very high standard of review when we're talking about basic statutory terms in the legislation that empowers the body in question, and if we're talking about well-understood legal concepts and terms. So you don't defer to the expertise of the body around things like that. They have to actually get the right answer in matters of law.

In this case, I am challenging whether the College had reasonable and probable grounds for actually initiating the investigation against Dr. Luchkiw—and by extension raising the question of whether they ever had the right to suspend her licence. If the Divisional Court were going to follow the ruling of the Supreme Court of Canada, then it would have to examine what "reasonable and probable grounds" means in our legal system. There are obviously criminal precedents for this. It's the term that's used in criminal law, as you know.

[00:20:00]

It's a well-understood concept, a concept in Anglo-American law. And the Divisional Court essentially refused to do that and just deferred to the College's interpretation of reasonable and probable grounds. I found that shocking. So the court found against us, even though there is an Ontario case called *Cezanne*, which the Ontario Court of Appeal issued in 2012, which is quite clear. It made very clear that this term, "reasonable and probable grounds" is

the criminal standard and there are many precedents which would inform us as to what that means. That was pretty well ignored by the Divisional Court. In fact, it was simply ignored.

And so now I'm asking— I'm seeking a motion [Exhibit TO-24a]. I've issued a motion document to have the Ontario Court of Appeal grant us leave to have this whole issue of reasonable and probable grounds addressed at the level of the Supreme Court and the Ontario Court of Appeal's previous decisions. But the court has discretion on whether to grant us leave. And so I have no idea whether this problem is going to be addressed. It will be very troubling for us if the court refuses to address it, because then we would never have access to go to the Supreme Court of Canada to ask the court to enforce its ruling in *Vavilov* against tribunals in Ontario.

Geneviève Eliany
If there's no court enforcement, ultimately it will worsen the college behavior. Isn't that fair to say? They'll be able to continue applying suspicious or poor standards without effective judicial review.

Michael Alexander
Yeah, you're essentially letting the colleges off the leash. You're not going to come in. I mean, nothing could be more fundamental than that you must meet the standard of reasonable and probable grounds to initiate an investigation. If you're not going to police that then you're essentially saying, "You can do whatever you want." I mean, it's essentially a blank cheque to oppress, intimidate, and tyrannize members of the health professions.

Geneviève Eliany
You've mentioned one case and you've named this case. Would you say that this is a pattern in Divisional Court? Or is it an outlier that you're working on?

Michael Alexander
I have to be careful about what I say. Because, as a member of the bar, I must—particularly if I'm criticizing a court—I must make very clear reasoned arguments. But I think it would be fair to say that the Divisional Court has essentially given up on its mandate to review the decisions of administrative bodies in Ontario. It is true that specialized administrative bodies deserve a certain degree of deference in the way they make their decisions. For instance, if I brought a case to the Divisional Court and said, "I want you to review how the College made this decision about whether a doctor should prescribe a certain type of anesthetic for laparoscopic surgery for heart valve replacement." Right, so yeah—maybe the court should think twice about whether it has the expertise. And it perhaps should recognize that there are a number of different decisions that the College might make or maybe that they shouldn't even be reviewing the College on that point.

There is some role for deference when taking a look at what a specialized body does and how it makes decisions. But the Supreme Court has said there should be no deference, as I've said before, when it comes to well-understood legal concepts and terms. And the problem with the Divisional Court is not just that it seems to be ignoring the Supreme Court, but it has established a doctrine of deference that is so encompassing and so broad that really, its whole mandate to review the decisions of these tribunals is really just now non-existent. They're essentially just rubber-stamping whatever the colleges do in these

kinds of matters. And so I would never advise a client today that we should go to the Divisional Court to solve their problems. I would say, "Well, we have to go to the Divisional Court. And then we have to hope that then we can go to the Court of Appeal and get what I believe to be a more nuanced and responsible reading of the duties of the court in this situation."

Geneviève Eliany
Let's chat about *JN v. CG*. Why don't you explain what kind of case that was?

Michael Alexander
This was a case decided by Justice Pazaratz in the family law courts [Exhibit TO-24f],

[00:25:00]

over a year ago.

This involved a case where you had two parents: the mother had custody of two children, they were separated or divorced. And a dispute arose between the parents as to whether the children should receive the COVID-19 injections. The father wanted them to receive it, the mother did not. So this had to be dealt with in the context of the court under family law legislation.

Now, neither the mother nor the father introduced expert evidence. The father produced printouts from the Health Canada website, essentially provided government information about the injections. And the mother provided some reports and studies by people like Dr. Tess Lawrie, Dr. Robert Malone, the founder of the mRNA technology that's been used in these injections. So she provided some kind of expert evidence, because they're not bringing forth experts. Now as you know, in a case like this, if people are not providing expert witnesses, the court is limited to the information that the two parties put in front of it and must make a decision based on that.

Justice Pazaratz was quite influenced by the fact that the mother had read the Pfizer monograph that comes with the injection. And it listed over 24 possible side effects and could I just read what those were? So the mother brought that forward and said, "I have concerns that my kids might be subject to some of these side effects." So this is in the case itself, this is quoting directly from the Pfizer monograph. These are the possible side effects: "difficulty breathing, swelling of your face and throat, a fast heartbeat, bad rashes all over your body, dizziness and weakness." And then there's a second list: "chest pain, shortness of breath, feelings of having a fast beating, fluttering, or pounding heart, severe allergic reactions, non-severe allergic reactions such as itching hives or swelling of the face, myocarditis, pericarditis, injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, swollen lymph nodes, diarrhea, vomiting, arm pain."

I might mention in relation to myocarditis, when this is mentioned in the press, it's kind of mentioned in passing. The doctors I represent have impressed upon me that if a child gets myocarditis, the inflammation in the heart actually destroys heart cells, which can never be replaced. It actually destroys nerve cells that are responsible for the beating of the heart. And 50 per cent of those children—and this would include adults as well—will die within five years of having myocarditis. So this is a very— This is essentially a death sentence for some people.

The judge was quite persuaded, just on the basis of the possible side effects, that the mother had legitimate concerns. And he actually decided this matter in favour of the mother and was not persuaded that the government printouts dealt in as much detail with these problems as the mother had in the materials that she addressed.

Geneviève Eliany
Unlike the Divisional Court cases that you've mentioned, would you agree that this case is an example of the judiciary pushing back? And even the language of the text is unusual? It made it to social media, which is unusual for case law. But the judge expressed frustration that people couldn't ask questions anymore.

Michael Alexander
Right. And right at the very beginning of the decision, he makes an extraordinary attack on the idea of misinformation. Perhaps I could read what he said here, because I've used it in my own cases. He says, "is 'misinformation' even a real word, or has it become a crass, self-serving tool to pre-empt scrutiny and discredit your opponent, to delegitimize questions, and strategically avoid giving answers? Blanket denials are almost never acceptable in our adversarial system. Each party always has the onus to prove their case, and yet 'misinformation' has crept into the court lexicon: a childish but sinister way of saying, 'you're so wrong, I don't even have to explain why you're wrong.'"

Geneviève Eliany
What happened with the JN case at the Court of Appeal level?

Michael Alexander
It was overturned by the Court of Appeal [Exhibit TO-24].

Geneviève Eliany
Did they have any commentary about it?

Michael Alexander
It's an extraordinary case, in particular because one of the judges presiding was the new Chief Justice of the Court of Appeal.

[00:30:00]

Well, first of all, the Court of Appeal said that the mother's evidence about the side effects should not, essentially, have played a role in the decision. The Pfizer monograph should not have played a role in the decision. Because in drawing attention to those side effects, the mother was holding herself out as an expert witness, and she was not qualified to be an expert witness. Think about that for a moment: the Court of Appeal has said that you have to be an MD or have a PhD in science to understand words like vomiting and diarrhea, swelling of the face. So that's one way in which the decision was attacked.

It was also attacked on another ground. Essentially the court did something— Like, I've been reading cases since 1980, for 43 years. I entered law school in 1980. And the court

came up with a new principle I've never heard of before, which is that government should always be given the benefit of the doubt. So it said that the government—and not just in relation to COVID—but the government has experts and it does analysis. And so if you come to the court and you want to challenge a government decision—in this case one which supposedly comes from Health Canada and the Ministry and experts are involved and so on—the burden is on you to rebut the presumption that the government is right.

How is that possible? I mean, we're supposed to have equal justice in our system. There is supposed to be no bias in the system in favor of either party. There's nothing more fundamental to adjudication in our court system than that. But if you decide to challenge the government on a point now, the Court of Appeal is going to say, "No, we begin with the assumption that the government is right and you, the citizen, you are wrong."

There's no authority for this proposition. In fact, what the court does by way of authority is very troubling. It quotes a provision from the *Evidence Act* to the effect that if the government issues a decision or makes a statement and actually publishes it officially in a document, in the Gazette, where you find new legislation, or through a statement by a ministry, you can take that to be confirmation that the statement was made. And they take that rule and they transform it and interpret it to mean that if the government publishes a statement, you can also assume the veracity of the statement. So it's not just that the government's made the statement, but that the statement is true. That is not what the rule says. This is such a misapplication of this basic rule of evidence that— I mean, if you wrote this on a first-year law school exam, you would flunk.

Geneviève Eliany
That's very true. They've made hearsay admissible for the truth of its contents, which is contrary to very basic law.

Michael Alexander
There's just one other thing they did, which is quite extraordinary. Which is, you know, they did say that— Essentially, they took it as a matter of judicial notice that the vaccines are safe and effective. In other words, that is a fact which is beyond dispute just because that's what the government has said, right? So this is where the assumption in favour of government comes in.

But they cite a case for that authority, which has recently been cited in Saskatchewan—also a family law case. And in that case, the Saskatchewan Court of Appeal was very clear: they took the very opposite position. They said you can never assume that what the government has said regarding the safety and well— You do not have to take at face value the statement by the government that the vaccines are safe and effective. For two reasons. First of all, that "safe and effective" conclusion is only made within certain parameters. And you, as a patient, may fall outside of those parameters or boundaries. So this kind of statement can never be treated as absolute. The second reason that they gave for not taking this as, so to speak, a judicial fact, is that we know that governments can get it wrong. And they pointed to the thalidomide disaster. So the government assured people that thalidomide was safe and effective until there were thousands of deformed babies. And so they took notice of the fact that you can never assume that government is right.

So how the Court of Appeal can take this case from the Saskatchewan Court of Appeal,

[00:35:00]

which is contrary to what the Court of Appeal here in Ontario is trying to prove, and use that as authority is to me astonishing. Absolutely astonishing.

Geneviève Eliany
Just to give the public, if you're able to answer, an idea of litigation costs. Let's say a parent, a regular citizen, wanted to litigate this sort of issue to rebut the benefit of the doubt that the government has about a vaccine issue, let's say. How much would it cost to get to the Supreme Court?

Michael Alexander
Hundreds of thousands of dollars. Just representing three clients of mine, who I'm representing on a pro bono basis. Mostly I've represented them using my own savings, but I have received some public donations. But in representing them over the past—well, let me say, representing them just since June 23rd, I mean, I did an invoice recently, just to give us some idea of what the actual costs have been. So billing at my normal rate since June 23rd, the cost for defending three doctors before the colleges would be $1.2 million.

Geneviève Eliany
Do the doctors' insurance, the malpractice insurance and so on, not cover any of the legal fees?

Michael Alexander
Well, this is another story in itself. You see, all doctors in the country pay into an assurance fund, it's called the Canadian Medical Protective Fund. And so it's referred to as the CMPA, Canadian Medical Protective Association. You pay those annual fees and you have lawyers at your disposal at a number of very high-level firms across the country who will defend you on malpractice litigation and they will also represent you if you have problems with the College.

But the CMPA will not defend doctors vis-a-vis the colleges based on a defence of the doctors' Charter rights or based on the defence that the College is not acting within its jurisdiction. So if I could put that in layman terms: essentially the insurance lawyers for the doctors will not challenge the framework for decision-making that is given to it by the college. It won't use the Charter to challenge the framework; it won't use the legislation to challenge the framework. So it negotiates within a framework that is already unjust and abusive.

Now, most doctors in this country don't know that. Some eventually find it out. But they cannot get a copy of the insurance policy where the CMPA has secretly decided that they will only provide a partial defense of doctors vis-a-vis the colleges. Okay. And so doctors can only get an adequate defence, with all of their rights fully pleaded before a college, if they hire an independent lawyer such as myself.

Now, what's going on here is quite extraordinary, you see, because there's a kind of collusion going on here. Because if the CMPA does not solve the major legal problems around these College investigations of prosecutions, it can keep on billing. And the College likes that. In fact, they endorse the CMPA, and they refer you to the CMPA whenever you get into trouble because the College gets to build up its resources if no problems are solved. It

gets to hire more lawyers. It gets to go to the members and the government and ask for more money. So they both have their little fortresses and they do battle, but it's a faux battle. And it's good for everybody except doctors and patients.

Geneviève Eliany
And the insurance is mandatory, is it not? Much like it is for lawyers, I would think?

Michael Alexander
It's mandatory to carry. But in some provinces, you need not carry it with the CMPA. You can get an alternative policy, but most doctors don't know that.

Geneviève Eliany
Right, the College won't be telling them.

Michael Alexander
The College certainly will not be telling them.

Geneviève Eliany
All right. I'm sure the commissioners have a number of questions for you. I'll turn it over to them.

Commissioner DiGregorio
Thank you for coming today and sharing your testimony with us. We heard from a witness yesterday about some of the extraordinary deference the courts have been giving to the administrative state, which I think probably is along the lines of what we've been talking about today with the tribunal that the doctors are dealing with. And I'm just trying to think about it. I asked our witness yesterday what the recommendation was to deal with

[00:40:00]

the problem of courts paying too much deference— And what I heard was that it would be very difficult to deal with because the deference comes essentially from the common law and from the Supreme Court of Canada case of *Vavilov*, which you referred to today. Which, as you mentioned, gives a very high standard of review when you're dealing with questions of law but has a very high standard of deference actually to administrative tribunals, the standard of reasonableness, when they're dealing with their own matters of expertise. And so presumably—and you can correct me if I'm wrong here—they've been applying this reasonableness level of deference in your cases, where the doctors are being prosecuted.

Michael Alexander
Right.

Commissioner DiGregorio
So I guess, what would be a solution to getting the proper level of deference applied in this type of situation?

Michael Alexander
Right. Well, I think that the Divisional Court has willfully misinterpreted *Vavilov*. I mean, I find Ontario has not dealt with the full consequences of this decision. It's a very long, complicated decision. It's almost 100 pages. I spent quite a bit of time studying it with my junior. It takes a lot of study to get it right. But the problem is that there doesn't seem to be the will in Ontario to, in fact, apply what the Supreme Court has said about these important matters going to core legal issues or straight legal issues—which considerably reduces or eliminates this doctrine of deference in the review of administrative bodies. I think, properly understood, *Vavilov* gives the citizen and regulated persons a much greater opportunity and more power to have decisions reviewed on the standard of correctness. Which is to say it's got to be right or wrong—either way, right?

And another thing that *Vavilov* does, which very little notice has been taken of, is, if within your statutory scheme there's a statutory right of appeal into the court system from a tribunal decision, that court must decide—or must review—your case on the standard of correctness, not reasonableness. In other words, you have to get every issue right. And that's quite an extraordinary ruling because that means, if you're back here at the tribunal stage, you better try to get it right on the standard of correctness. You can't be sloppy about how you're making your decision because if you say, "Well, we can make this decision in a number of different ways on statutory right of appeal," the court will come in and say, "Hey, wait a minute, you can't do that." So this has thrown a wrench into the administrative state that has not been fully dealt with. And I would say that there's enormous denial about what it really means.

Commissioner DiGregorio
And so is it your view that, if these cases you currently have were able to be appealed up to the Supreme Court of Canada, that the *Vavilov* case would actually result in the standard of correctness being applied?

Michael Alexander
On these issues of law in which we're fighting, I absolutely believe that to be the case.

Commissioner DiGregorio
So it's not that there's an issue with *Vavilov*, it's just the misapplication of it by a lower court.

Michael Alexander
Yeah, I would say so. We should be in a better position than we are.

Commissioner DiGregorio
And, sorry, did I just hear you mention that if there was a provision in the legislation that applied the standard of correctness, that that would also perhaps have a different result?

Michael Alexander
No, I believe the Supreme Court in *Vavilov* has said that. So for instance, in the *Regulated Health Professions Act*, there's a statutory right of appeal into the court system. So in the

statute, it says, if you don't like the decision your tribunal is made, you can appeal into the Superior Court—or it's actually into Divisional Court—to have it reviewed. But what *Vavilov* says, in the statutory regimes where there is a statutory right of appeal, then when it goes into the court system, it's not a reasonableness review, it's not a deferential review, it is a correctness review.

Now, the issue to be decided there is whether there's any deference that can be accorded to, say, the example I gave earlier about the use of anaesthetic. Like, maybe there are some small cut-outs here where some deference will be shown. But the standard will be, on appeal, correctness. Which means the tribunal has to get it right. If they don't get it right, then the court will correct them. I mean, it's no different than a high school math test or a chemistry test. You've got to get the right answer and, if you don't, you will be corrected.

Commissioner DiGregorio
Thank you. And I was surprised to hear that you need leave to apply to the Court of Appeal in these cases and—

Michael Alexander
Right.

Commissioner DiGregorio
I'm not an Ontario lawyer,

[00:45:00]

I don't practice in this area. So maybe you can just explain that to me.

Michael Alexander
Yeah. So normally, for instance, if you have a trial, you're at the trial level in the court system on Ontario; and you lose, you have an automatic right of appeal to the Ontario Court of Appeal. And then if you don't like what the Court of Appeal says, you can apply to be heard by the Supreme Court of Canada—although it only takes 10 per cent of the applications it receives every year, so your chances aren't very good. But that's how the system works. But if you appeal into the system under the category of judicial review and you don't like the decision that the court made on that review, then you actually have to bring a separate motion to persuade the Court of Appeal that it should actually hear you on the issues. And then if you're successful there, then the Court will review the lower court's decision.

Commissioner DiGregorio
And does that come from the rules of court?

Michael Alexander
No, that's been around for a long time.

Commissioner DiGregorio
That's common law?

Michael Alexander
Yeah, it's in the rules of civil procedure.

Commissioner DiGregorio
Okay. Thank you.

Geneviève Eliany
Thank you very much, Mr. Alexander, for explaining some of the difficulties with the courts and legal decisions.

Michael Alexander
Thank you. I apologize for being a bit halting in some of my comments. There are so many complications in how this has unfolded, it's just very difficult sometimes to just get it out clearly and cleanly. And particularly with people watching us, you know—get it out in a way that people can actually understand what these technical issues are about. So I hope I accomplished that today.

Geneviève Eliany
You certainly did. It's difficult to simplify these issues.

Michael Alexander
Thank you.

Geneviève Eliany
For the benefit of the commissioners, I can advise that all the cases, including the Glasnost Report that was referred to, they're exhibits [Exhibits TO-24, TO-24b to TO-24h].

[00:47:05]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 9: Cindy Campbell
Full Day 2 Timestamp: 06:47:20–07:46:05
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Could you state and spell your name for the record please. Or should we wait for the fourth commissioner to return? No? Okay, very well. If you could state and spell your name, please.

Cindy Campbell
My name is Cindy Campbell and that is C-I-N-D-Y C-A-M-P-B-E-L-L.

Geneviève Eliany
Since you're in person, you may notice that I'm not always looking at you and it's because of the Zoom screen of course, so I hope it won't be too distracting for you.

Cindy Cambell
Don't worry.

Geneviève Eliany
I understand you were a nurse for a very long time, for 30 years, is that right?

Cindy Campbell
Correct. Twenty-eight years to be exact.

Geneviève Eliany
And you have an unusual balance of frontline skills and academia. Is that fair?

Cindy Campbell
Correct.

Geneviève Eliany
Okay. Why don't you tell us about some of your work in academia?

Cindy Campbell
Sure. So just to detail a bit about my education, I started as a Diploma Nurse from Mohawk College in Hamilton and then got my Bachelor of Science in Nursing from the University of Victoria. Then I went on to complete a Masters in Science in Health and Aging at Queen's University. I went on as well to do some—two actually—very competitive RNAO [Registered Nurses' Association of Ontario] Advanced Clinical Practice Fellowships. And on my first one, I published a paper: "Training of Endoscopy Nurses." And then in terms of my academic components at work, I did go on to be an educator; but prior to that I always very much prioritized my frontline contributions. I found that that was essential and often a lot of a disconnect with, let's call them the "higher-ups, is that they didn't really have that frontline long-term experience. That's sort of the engine of the hospital that I always probably found the most rewarding of my work.

Geneviève Eliany
By frontline you're referring to hospital work, that would be about the ER and in the operating rooms?

Cindy Campbell
Correct. Now, I was in perioperative services. I'm a certified operating room nurse and I also held certification from the Canadian Nurses Association in gastroenterology. And I was able to work across— I was the only nurse in my hospital actually that could work across all divisions of perioperative services, so I could work in the OR, our recovery room area, and also in our endoscopy unit.

Geneviève Eliany
Going back to your fellowships: You mentioned them very humbly, but these fellowships were through the Registered Nursing Union of Ontario?

Cindy Campbell
The Registered Nurses' Association of Ontario. The RNAO. Yes.

Geneviève Eliany
Thank you for that correction. And my understanding is that it's quite rare, or it's a privilege, to do these fellowships?

Cindy Campbell
They really are. They tend to be very, as we said, very competitive. And you really have to have a really well laid-out application package. And also, you really have to have the support of your hospital behind you, so the hospital has to really endorse what you're

doing. And you also have to be a respected employee to have established that rapport and trust to go ahead and be granted one of those. So it's a combination of the application and the hospital end.

Geneviève Eliany
One of the fellowships was with respect to the knowledge or the practice gap for new graduates. Is that correct?

Cindy Campbell
Correct.

Geneviève Eliany
Okay.

Cindy Campbell
My hospital was concerned. There's sort of a quite established body of evidence in the nursing profession of sort of a well-identified practice gap with recent grads. And this is that they are lacking—through no fault of their own—but they're lacking in a lot of the clinical skills and some of the coping mechanisms and that kind of thing, to endure when they get thrown into, so to speak, a full-time job. So this particular fellowship was to try to interview different levels—whether that be university profs, nurse educators, frontline nurses—and to try to devise ways that perhaps as the hospital we could move forward to better support our new grads transitioning to practice.

Geneviève Eliany
So that will eventually take us to some of our later discussion on the effects of the pandemic.

[00:05:00]

Let's set the stage with respect to the hospitals early on in the pandemic. What was happening both in the ER and in the operating rooms? How busy was the hospital?

Cindy Campbell
Now again, I can only speak to what I would have witnessed as an OR nurse at that time. I was actually casual at that period. It was just before I was doing some of the fellowships. I was casual in my ambulatory surgical unit. That unit was closed and we were told we were going to all be put into the main OR. And from my perspective of what I saw there— Now to be fair, I didn't come in that often during the pandemic, proper, at the beginning. That was because at the beginning I was told I would be needed to cover a lot of sick time and that I would be trained with all the other nurses to be redeployed potentially in need units across the hospital. But that never happened. I rarely came in to cover sick time. And in terms of going to the other units, I also was never redeployed there. And the majority of the staff I worked with, from what I'm understanding, were not either.

What I think people didn't understand about the pandemic is: let's say you were to take an area like the operating room. We had, let's call it, 16 rooms. When you start closing those

rooms down to, say, emergency rooms only, which is what they did— So let's say that was, I forget—let's call it five ORs functioned out of 16—you now have a surplus of staff. Because again, you can't just tell people not to come in when they have been booked or guaranteed work—part-time or full-time staff. So that had excess staff in the OR alone. And then the recovery room is also staffed to accommodate that number of patients, which was dramatically reduced. And then so on throughout the hospital. There's ambulatory clinics that were staffed with nurses that were also closed down.

So in actuality, from what I was seeing, there was a lot of excess nurses that were often being used to do quite menial jobs. Not menial, important—but jobs that wouldn't necessarily have conveyed what the nurses at that time were being depicted as being, quite stressed out and overworked. A lot of them were doing testing, surveillance of people coming into the hospital, that kind of thing. And I did note that the staff rooms were amply full of staff. And just, like when you see those videos of the staff dancing and doing the conga lines and the pillows in their pants and stuff and goofing around, that would have been a fantasy for me in my work, to be able to have that much time. Never in my history of work would we have been able to have danced around. Never.

That's not to say that a lot of nurses did not work very hard, but certainly I suggest that not all the nurses deserved the accolades of the heroes that they were getting at that time.

Geneviève Eliany
On the few times you were called in to work, how busy were the emergency rooms as far as you could observe? I know it wasn't your ward, but I understand you had to walk through there.

Cindy Campbell
Yeah, so what I observed of the ER— And again, to be fair I was not in there with any significant regularity, but all I can do is compare it to what I was used to. My unit used to be attached to the ER, so I would often go in there for supplies or to send samples, specimens, that kind of thing. And the ER prior to the pandemic resembled what I would call a war zone. It was beds in the hallways, every cubicle full, the nurses super busy. And in the times during the pandemic it was, compared to that picture, very calm: beds not full, cubicles not full, nurses sitting more and having a bit more time by all appearances. And again, nowhere nearly the pictures that I was expecting or what I was used to.

Geneviève Eliany
Now, of course, that changed as the pandemic advanced.

[00:10:00]

What happened with respect to staffing levels once the vaccinations became required?

Cindy Campbell
Well, again, that's kind of difficult to say, only because of what was happening during that time. Don't forget, unvaccinated and vaccinated nurses were working shoulder to shoulder and there was no issue. And they were hailed, as we said, as equal heroes—the vaccinated and unvaccinated were both hailed as heroes.

In terms of what happened to the staffing, those numbers really were not declared. The hospital did not announce their official numbers. And again, I think what a lot of people aren't understanding when they're told about losses in health care is they're not given an accurate picture. We hear people like Doris Grinspun from the RNAO disqualifying and just dismissing this as a small, few number. Meanwhile, what they're not telling people is that the hospital at that time said to nurses and everyone, "Hey, if you want to leave right now, leave. And we won't put a black mark on your record and we won't report you to the College." Because it is process that every time a nurse is terminated, that report would go to the CNO [College of Nurses of Ontario]. And of course, justifiably, that worries and concerns a lot of nurses. So a lot of nurses resigned and possibly even—I can't say it was equal number or even more, I don't know—but let's just say that anyone younger-looking, to keep working in the profession for numerous reasons, would have much more taken the opportunity to have accepted the resignation route versus the termination route.

And there was another field, of course, of people who took early retirement that I've heard of. They did that way out as well. They'd had enough. And another group took leaves. And that's another segment that is also typically not captured in apparently these tiny numbers discussed in the press.

Geneviève Eliany
My understanding is that apparently at Hamilton Health Sciences—and that's a very large health network—the retirement rate was 30 per cent.

Cindy Campbell
Well, apparently, over 2022, it had a 30 per cent increase. And Hamilton Health Sciences is an interesting one, just to sort of give an example of potentially some numbers that were lost here. I'm not saying they were all lost to mandates but in September of 2021, Hamilton Health Services listed about 700 vacancies. Then that is when they started threatening the policy. They brought it in officially in January. And a recent report coming out of that same health network reports staff vacancy now of 1,500 staff—so that about doubled their vacancy rates since then plus potentially, they had the retirement rate go up as well.

Geneviève Eliany
We'll take a step back to some of the medical recommendations from Dr. Kieran Moore and what the hospitals did. Can you tell us what the official guideline from the Chief Medical Officer in Ontario was with respect to vaccine mandates for staff and what the hospitals ended up doing?

Cindy Campbell
Yeah. And that's kind of the puzzling part here. Our Chief Officer of Health, in a Directive 6 that he put out in August of 2021, had an accommodation for unvaccinated workers to keep patients safe and protected. And that was to do regular antigen testing.

And it was potentially at that time, to sort of give a bit of a timeframe: in July of 2021 you have the CDC [Centres for Disease Control and Prevention] acknowledging that there has been sufficient data to show that there has been vaccine breakthrough reinfection and that evidently the vaccinated, once sick, were carrying the same viral load as the unvaccinated. And that is why you saw the CDC's mask recommendations change.

[00:15:00]

For a little while it was, "Hey, the vaccinated don't have to mask," to suddenly, "They do have to mask." So they knew something, as did Kieran Moore, as did the hospitals: that this vaccine was starting to show some inabilities or limitations to quite live up to the standards of a newly vaccinated individual. So as we said, the hospitals went ahead. And instead of listening to Moore's accommodation, they followed the Ontario Science Table. And the Ontario Science Table allotted for no accommodations. It was either vaccinate or nothing. They took much more the militant stance versus the offering workers a choice.

Geneviève Eliany
Before we move on to the choice issue, while these policies and mandates were in place for staff, my understanding is that unvaccinated visitors were allowed into the hospital. Is that right?

Cindy Campbell
There was a time when, sadly, they were not, but the policies did change. And over the last, thankfully, several months, even longer, they did stop them. And there are certain hospitals like St. Joseph's Hospital in Hamilton, where I believe that the unvaccinated visitors were allowed—in the process when they were firing people as well. So that was definitely an inconsistent application of the policy.

Geneviève Eliany
Yes, apparently, visitors somehow become more important than nurses, which is peculiar.

Cindy Campbell
Correct.

Geneviève Eliany
So going back to the choice. Often, people will say that immunizations, vaccinations are nothing new for staff in healthcare. Can you comment on how it's true that there are policies and requirements, but on choices that exist for all the other vaccinations?

Cindy Campbell
Yeah. So again, that's another bit of a massaged fact. There are in fact required vaccines to obtain jobs at hospitals. But when I hear Anthony Dale, CEO of the OHA [Ontario Hospital Association] speak, he mentions things like TB, hepatitis, and measles/mumps/rubella [MMR]. To clarify some of those: TB is not a vaccine requirement, that is done by a skin test that is taken. Hepatitis: the majority of hospitals that I know of, it's a recommendation, not a requirement. And indeed, things like MMR and chickenpox often are requirements. However, they allot for natural immunity, so they allow staff to show proof of antibodies, proof of past infection. And that is not the case in COVID of course, even though now they have good evidence to show that natural immunity is indeed as strong as, if not possibly stronger than, two vaccines. But natural immunity is completely disqualified in this case.

Also in hospitals, they used to—when I say used to, they still claim to but their past behavior shows they are not—give religious or creed exemptions. An interesting case in my

hospital is that I had a colleague start working in the OR, I believe it was about six or eight months prior to the pandemic. She submitted a religious exemption for MMR vaccine and the hospital accepted it and had her working in the hospital. That same nurse was fired for the same religious exemption just that short window later. And hospitals also used to accommodate medical exemptions without a near threat of death, which now appears to be the standard for COVID. And time and time again, there's nurses who had to leave nursing because they've had quality medical concerns, that their doctors confirmed were indeed warranted an exemption. But every doctor said, "I cannot write this for you, I will lose my license." And that is unprecedented.

So again, it's this lack of choice that is concerning in a democracy and in Canada.

[00:20:00]

We have an interesting arbitration finding out of British Columbia. That was, the Health Services Union there put forward a— They challenged a mandatory mask or vaccinate policy. And this was where they offered the choice of, "You can take a vaccine or you can wear a mask—an influenza vaccine or a mask." That policy was won by the employer but the arbitrator had some pretty clear words about choice. Throughout his findings, it is consistent that he emphasizes the dignity of choice over receiving a medical procedure. He confirms that if the mask was being used for the sole purpose of increasing vaccination rates, he would be very concerned. And that would not be something that would be within the letter of the law. Again, he consistently speaks about policy that had to be not arbitrary but logical, reasonable, fair, and equitable of course. And interestingly enough, one of the expert witnesses for the hospital, Dr. Van Byunder, I believe his name is, said: "You know, we really want to give our people a choice. We have many valuable people with religious concerns that may not want this vaccine and we want to give them the choice of a mask."

In this case, with COVID vaccines, we had the choice of taking testing. And again, that would have been the humane, dignified way to do things, but that was rejected. And again, the Ontario Science Table put forth some very puzzling data. For example, in the height of being just about to begin their terminations at hospitals, they put out a report about the risk of burnout to the healthcare workforce, and how that burnout was getting to be to unsustainable levels, and that likely it would cause again an unsustainable hospital workforce. They also said that hospitals must take every measure they can to secure staff, to reduce turnover, and to reduce overtime, that kind of thing. So from this corner of their mouth, they're saying, "Stop burnout. It's dangerous. It's going to cause our system to collapse." And this corner of their mouth, they're telling the hospitals to terminate nurses.

If I could go on, I found it very again, shocking from the Ontario Science Table. Here, if you can read their letter to Ford in support of mandatory policy, it is a very—wow—shocking **read. I wonder if all the people standing behind the Science Table actually even read this document. It begins by saying, "We know staff turnover is a problem and we don't want it, but we know that vaccinated [sic] staff are going to get really sick all the time and they're going to cause a lot of burn-out to the vaccinated that, of course, are never going to get sick and are going to stay there working. So you're better to fire them than let them have sick time." And that's very rich, because data from FOIs [Freedom of Information requests] submitted to these hospitals showed that staff illness rates in hospitals with mandatory policies in place went through the roof in January with Omicron. Also B.C. shows: at one point they were talking again about record-breaking staff illness; 28,000 staff was off in one week in B.C., a province with a mandatory policy. So this showed not only some of the limitations of the vaccine to control Omicron, but that the policies in fact had some pretty questionable outcomes, potentially.**

Geneviève Eliany
It was so bad in B.C. based on what I've read—and I believe also in a few small towns in Ontario—that hospitals closed in rural areas.

Cindy Campbell
Yeah, that's very concerning.

[00:25:00]

And again, all of this speaks to the necessity of these hospitals to have done risk assessments, to have figured, "Okay, how is what we do to our staff going to impact public safety?" And we all know now that apparently our livelihoods, our children's education, and everything appears to now be tied to hospitals—sustaining hospitals, hospital resources. So to have hospitals fire trained, experienced staff and potentially lead to some pretty serious concerns that happened as a result: I mean, we have a *Toronto Star* article that speaks about an analysis that showed a staggering number of closures across the province. The nursing shortage by ER doctors was described as brutal. Some said that the healthcare networks were on the verge of collapse. And like we saw with that data from Hamilton Health Sciences, the vacancy rates went through the roof.

The more concerning part is that these hospitals—and maybe not even call them hospitals anymore, I think what we have to start doing is making the CEOs that did this accountable. These CEOs knew well that there were already significant vacancy rates at their hospitals when they put in these policies. And that subjects their patients potentially to some pretty serious quality and safe care concerns. And these CEOs also— Their responsibilities now, like we said before, with the functioning of healthcare to their community, they need to start realizing that their obligations extend beyond just their walls. They can no longer when they make decisions like that, just say, "Well, this just affects our patients and our staff." Now we know that we're intimately tied to hospitals and keeping hospitals going. As we said, I think that if they had been following proper, well-established standards around developing policy, that starts always with a risk analysis. And I would argue that these institutions likely did not do that. And that put the public at risk. It put their patients at risk.

And the risks from these kinds of policies are numerous. Another major risk that is never discussed is the risk of demoralization of staff that felt as if they were coerced to vaccinate. And what do you do to staff, or how does staff react, when they come back into a workplace setting where now they feel depersonalized, they feel detached from their employer, they've lost their support. You now have potentially higher absenteeism rates, staff that just are not invested any longer. Again, burnout and leaving the profession if they felt violated like that. I read a report out of New York state when they put in their mandate and it bragged that they had 55,000 workers fold in the last week. That's nothing to be proud of. That is shocking to do that when they had a choice. And no one is not honoring a nurse's responsibility to protect patients. Of course they have to and they have to play a role in that. But there are many non-pharmaceutical, reliable, safe, consistent ways that healthcare professionals can protect and it does not have to be a vaccine. And that was acknowledged by our Chief [Medical] Officer of Health.

The other major risk is financial risk. And that one should have stopped this immediately on that alone. You know, when you do a financial risk analysis, your first option is to look at the least costly ways to meet your objective. And the least costly way clearly would have been again to have offered antigen testing. What they're facing now is costs of retraining. And I was reading some material from human resource expert and to replace a mid-level

employee, you're talking about potentially around 150 per cent of their yearly salary to do that.

[00:30:00]

When you start getting into specialized knowledge, you're now looking at even upwards of sometimes 400 per cent of their yearly salary. And when you look at some of these nursing jobs or some of these, again, other skilled workers at our hospital: this is extremely specialized knowledge that they had. They fired ICU nurses with 30 years experience. They fired NICU nurses with tremendous experience. And that is criminal: what they have potentially done to patients that could have benefited from those nurses' care. Also, replacement costs: they have reports that they were hiring agency nurses at incredibly inflated rates, paying double time, time-and-a-half. And then they've got union arbitrations to manage. So to a universal healthcare system that was already in crisis long before the pandemic, this alone is a very reckless act on behalf of the CEOs—doing this without properly looking before they leapt.

And that's what I would argue that they did. They did not, in my opinion, look at the proper thresholds—particularly with a vaccine that has, what is now being revealed to be rather significant limitations, and the evolving nature of this pandemic.

Geneviève Eliany
For the staff members who were reluctant to accept a vaccine because they don't like the mRNA platform, were they offered what I'll describe as an old-school vaccination based on an inactivated virus? We know that both China and India have those vaccines. Was that ever an option?

Cindy Campbell
At our time, when our nurses were fired, that was not an option. To my understanding, it was just the mRNA at that time. There has been since a Novavax vaccine that has come out. I'm not sure quite of its platform that it uses. But at that time, we only had those options.

Geneviève Eliany
Thank you. The Novavax, I believe, is just a lab-made spike. It's not the full inactivated virus, but we won't get into that.

Cindy Campbell
Okay.

Geneviève Eliany
Now, let's get back to the realities of the staff shortages. What's the approximate average age range of the members that you've lost? You've commented on experience but what age range would you say?

Cindy Campbell
Well, you know that's kind of a significant thing that just I've sort of—I've just been talking to a lot of people and trying to get lots of qualitative, good, rich data from some of these

people who have been fired. And it tends to be that a lot of them were in kind of that sweet spot where the public could have probably got at least five, ten years out of some of these very experienced nurses, who just thought, "No, we're not doing this anymore." Our data shows us clearly that before the pandemic, we had an aging workforce. And already at that time it was a significant amount of the staff. They already knew these nurses were 50 and over and that we'd be facing a nursing crisis once we start losing these members. So to hold on to those old nurses, for lack of a better word, was imperative. But rather than hold on to them this would have pushed them aside. And lost them.

Geneviève Eliany
Can you give us a sense of the geographical origin, where the nurses came from, in cases of sort of more vocal nurses who resisted the mandates?

Cindy Campbell
When you say, "where they came from," do you mean the hospitals or the—?

Geneviève Eliany
I didn't word that very well. I apologize. So which countries did these nurses come from? The ones who protested the most?

Cindy Campbell
Well, again, hard to say. Generally, the U.K. seemed to have had quite a good pushback. The U.K. dropped their policy. And actually, it was interesting because the House of Lords in the U.K., they had a ruling that they rejected mandatory policy.

[00:35:00]

And the reasons were that "the potential benefits of the proposal were disproportionately small given the subsequent costs for recruitment and the disruption it would have to the health service." And they stated they would have to be provided with very strong evidence to support this policy.

So again, in terms of nurses that were fighting back, I think it was consistent across many countries, so hard to say just one, but—

Geneviève Eliany
What about immigrant nurses here in Canada? Like the Chinese nurses? Like the ones from Eastern Europe?

Cindy Campbell
That's a really good point. Because I think what I took issue with a lot with this was, as a nurse, I look at populations. And we're all taught this: to always look at the lived experience of people and where they come from. And perhaps instead of the name-calling and hate-mongering, I'm just going to call it, that has been going on when someone declines a vaccine, to look at some of where they came from. And so you have to look at their backgrounds. Now, we know Canada is a country of immigrants. We welcome people who escape communism, authoritarianism, dictatorships, and they came to Canada for freedom.

Instead, they got told that they would have to take a vaccine against their will. And these kinds of populations, they stood up in my hospital. I had a nurse who had arrived from China just several years earlier and she just said, "You know, Cindy, this is not what I came to Canada for. I came here for freedom and now this is happening."

I have a very sad story of a Serbian family from Hamilton. Both of them went through the Serbian War, they came to work in Hamilton Health Sciences, and both of them lost their jobs. And they were literally in PTSD from this. And people can mock as they will on the other side but these are really painful experiences as to why people decline vaccination. And you know, we also have demographics that have generational trauma—well-earned mistrust of the pharmaceutical industry and of health authorities. Black populations and non-Caucasian populations that were experimented upon and those kinds of scars do not go. So to suddenly again name-call them and cast them out and fire them—that is again completely unethical and nothing you would want to see from a health care professional. We also forget about the lived experiences of people who suffered from abuse as children, and they have a very visceral reaction to having someone take away their freedoms. And they are not misogynists; they are not racist; they are not white supremacists. These are real people with genuine psychological reactions here. Very many stood up. A lot of the nurses in my hospital were from Eastern Europe. Again, they know what communism looked like; they know what that looks like and that's how they interpreted it.

They were a large majority of the group that was terminated.

Geneviève Eliany
It is my understanding that you're no longer working in the nursing profession. Is that correct?

Cindy Campbell
I am not. I was terminated along with my other colleagues. I have religious beliefs and creed that did not allow me to take a COVID vaccine. But of course, just like every other nurse, my exemption I put in was denied.

I think a particularly troubling fact with my hospital, that's Mount Sinai Hospital— They put in the mandate, the firing date was November 11th. And I think that that was extra shameful. That was a day that commemorates our country's freedom, what our soldiers died for. And for a hospital to do that just shows another level of insincerity, inhumanity, and disrespect.

Geneviève Eliany
You've mentioned that there was a lack of transparency across the system with respect to the number of staffing losses.

Cindy Campbell
Correct.

Geneviève Eliany
What do you see as a solution to bring about accountability to get that data?

Cindy Campbell
Well, you know, it's interesting.

[00:40:00]

FOIs have been filed to various hospitals and many are refusing to give that data. So I'm not sure if we ever will get transparent numbers on that. But when you look at—I think UHN [University Health Network] admits to saying, "We lost about 1 per cent of our staff." And when they say that they would likely mean 1 per cent, again, were terminated, not all the other things we talked about: the resigned, the leaves, the retiring, the cascade from there. But when you read again, human resources material: when you lose specialized talent and specialized knowledge like that, even 1 per cent is enough to send a system that's already depleted, already has staffing issues, into chaos. And I would argue the numbers are much higher than that.

The Ontario Science Table, again, in the letter that they wrote and that I found had lots of gaps, they said, "Don't worry. Hospitals around the country and the world haven't had any problems. They all say they're going to lose a lot of staff, but they haven't had problems." Meanwhile, they cited an article that was in *The BMJ* from Italy. And Italy reported with their nationwide mandate, which they have since dropped, that they lost between 10 to 15 per cent of their staff, medical staff. And that is crushing losses. And the Science Table published that as though that was okay. That tells me that either they've never worked the front line in decades and they have no idea what losing 10 per cent of an already depleted, stressed unit would do, or they simply didn't even read their evidence. They then also cited, again, an American hospital that lost 2 per cent; but we know that 2 per cent would be, again, a serious blow on its own. New York state, when you look into their numbers a little more: their home health care division lost 8 per cent of their health care staff—it wouldn't be nursing, it would be a bunch of health care workers under that—but that's 8 per cent in that area. And it's interesting because the *Wall Street Journal* had an article on March 6th that lamented that New York citizens are now at risk because of staffing shortages and because many of the New York divisions are not meeting their performance targets. And meanwhile, I would argue that likely the home health care that lost 8 per cent of their staff is one of those that are not meeting their targets and putting the citizens at risk.

So certainly, as we talked about, the numbers are important to know. And I think we need transparency and accountability from CEOs that decided to go with the Ontario Science Table over Kieran Moore. Kieran Moore, on March 11th, was at Queen's University and had made another statement to reinforce his beliefs. And he said that his intention was to never have a mandatory vaccine but instead a mandatory policy—and that he did endorse accommodations. Those of course, as we know, were not done—despite that Ford made a public statement. At the time that all of the NDP party and Liberal Party, et cetera were trying to get him to put in a provincial policy. He stated that he would not risk the loss of tens of thousands of health care workers of Ontario because it would put the citizens at such risk. And the interesting part is, back to my thing about risk–benefit, the Ontario government did a risk–benefit assessment. And Christine Elliott admitted that they did a risk assessment and that they found that the risk of losses of health care workers would have been what she quoted as "very significant." And Dubé from Quebec also canceled their program of mandatory policy provincially, saying that the effects would be devastating. I suggest that—as we said, what we are seeing—they were likely correct. And their numbers very well could have been correct. And it did in fact have a devastating effect on our ERs, our wait times.

[00:45:00]

It's just going to make more and more cancelled, potential cancelled surgeries, more delays to diagnostics. Any time you lose valuable staff in an area that is so vital, you are putting citizens at risk.

Geneviève Eliany
Before I turn it over to the commissioners, I was supposed to ask you this in the beginning. Do you promise that everything you testify to today is the truth?

Cindy Campbell
I do.

Geneviève Eliany
Thank you. We'll see if the commissioners have any questions.

Cindy Campbell
Thank you.

Commissioner Drysdale
I believe I heard you say a number of times that some nurses were seeking religious exemptions to this vaccine.

Cindy Campbell
Correct.

Commissioner Drysdale
My question to you is: Is it not true that most of these nurses had previous vaccines? And what was special about this particular one that would have made a religious exemption, or the consideration of a religious exemption?

Cindy Campbell
Sure. Well, you know again, not all of them did have these vaccines—like the one I talked about. I had a woman who had, again, refused it on the exact same grounds. And often people too—just because they may have started without a religious belief, doesn't mean over the years that those religious beliefs do not form, and that they do not come to their God or their belief system in another way. I don't think it was meaning that for just this particular vaccine, potentially, but that may have applied for other ones; I don't think that we know that. I think that what was wrong, though, is to follow the direction only of a mere mortal man that may run a church and say that this is not acceptable for vaccines.

I think that in Ontario the standard is "creed," and creed can extend to all kinds of facets of your belief systems. It doesn't necessarily even have to be religious per se; it doesn't have to be tied to a religion. You could have had people with a lot of underlying creed—genuinely strongly, sincerely-held beliefs—that did extend into other areas beyond religion. And again, if there was a safe accommodation, that should have been afforded to

them, I would say. No one's denying, as we said, the obligation to keep the public safe. And there are reliable ways to do that, as Kieren Moore did confirm.

Commissioner Drysdale
I want to be clear—at least, maybe I misunderstood—but when exactly did the dismissals happen?

Cindy Campbell
Oh, interesting. I found that they really followed a pattern. They started around, let's call it, October 2021. And they were still actively going on until the end of April 2022, across different hospitals across Ontario. And the interesting part of that is that Kieran Moore, on February 3rd, declared that two vaccines weren't cutting it; it wasn't doing enough. And that you were starting to need boosters. But the interesting part is that none of these hospitals—and I'm not going to say none, the ones I know of—have not as yet put in a booster mandate. To me, the policy objective has to be consistent with the measures applied. So if their policy objective is indeed patient protection and they have not yet put in boosters, that to me looks like a glaring inconsistency. You also have the Ontario Science Table, on December 15th, declaring that this is a three-dose vaccine. And all the hospitals that apparently followed the Science Table with such diligence did not follow them any longer on that one.

In terms of the timing of the policy, it is important, because some hospitals were putting these in as—clearly, two vaccines were no longer giving the protection that was needed. So it would appear more to me that the policy objective was not patient protection but rather it was 100 per cent vaccination rates. That seems what their policy was. And when you talk about patient protection, you've got some interesting gaps there: at the end of January, hospitals bringing back COVID-positive staff to work before they'd finished their isolation periods.

[00:50:00]

So that looks like another inconsistency to me of the commitment to protection. And the fact that they knew the vaccines were—some people had vaccines on board for well over a year, even a year and a half, and they hadn't had boosters. Those people technically would have been safer testing if protection was truly their objective. They would have been probably safer doing antigen testing, arguably.

So yeah, there's some—

Commissioner Drysdale
Part of my reason for that question is I also think I heard you say— And it may have been some other witnesses because we've had a long line of witnesses. I thought I heard you say that of course, the vaccines came out in Canada end of December, beginning of January 2021. If I understood this testimony correctly, they were already becoming aware of what you call breakouts in early or mid-part of 2021, three or four months after. A breakout means that you got the vaccine but you still got sick.

Cindy Campbell
Correct.

Commissioner Drysdale
So they knew that the vaccine at that time wasn't providing protection, but they were still firing people for almost a full year after that.

Cindy Campbell
Yes, this is the concerning part. It appears that and as we said: the vaccine has I'm sure helped many populations. But the concern is that it is not of the caliber of this sure-fire, sterilizing vaccine that you would expect to justify this degree of heavy-handed mandate. Especially with what was going on in the community and what was going on with some of the evidence. Especially in light of Omicron. Omicron really brought down its very short-lived, it appears, protection from that one—that likely waned within several months. And again, should have been doing testing then or implementing boosters. And when they don't, that's when it starts to look a little suspect.

Commissioner Drysdale
Also I thought I heard you say that the requirement for hospital stays or people coming to hospitals was seen to be going down because— And they were closing down ORs and they were doing all kinds of other things. And of course, they were letting staff go and there were some COVID infections coming in, I'm guessing. So there was a devastating effect on the hospitals, not only because of the disease but also because of the actions or policies taken here. If you're letting go— I can't remember if you gave a percentage, but if you're letting go your most experienced staff, that's going to have a very long-term effect.

And my question to you, after all that, is: Has our medical system, have our hospitals, recovered from this?

Cindy Campbell
You know, it doesn't appear— If you were to look at vacancy rates alone, just that data that I said out of Hamilton Health Sciences where they're now at 1,500 vacancies, that would still indicate— I would think that they are still at quite a serious gap, a serious deficit there. And nursing shortages are well-established in Canada well prior to the pandemic. Canada has one of the lowest, let's call them "per capita nurse" of the world and Ontario has some of the lowest there. And they know that nursing staffing levels are consistent with less medical error, better patient outcomes; adequate staff is associated with all of those good things. As soon as you start to deplete staff, you start to get into problems and patient threats to their—again, their health and well-being, when you start depleting those numbers.

So to me, they knew that already well before. They knew there was vacancy rates. They knew this was still in an ongoing pandemic and they still chose to deplete those nursing rates and staff rates even less.

Commissioner Drysdale
Thank you.

Cindy Campbell
Okay.

Commissioner Massie
Thank you very much for your very detailed presentation. I hear you say that for some of the vaccines that are required to work in medical institutions,

[00:55:00]

natural immunity can be recognized if you haven't been vaccinated but you can show that you've been exposed. So I'm wondering—given that in COVID, natural immunity somehow has been put on holiday or something; it is no longer on the table—I'm wondering about what was the specific recommendation or scientific rationale for the Science Table to dismiss the validity of natural immunity for COVID?

Cindy Campbell
Yeah, that again is another one of these head-scratchers. We know that as we said, they've recognized it up till now. Now that's not saying that they won't recognize it in the future. But at this point, yes, they are still actively firing. I even heard of a nurse still getting fired last week from Trillium Hospital in Mississauga. And these are, again—more than likely, most citizens of Ontario have been infected and have a degree of natural immunity. But it's utterly, it appears, disqualified on this one. It's either get a vaccine or don't have a job.

That's the thing when I talk about choice. In some sick, perverse way, these people that argue, "Well, you still have a choice: you can get a vaccine or don't work." That's not a choice. And we know—and they know—that economic stability is a social determinant of health. And they also know that there is a high correlation with unemployment and all-cause mortality. There's a systematic review that found there was a 63 per cent increase of death associated with unemployment. So they know all of these things. And yet they see it fit to tell someone they have to choose between their job or their livelihood, or their job or feed their family, or their job or pay their bills. And I find that— Again, all of these things all just seem to lack humanity. Tremendously.

Commissioner Massie
You also mentioned that there were a few hospitals in rural areas that were closed.

Cindy Campbell
Correct.

Commissioner Massie
Do you know whether they were closed? Most likely because they were short-staffed, but was it due to the fact that in these in these areas where maybe the number is not as high, the level of people that would no longer be available because they didn't take the vaccine was somewhat higher? Is it a reason why it happened?

Cindy Campbell
The only thing I have heard of is closure due to staffing levels. So again, we don't know—I'm not suggesting that every staffing issue is to do with the mandate. But I am suggesting that it played a role—and an unnecessary role. I can't comment on the other facts of what closed some of those ERs, but the only thing I consistently keep hearing is staffing, staffing, staffing.

Commissioner Massie
Thank you.

Geneviève Eliany
Thank you so much for your testimony today and for your time today.

Cindy Campbell
You're welcome.

Thank you guys. Thank you everybody.

[00:58:45]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 10: Dr. Heather Church
Full Day 2 Timestamp: 07:46:10–08:05:21
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[0:00:00]

Geneviève Eliany
The next witness is definitely virtual. I see that she's being queued up here. Heather, are you with us?

Dr. Heather Church
Yes, I'm here. Sorry.

Geneviève Eliany
Great. I know we're running a bit late so let us know if you're having any difficulties. Could you spell and state your name for the record please?

Dr. Heather Church
My name is Heather Church, H-E-A-T-H-E-R C-H-U-R-C-H.

Geneviève Eliany
Do you promise to tell the truth today?

Dr. Heather Church
I do, yes.

Geneviève Eliany
Now, you are a health sciences professor, and you taught Pandemics and Society. Is that right?

Dr. Heather Church
Correct.

Geneviève Eliany
That was the name of the course?

Dr. Heather Church
Yeah. Pandemics and their Impacts on Society.

Geneviève Eliany
Great. And you also completed a PhD dissertation about health equity impacts of public policy?

Dr. Heather Church
Correct, yeah.

Geneviève Eliany
And until the COVID mandates came along, you were teaching at a university, right?

Dr. Heather Church
Yeah, I submitted against my will to the vaccine mandates and did teach until I went on sick leave in August 2022. And I've been off since then. And I just received confirmation of a diagnosis a couple of weeks ago, that it was vaccination-related.

Geneviève Eliany
So let's discuss that vaccine injury. Your main reason for being reluctant, as I understand it, was that you already had a mild traumatic brain injury, right?

Dr. Heather Church
Correct. And that puts me at higher likelihood of neurodegenerative disorders—but also earlier age of onset thereof. I also have a family history of neurodegenerative disorder, so that's two strikes against me. And my concern was the cumulative effects of strikes against me earlier. I don't have any more room to add injury to my neurological system. And so I was afraid because these have not been tested for neurological effects. And at the time that the mandates were implemented, they were only in Phase II of the four-phase clinical trial process. So I just felt that there wasn't enough known about the risks. And since I was at low risk for COVID, it didn't strike me as necessary. But also at that time too, there was already evidence demonstrating that the vaccines wouldn't prevent transmission, so it really was just a personal choice.

Geneviève Eliany
We won't dwell on this point, but can you confirm that you tried to have both a religious and medical exemption approved by your employer and you were unsuccessful?

Dr. Heather Church
Yes, that's correct. I submitted a religious request for exemption and with that I had to sign a sworn affidavit and it was rejected. And I was told that it was—that my position was politicized. And when I asked my union for assistance, they upheld the decision.

So then I also sought assistance getting a medical exemption. I went to my family doctor and I took in a stack of peer-reviewed journal articles to support my point. And he wouldn't even look at them. He told me that the College had banned them from providing exemptions for anything but anaphylaxis, myocarditis, and pericarditis—wouldn't consider it, wouldn't hear me out, and yeah, frankly, behaved very unprofessionally. Then, when I explained this to my union again, they told me that they didn't believe that doctors had been banned and to try again.

Geneviève Eliany
You've since been diagnosed with an auditory processing disorder. And we've heard that you've been on sick leave since August 2022. Can you describe the everyday effects of the injury?

Dr. Heather Church
Okay, so for clarification, the Auditory Processing Disorder, that was with a neuro-psychological assessment that was conducted where she identified a few impairments: some fine motor coordination, auditory processing, and some memory issues.

[00:05:00]

All came out as impaired. She couldn't tie it to the traumatic brain injury because those symptoms would have shown up at that time. But that was three and a half years before getting the vaccine. And I didn't have those problems until the day after getting the vaccines.

For the auditory processing piece, the issue is that I don't filter out sounds naturally. So people who don't have impaired auditory processing are able to filter out environmental sounds. For instance, if you're at a restaurant, someone's laughing in the background, you hear a fork drop on the floor, it doesn't impede your ability to communicate or to continue doing what you're doing because your brain's naturally filtering those noises out. So you're attending to only the sounds that you need to hear. And my auditory processing now is impaired.

In addition to that, since getting the doses, I also had what's described as bounding heart rate. So it would be where—just intermittently and unpredictably—I could see my pulse just bonking out of my neck. And it was really hard and really scary. So I gave up exercise. I used to be a very active person and I gave it up because I was afraid. And I've since been diagnosed with what's called postural orthostatic tachycardia syndrome, or POTS. And what that is is basically, when you change positions from reclining or sitting to standing up, you get a clinically significant elevation in your heart rate. So it's a 30 per cent increase in your heart rate.

I've also been diagnosed— It's a separate diagnosis by a neurologist as well and it's called, it's a big one: distal chronic-acquired demyelinating polyradiculoneuropathy. I don't really understand that one yet. I had to go to the States to get that diagnosis because I've been on

a waitlist since September to see a neurologist here in Canada. And the earliest appointment I can get is August 28th, 2023.

Geneviève Eliany
And what will happen if you are unable to get a Canadian confirmation of the American diagnoses?

Dr. Heather Church
Well, currently I switched from short-term disability in November, so I'm now considered long-term disability. But my long-term disability provider rejected my claim, stating that they didn't see that there were limitations that would impede me from doing 60 per cent or more of my workload. And WSIB [the Workplace Safety & Insurance Board] would also need a Canadian-confirmed diagnosis and recognition of vaccination causation for it to be considered a workplace injury.

And my contract ends in June but I'm not employable at the moment. I'm injured. And I'm going to have lifelong issues, including the distal chronic-acquired demyelinating polyradiculoneuropathy. If not treated early, it has a one in three chance of ending up being wheelchair bound. And I don't even know what early treatment means because I can't access anyone who has that knowledge.

Geneviève Eliany
Can you describe your average day now? How do you feel and what kind of symptoms do you have?

Dr. Heather Church
Tired, sad, chronic headache, chronic pain. I have incessant tinnitus that just is all through my head. Dizziness, nausea. My limbs feel heavy. I'm tripping over things; I'm fumbling things with my hands. I feel incompetent.

Geneviève Eliany
When you participated in a one-day training about a week ago—and take your time—how did you manage that day and how did you feel afterwards?

Dr. Heather Church
I didn't do well. I tried it. I wanted to see if I could work a full workday. I couldn't sit still. I couldn't pay attention. It was awful. It was really well done. The people were lovely.

[00:10:00]

But I crashed. And this is the problem. Even just going to church or going out with my parents to a restaurant, I get so tired and so withdrawn that I cannot function. I can't communicate because I'm just so busy trying to focus and pay attention to what's important and not pay attention to everything else. I can't keep up.

My parents actually did notice that I withdrew into myself. And they thought that I was unhappy with the meal or unhappy with the setting. It wasn't that at all. It was, just, I was overwhelmed. I couldn't handle it.

Geneviève Eliany
What kind of treatments, if any, have you tried?

Dr. Heather Church
Well, I started out seeing a psychologist and I initiated that in July last year and started seeing her in August. But she's also— I did the neuropsychological assessment with her and maxed out my benefits at that point using that. And then had to pay an additional $2,500 on top of that. So I haven't been able to access anything.

But now I do have benefits. But since I don't have any disposable income, my parents have loaned me money so I can start paying for things like physiotherapy. I have made a referral to a neurological rehab clinic in Burlington, so hopefully that will help. And I'm resuming my psychology appointments next week.

Geneviève Eliany
I understand that you filed some complaints, both against the College of Pharmacists and against your doctor. Have you seen any lights at the end of the tunnel with respect to those complaints?

Dr. Heather Church
No, no. I filed a complaint against the doctor for his unprofessional behavior, which I frankly think is malpractice. But I don't know that for sure. And the College contacted me and asked me to indicate dates when I could have a phone meeting. At that point, I just didn't have the wherewithal. And so I asked them to just provide the information because they just wanted to have a meeting to explain the process. I said, "Well, just provide me with a write up of what it is, because surely you do that for people who are nonverbal and can't participate in a telephone meeting." And I never heard from them again.

So then two months later, I emailed them and asked what was going on. And they said that the registrar had closed the file.

Then, with the College of Pharmacists of Ontario, I filed a complaint. Because on the consent form there were only two options: if you wanted to receive your confirmation of vaccination by text or by email. And so I created another box and checked it and wrote beside it, "I do not consent to digital communication of my private and confidential health information. Please send it by mail only." And I ended up getting text messages from the pharmacy notifying me when it was time to get my second dose, notifying me when it was time to get boosters, notifying me of sales they were having. So it was even promotional content; they didn't separate out promotions from health information.

So I filed a complaint against them. I filed a complaint with the Information and Privacy Commissioner of Ontario, who has noted that they were in their right to do so. But I still challenge that because there's no reason that I should be getting text messages about sales that they're having. And I'm still awaiting a decision by the College.

Geneviève Eliany
Thank you. I'll turn it over to the commissioners to see if they have any questions.

Commissioner Drysdale
First, thank you for coming out and talking to us about this most intimate issue that you have and having the courage to stand up in front of us, in front of all of Canada. My first question has to do with— I believe that prior to this, you were a professor teaching a course in pandemics and the effect of pandemics on society?

Dr. Heather Church
Correct.

Commissioner Drysdale
In your class, or in your studies preparing for your class, were you aware of any nationwide pandemic plan or reviews of different options that may have been contained in that plan?

Dr. Heather Church
Yes, so I did look at the SARS response and that sort of thing. But we also covered historical pandemics as well.

[00:15:00]

And I was trying to sort of avoid—initially, the first couple years I taught it I wanted to avoid getting too deep into COVID because I felt that there was a lot of hysteria around it and I didn't want to drive that fearful narrative. But then in the second year of teaching it I had a day where we were just talking and the students were hungry for the other side of the story. So we started talking about the other side of the story. After that, the students really opened up to me about their own experiences and about—you know, thanking me for being a safe place to talk. So we discussed science and it was all science-based that we were discussing.

But yeah, sorry, I've gone off track. Sorry, what was the question?

Commissioner Drysdale
Don't worry, I'm always off track. Really, specifically, what I meant to ask you was: Were you aware of the Canadian Influenza Pandemic Plan that was in place? And I believe one of the authors was Theresa Tam.

Dr. Heather Church
Yes, I am aware of it. Yeah. We didn't cover it in that class though.

Commissioner Drysdale
Okay. Do you know whether or not your adverse reaction has been registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] System in Canada?

Dr. Heather Church
I'm still in the process. I need to get that Canadian confirmation of diagnosis before I can submit it. I've started the paperwork for the AEFI [adverse event following immunization]. And so Public Health is awaiting my diagnosis and the paperwork for that before they will process.

Commissioner Drysdale
So that's been in process now for a year or better? How long has that been in process?

Dr. Heather Church
I think I initiated it—I don't remember when I initiated that. I guess it would have been November or December 2022.

Commissioner Drysdale
You talked a little bit about your experience in getting the vaccine. And if I understood you correctly, you got it in a pharmacy.

Dr. Heather Church
Correct.

Commissioner Drysdale
Do you feel that the pharmacist, or whoever administered the vaccine, had given you all of the information about the risks and benefits of this vaccine so that you could form an informed consent when you received it?

Dr. Heather Church
No. I got the provincial little write-up, but a) they're still experimental, so there's not enough information to make an informed decision. But b) on the consent form, another thing was the pharmacist had already digitally checked off the null box in the adverse reaction section of the consent form, which I thought was weird. But there's also no information about what to do if there is an adverse reaction and what those adverse reactions will be.

Commissioner Drysdale
Normally, when you purchase a drug in the restaurant— Or sorry, it's the pharmacy. Sorry. Normally, when you receive a prescription drug, there's an insert in that prescription drug that describes to you— Even whether or not the pharmacist goes through it with you, there is an insert that tells you all of the risks and issues concerning that drug. Were you given access to any kind of an insert or information bulletin directly from the manufacturer of the vaccine prior to taking it?

Dr. Heather Church
No.

Commissioner Drysdale
Thank you very much.

Geneviève Eliany
Thank you very much for sharing your story today with the National Citizens Inquiry. It's very much appreciated and I hope that you find some treatments that will help you.

Dr. Heather Church
Yes, thank you very much. And thank you for this opportunity.

[00:19:11]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 11: Dr. Wesley Mack
Full Day 2 Timestamp: 08:05:38–08:41:50
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Dr. Mack, can you hear me?

Dr. Wesley Mack
Yes, I can, thank you.

Shawn Buckley
Can you turn your video on? There we go. And then maybe tilt your screen a little better.

Dr. Wesley Mack
Very good. Thank you.

Shawn Buckley
I'd like to begin by asking you to state your full name for the record and spell your first and last name for the record.

Dr. Wesley Mack
Sure. Wesley, W-E-S-L-E-Y. Mack, M-A-C-K.

Shawn Buckley
Then, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Dr. Wesley Mack
I do.

Shawn Buckley
Now, my understanding is you have a Master's of Education in Administration.

Dr. Wesley Mack
Yes, that's right. A B.A. for my undergrad, basically in music education, and a Master's of Education in administration.

Shawn Buckley
And you also have an honorary doctorate degree.

Dr. Wesley Mack
I do.

Shawn Buckley
Now, you've got, basically, a career that is church-related, as I understand it.

Dr. Wesley Mack
Primarily, yes. In a variety of capacities, actually. But yes, primarily interrelated with church and what we would refer to as parachurch and national media. There are several different elements combined with that. But it relates to what we would refer to as the ecclesia, the community of believers or the church at large.

Shawn Buckley
Right, indeed. And one of your achievements is you spent quite a bit of time developing a Christian school system in Hong Kong, both primary and then secondary.

Dr. Wesley Mack
Yes, right. My wife and I both have educational backgrounds, a background in education administration. I was asked to go to Hong Kong to basically take over a system that had a number of elementary students—3,500 elementary students—coalesce that into a school system. And then to develop and build a school for them to progress to. It culminated in a school for 1,200 students. It was called United Christian College, with two other organizations in Hong Kong.

Shawn Buckley
And we don't need a whole lot of detail there. I'm just trying to establish that you are really plugged into the church system. And then I was going to move you to— You've been living in the Toronto area now for quite some time. But instead of being involved in one church, you actually had, prior to COVID, been heavily involved in three churches. Am I right about that?

Dr. Wesley Mack
Yes. I should expand that little bit. I've been involved with the national church scene for a number of years, ever since coming to Toronto from Hong Kong. And that includes media, it

includes having actually been present in meeting pastors, speaking in over a thousand churches nationwide, literally from coast to coast.

So yes, I have a comprehensive view— fairly comprehensive view of the national church scene.

Shawn Buckley
Right.

Dr. Wesley Mack
I do have fairly close connection with three churches in the metropolitan Toronto area. They'd be described as what we'd refer to— One of them in particular is a megachurch; the other two are large facilities, which previously have had full capacity in the range of 1,500 to 2,000. The megachurch would have a weekly attendance of somewhere between four to five thousand.

Shawn Buckley
And you are actually friends with the pastors in all three churches and would have what in the Christian world would be known as an elder role for those pastors.

Dr. Wesley Mack
Yes, that would be that would be a good description. Being able to spend time with these three individuals on a personal level. Being able to share with them their ministry objectives.

[00:05:00]

Being able to provide some counselling perhaps from time to time, that kind of thing.

Shawn Buckley
Okay. And these were three churches that were very important to you and they were important for you and your wife to attend.

Dr. Wesley Mack
Exactly.

Shawn Buckley
Okay. So now COVID comes along. We're in the year 2020. Can you tell us what happened to churches in Ontario, and those three churches in particular?

Dr. Wesley Mack
Yes. Let's back up just a little bit to begin with. What is a church? A church is a fellowship of believers that come together under common cause. Those causes are generally born out of fellowship; it's born out of the desire for teaching and for learning from their scriptural backgrounds. Also, the desire for spiritual nourishment on the part of interaction with co-

worshippers as well as from the pastoral community. And then, as an outgrowth of that, obviously a community outreach into the communities, whether it's community support, providing support systems for the community, and so on.

So it historically in Canada, as in other countries, has played a significant role in the communities that they have been developed in. Our personal opportunity here in Canada has been really involved in all of those aspects. And we have seen, as a result of the lockdown that took place, a drastic decline in all of those aspects of fellowship, of—

Shawn Buckley
Well, let me just back you up if I may.

Dr. Wesley Mack
Sure.

Shawn Buckley
My understanding is that churches in 2020 were shut down for a period of time in Ontario. Is that correct?

Dr. Wesley Mack
Yes. Perhaps just a brief—I was going to give you a rather lengthy, but we'll combine this. March the 16th, 2020, the provincial government closed all of the churches, schools, day cares, recreational facilities, bars, restaurants, et cetera. The interesting thing there is that they allowed big-box stores to remain open. Facilities like the local liquor board, the LCBO in Ontario, abortion clinics, a variety of special interest groups that were allowed to continue to remain open. But churches were closed on March 16th of 2020. March the 18th, the federal government closed all the borders for Canada. So that shut down all kinds of things. It also affected us because our children live abroad.

Then, moving quickly, in December of— Well, on occasion, they would allow a bit of flexibility. They would allow 10 people to meet in September of 2020. Ten people to meet in small groups: obviously that was ridiculous in terms of church attendance. Then in November of 2020, this provincial government established a five-tiered colour system where they would allow certain groups to open in different capacities based on the colour of their zone. Toronto, the GTA area, was designated a red zone. And so the entire GTA, including the churches I have described, were under the red zone restrictions and in total lockdown.

December the 26th, 2020, the provincial government again reverted to a complete total lockdown of everything.

In January of 2021, there began to be some resistance to that. Some pastors rebelled, started to allow small group meetings in their churches. A couple of pastors were arrested and fined.

[00:10:00]

In fact, it has resulted in hundreds of thousands of dollars worth of fines that have been placed on a couple of these pastors.

Interestingly, March 7th, 2021—so that's almost exactly one year from the beginning of the church lockdown—the Archbishop of Toronto issued a letter to Premier Ford personally, and it was published widely, making a strong appeal for the church to be allowed to open, especially for the Easter services. The response to that was that on April the 7th, 2021, Premier Ford and the Province issued another complete lockdown. And everything went back to the original state.

Then over the next year, they did allow a progressive opening. At first, it was 15 per cent of your capacity. Obviously, if you have a 1,500-seat auditorium, a 2,000-seat auditorium, that makes no sense at all. Then they allowed only vaxxed people to come in—

Shawn Buckley
Can I just stop you?

Dr. Wesley Mack
Sure.

Shawn Buckley
Was that actually a government requirement or was that just a recommendation?

Dr. Wesley Mack
It was a requirement.

Shawn Buckley
So an actual government requirement that to go to church in Ontario, you had to be vaccinated.

Dr. Wesley Mack
Exactly. Yes. And you had to wear a mask as well. Everyone. And you had to be seated six feet apart in the auditorium. And there was a pew— You had to have a vacant pew between each of the occupants as well.

Then they began to allow a percentage based on your size of your auditorium. And they began then to allow non-vaxxed people to attend. But they had to sit in a secluded section of the auditorium. They could not be in with the general vaxxed populace. So for example, in one of the churches we attend, the large 2,000 seat auditorium, we would go for the services. We are unvaxxed.

We made the decision not to be vaccinated for a variety of reasons. We had done extensive research into the mRNA vaccination, in particular, and made a decision that we would not. Earlier we had contracted COVID and got excellent care in our local health facility. We were hospitalized for two weeks. And then, as a result of that, even our doctors recommended that we did not have to be vaxxed because of the natural immunity that we had coming out of the COVID experience.

However, again, back to the church, we would be able to attend but we would have to sit in a secluded area that was designated for non-vaxxed.

Shawn Buckley
I just want to make clear. So that was one church. But was that a government recommendation that they be segregated or was that a decision of the church?

Dr. Wesley Mack
It was a strong recommendation. Whether or not it was actually a written mandate, I'm not sure, but it was strongly recommended by the provincial government.

Shawn Buckley
And then am I correct that two of the other churches excluded non-vaccinated persons for a period of time when it was not a government requirement?

Dr. Wesley Mack
Exactly. Yes, that is true.

Shawn Buckley
Okay.

Dr. Wesley Mack
I continue with the progression. April 15th, 2022, Easter services: this was the first time when the provincial government then did allow churches to open to the general public. Some of the churches still at that point maintained the six-foot separation between parishioners and the vacant pew between the people within the auditorium.

[00:15:00]

However, the provincial government did allow for full Easter services to be held April the 15th, 2022. And that was exactly two years and one month from the total lockdown.

So in effect the churches were, for all intents and purposes, shut down for over two years. Let me just state, this was widely broadcast internationally. We got a lot of international attention from Canada to the international world as a result of that. To the point— And of course, that also included the arrest of a number of well-known pastors in Canada; the confinement of these pastors, some of them actually in solitary confinement.

Shawn Buckley
Now, Dr. Mack, I want to focus you a little bit off of the history and more on your personal experience.

Dr. Wesley Mack
Let me just make one statement.

It got to the point where the state of Ohio, which is a conservative state— But the state of Ohio actually drafted a bill that they took before the state senate as a result of the publicity that came out of the experience of the churches in Canada. And they voted on this petition, which was sent to the international court. As of that petition, which was overwhelmingly

voted in the positive by the state senate of Ohio, Canada is now on the international freedom of religion list as being a country that does not adhere to freedom of religion for their Christian community. That is how serious it became internationally: the exposé of everything that was taking place within the church community.

Shawn Buckley
I want to turn now to kind of your personal experience and then your thoughts on the effects of others.

Dr. Wesley Mack
Sure.

Shawn Buckley
For a period of time, once the churches were allowed to open, but the government was strongly recommending that only vaccinated persons be allowed, two of the three churches that you had been a vibrant part of basically excluded you and your wife.

Dr. Wesley Mack
Yes, yes. The regulations were such that we were not able to attend any of those churches.

Shawn Buckley
Right, but it wasn't government regulations. Because they were allowing people back in churches, but they were recommending that only vaccinated people be allowed. Right?

Dr. Wesley Mack
That's right.

Shawn Buckley
Okay. So two of the churches chose to exclude unvaccinated people.

Dr. Wesley Mack
That's right.

Shawn Buckley
And I'm wondering— I'm asking you, what the effect of that was on you and your wife?

Dr. Wesley Mack
Thank you. Obviously, it excluded us from the fellowship with fellow believers. It did not allow us to participate in the normal function of a church community. We had to revert, as many hundreds of thousands of people did, to receiving our inspiration from church services online or through television.

Subsequently, there are many friends that we haven't been in touch with for several years. As a result of that, we have felt that we have not been able to contribute to the church community. And within our own family experience, we maintain a regular—what would I call it?—a worship experience ourselves. We have devotions together. But we obviously miss that opportunity of interaction with the fellow believers, interaction with the church communities, the opportunity of contributing to the church communities. And one of the real detriments is the decline of the church. And this really affects me in particular because I know the church well, nation-wide.

[00:20:00]

I know the churches in the Greater Toronto Area very well.

Shawn Buckley
And what's happened to them?

Dr. Wesley Mack
Well, to be very honest, there are some who have had to close their doors. And there are actually— Some of the churches have had to sell their buildings because they simply could not maintain the expense of maintaining their buildings without the natural flow of income.

The pastors have gone through a great turmoil personally and their families. There are a number of pastors that I know of who have left the ministry as a result of that: because they felt like they no longer had the opportunity of ministry to their people.

Attendance has been greatly reduced, even since the opening of churches. Entire denominations that I'm in touch with have publicly stated that their attendance is less than 50 per cent of what it was prior to the lockdowns. The national average actually is— They are saying it is between 30 and 35 per cent in many of the denominations across Canada. Now, there are some very special and unique opportunities that independent churches in particular have been able to increase their attendance. And we're grateful for that. But, by and large, the average church has lost at least 50 per cent of their regular attendance during this lockdown period of time—some of them as much as reducing it to 30 to 35 per cent.

Shawn Buckley
So what do you think the long-term effects are going to be, then, on these churches being able to stay afloat and continue on?

Dr. Wesley Mack
Very good question. And a difficult one to answer because it depends largely on the leadership within the local church. It does depend somewhat as well on the denominational leadership and the vision that they have maintained. The more independent churches seemingly have been able— Many of them have been able to survive this fairly well and are progressing. Whether this is a movement away from the traditional church into a more independent church, that is a possibility.

But there's no question that the lockdown had a serious deleterious effect on the entire church community across Canada with, as I said, many churches having to close. They have

suffered financially. Whether or not they are going to be able to recoup that and move on and progress from here is a very, very serious question, particularly in the financial climate that we're in. With all of the effects of the federal regulations and so on, people do not have the kind of money that they once had to be able to contribute to charitable organizations.

Shawn Buckley
And I'm just going to cut you a little short because I think you've made the point that they're struggling financially.

Those are all the questions that I have for you, Dr. Mack. I mean, I have actually a whole bunch of more questions, but we don't have time for them. I'm just going to ask the commissioners if they have any questions of you. And they do, so just sit tight.

Dr. Wesley Mack
Sure.

Commissioner Kaikkonen
Hi, my question is around the church organization. You mentioned a cross-section of three churches. Who exactly made the decision to follow the mandates? Was it the board? Was it the leadership within the church? I'm just wondering whether it's maybe the minister and the elders. Who decided that—when the Ford government said that we had to follow these mandates—we simply had to follow the mandates, that we didn't have a choice?

Dr. Wesley Mack
Thank you. A good question. The churches that I'm familiar with, they actually set up a separate commission within the church structure

[00:25:00]

that was designated as those responsible for the response to the COVID lockdown and to make judgment as to whether to open, when to open, according to the provincial regulations. So it did not fall primarily on the pastor themselves in the three churches that I am more closely associated with. And again, prior to this, they were very large churches. In fact, all three of them are considered to be the largest of their denomination and independent churches. All three of them are considered to be the largest churches in Canada. The pastors did appoint, or select, a group who were responsible for making those decisions. And they're the ones who got all of the regulations, maintained the church response to those regulations, and followed through with advising the congregation as to what those regulations were and how they would work with them.

Commissioner Kaikkonen
So just to continue on that thought. Was there any point where somebody within the congregation, whether it be the committee or somebody outside of the committee, decided that the mandates were not constitutionally accurate? Was there anybody who said, "No, I think we're just going to stay open." And how would that appear in terms of the congregation?

Dr. Wesley Mack
Not in those three churches. There were churches in the Toronto area that made that decision. The Province moved in with force and closed those churches down. There is video of literally police forces moving into those churches during their worship service and shutting down the service and actually manhandling the people out of the congregation. Particularly the pastors and taking them away, as being arrested.

So yes, there were churches—there was actually police presence that moved in, took charge of the church, shut the church down, and arrested the pastors.

Commissioner Kaikkonen
So in essence then the pastors were considered like criminals in the performance of their duties?

Dr. Wesley Mack
Yes, exactly. In fact, if I may divert just for a moment, one pastor that I have had communication with, actually he and his family came to Canada from a communist-controlled country in order to get away from the dictates of the communist country. He was put in prison, confined in solitary confinement for 40 days. He has publicly stated that the treatment that he received at the hands of the police in this situation is worse than what he experienced under communism. Now, that's his personal experience; it certainly isn't across the board, but it did degenerate to that degree.

Commissioner Kaikkonen
So then, when the mandates changed from being full closure to five in attendance, did the church push back and have five in attendance? Or did they just remain closed, each of these churches?

Dr. Wesley Mack
No. The three churches remained closed.

Commissioner Kaikkonen
And the communication that came from government: Was there a response from each of these churches back to government to advocate for their constitutional freedom and right to practice religion or their faith, in whatever form that looks like?

Dr. Wesley Mack
Yeah, that's an exceptionally wise and astute question. The response to the government, very honestly, has been less than biblical—if I may say so. The only public response that I know of that there has been, that was made public, is the response a year after lockdown

[00:30:00]

by the Archbishop of the Catholic Diocese here in Toronto, who wrote a public letter condemning the Province's lockdown of the churches and making a personal appeal. The archbishop himself made a personal public appeal to the Premier to please open the churches—particularly for the Easter services—and to allow people to return to their

congregations. As a result, as I indicated, a month later the response was the province initiated, again, a complete lockdown of everything across the board.

Commissioner Kaikkonen
I have one final question. When it came to the Ford government and the Health Minister deciding that we were going to cancel Christmas, did the churches respond at that point to the Ford government and say that Christmas should continue?

Dr. Wesley Mack
Not officially. No, I am not aware of any official response from the church community. The churches basically went along with the mandate. And that's regrettable. But that is the case.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Actually, Dr. Mack, I have a question that came up during that questioning. My understanding and—where I'm going to go is, just to ask if you can comment on basically, the effect this would have on Christian believers, by just emphasizing some things that are important for them for assembly. But tell me, my understanding is that corporate worship is just so essential in the Christian church. So actually, Christians coming together, being together to worship. Is that a fair statement?

Dr. Wesley Mack
That is one of the primary reasons for church. The very name church, *ecclesia*, indicates a coming together of the community in fellowship and worship and being together for a time of fellowship. I mean, that's the term. Not being together is totally contrary to Christian doctrine. It's totally contrary to biblical instruction. It's totally contrary to historic practice. And if I may add, it's totally contrary to the rights and privileges of the Canadian populace as outlined in the *Charter of Rights and Freedom*.

Shawn Buckley
Right, but just avoiding the legal thing, it's important for Christians to get together and worship. It's important for them to fellowship. It's important for them to pray for each other and actually help each other.

Isn't the church—the Christian church is meant to be a community where, basically, they love each other in a way that follows Christ's example.

Dr. Wesley Mack
That is the primary function of the church. Absolutely. Without that fellowship, without that community, without that ability to be able to pray together, to worship together, to sing together, to hear the Word together, to fellowship together, to share their burdens, their heartaches, their joys, whatever. That is the function of church. Without that—

Shawn Buckley
Right. So do you have any insight, then, to the impact on then those Christians in Ontario that were not able to participate as a church for largely a two-year period?

Dr. Wesley Mack
Yes. It's been devastating. People, well—have gone through all kinds of experiences. We have friends who have gone into deep depression as a result. They have lost their sense of community. They've lost their sense of being part of a meaningful relationship with others. Pastors who have literally just given up their life's goal, their mission in life as a result of it. But yes, it has had a devastating effect on the entire— And that's reflected in the response since the lockdown has been lifted to people going back. People have just, in many cases, given up on the whole concept of community and being together and have drifted into other areas of interest.

[00:35:00]

But no, it's been devastating on the community at large and on the individuals to—to a serious degree, in many cases.

Shawn Buckley
And I'll stop you there, just because we're really short on time, unless there's any further council questions. So Dr. Mack, on behalf of the National Citizens Inquiry, I sincerely thank you for giving us this insight and testifying today and sharing with us your thoughts on the effect on the church.

Dr. Wesley Mack
Thank you so much. And may I just take a moment to congratulate the National Council on doing this inquiry.

We applaud you for your efforts in making this a national response to this. And thank you for allowing us to express our individual personal situations. This is very meaningful to us personally, but also to everyone nationally. Thank you for doing this.

Shawn Buckley
Thank you, Dr. Mack.

[00:36:12]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 12: Randy Banks
Full Day 2 Timestamp: 08:42:12–08:48:40
Source URL: https://rumble.com/v2fm8wq-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Good afternoon, Randy. Thanks so much for your patience. I'll ask you to state and spell your name for the record.

Randy Banks
It's Randy Banks, R-A-N-D-Y B-A-N-K-S.

Geneviève Eliany
Do you promise to tell the truth today?

Randy Banks
I do.

Geneviève Eliany
We're going to focus on only one aspect of your testimony. Could you tell us about how difficult it was to do your job and the poor service you felt you were giving, especially when you were ministering dying people?

Randy Banks
Okay, so likewise, I'm a pastor in a small midwestern Ontario rural church. And I was able to make quite a bit of identification with the previous speaker. However, we experienced this, I think, a little differently perhaps than in the city.

The main thing for me is I'm a pastoral caregiver. It's probably the strength of my ministry. And that was the ministry that suffered the most. And by pastoral ministry, I mean hospital visitation, long-term care visitation, home visits for people who are housebound. So that's what I mean by pastoral care and that's a strength area for me.

And essentially, for the longest time, I wasn't able to do it. I wasn't able to go in hospitals, wasn't able to go in retirement homes, long-term care facilities. And certainly, would go into very few homes unless I was absolutely invited to go into them because people were afraid to have anyone in their house, even their minister. So I really felt that that was the area that really suffered the most; and it really showed up especially in terms of dying and death.

I was allowed in for a couple of palliative patients for a very short time. But I certainly felt like I was an intruder—kind of in the way, it wasn't really necessary for me to be there. And then it also showed up especially at funerals. Funerals were also struck by capacity limits, whether they were inside or outside. As few as three at one funeral—outside. And at one point, 10 was the number the funerals were capped at no matter where they were being held.

And I just felt like there was no way I could minister to the quality that I had been used to as a pastoral caregiver in those situations. Some of them still haunt me very much. I feel like I couldn't do for the families what I wanted and needed to do for them. They got short-changed. And I don't know who cared that this was happening, but certainly I did. And there's no going back there, none of these things can be righted.

Some of these people were going to have celebration for life services afterwards, but it's stretched out for so long that most of them have given up on that now. It's been so long. So that's the main area that really hit me.

Geneviève Eliany
Can you tell the story of trying to minister the man—a dying man—through a window of a nursing home?

Randy Banks
Oh, yes. That was in June, thank goodness, because it was good weather—hot weather, but it was certainly not bitter cold and snowing. But at that particular home at that time, that was the only way that I could visit with this dying man, who was by that time unconscious. He wasn't conscious, but his wife was present in the room. And the window was open, so you could talk through the screen. And I think there was a couple of family members there as well. And I was trying to talk to her and pray through the screen. And I couldn't see him, only his feet at the end of the bed. And she was hard of hearing, so she wasn't really getting what I was saying. And I just felt like it was just an awful situation to be in and minister; I never envisaged anything being like that.

And he did die. And his funeral was one of those that only 10 people were allowed to be at.

Geneviève Eliany
In terms of a shift in attitude, you mentioned that your services are less prioritized now. How long could you spend in the hospital or in a care facility with a person before the pandemic? And how did that change during the pandemic?

Randy Banks
Oh, what an interesting question.

[00:05:00]

Because I've been saying to people lately— Now that I am allowed back in hospitals and retirement homes with testing and mask-wearing and so on, I've been saying to people, "I remember when I used to be able to walk up to this retirement home door or this hospital door"—well, not so much the hospital but retirement home—"and walk in like I owned the place." You could go there and talk to anyone, go from room to room, spend as long as I needed to or wanted to, as long as people wanted me to be there. Felt very welcome and not in the way.

And hospitals— Of course, I didn't quite have that attitude towards hospitals; I couldn't just walk in like I owned the place. But certainly, there was no limit of time in hospital and retirement home visits for me to be there. Because it was valued. The visit of a pastor was something that was valued and cared about.

Geneviève Eliany
Thank you so much. I'll turn it over to the commissioners to see if they have any questions. There are no questions.

Thank you so much for your patience today and for telling us about your experiences.

Randy Banks
You're welcome. Thank you.

[00:06:28]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 13: Meredith Klitzke
Full Day 2 Timestamp: 08:49:35–09:02:24
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Could you state and spell your name for the record, please?

Meredith Klitzke
My name is Meredith Klitzke, M-E-R-E-D-I-T-H K-L-I-T-Z-K-E.

Geneviève Eliany
Do you promise to tell the truth today?

Meredith Klitzke
I do.

Geneviève Eliany
I understand that you're suffering from a vaccine injury. Can you tell us about why you ultimately decided to accept the vaccine?

Meredith Klitzke
My initial thoughts on this were, "Absolutely not." My gut instinct told me not to do this. However, I was faced with a health concern at the time. I was faced with a possible diagnosis of multiple sclerosis. I had had an MRI and they found lesions on my brain.

So unfortunately, I was still watching mainstream media and listening to the press conferences. And having it drilled into my head on a day-to-day basis, if you're immuno-compromised, you're at such great risk. And of course, my thinking was going that way at that time. I reached out to my local health unit, I reached out to the MS Society, both of whom stressed beyond belief the importance that I go and do this.

I still wasn't convinced. And one day in June of 2021, I went to meet a woman who I had known since I was a teenager. I actually referred to her as my little mom. I met her for lunch on a patio and probably the second question out of her mouth was, "Have you got your second shot yet?" And I said to her, "I haven't got my first." You would have sworn I had told her I had the plague. She proceeded to berate me. She stated she couldn't believe that she was there with me, if her husband knew that she was there with me, that she wouldn't be able to see the grandkids. It was horrible. I asked her if she needed to leave. She said no. The lunch continued. The conversation mellowed. I ended up confiding in her what I was dealing with. And she proceeded to lay into me again how irresponsible it was. She stated that her son was a doctor, her sister was an ICU nurse. That doing this was so detrimental. I mean, this was a woman that I trusted and I knew for a very long time and ultimately, it made me question my own judgement.

So I made the appointment and I went. And I sent her a text message saying it was done. She asked me when the next appointment was. I told her it was scheduled for two months later. She said, "Oh, you can cancel that, they've made it so you can do it even quicker now." And I said, "No, thank you." I still at this point was not comfortable with the decision that I had made. I had even said to my husband on numerous occasions, "I don't think I'm going to go back."

And then I kept seeing the news and reading the tickers and just waiting— Because it was going to be months and months for a neurology appointment. And so I went. Ironically, it was on Friday the 13th of August of '21. I took the second shot and within two weeks everything changed.

In hindsight, I actually had problems after my first one, but I didn't put two and two together. I started to deal with the corners of my mouth cracking and pain in my hip. But it was the mouth that was bothersome. And I mean, I had to cut food into tiny little pieces because I couldn't open it. I thought, "Oh, we're just— We're outside in the sun and the wind and—" you know, dry, whatever. I made excuses. But then after the second shot, within two weeks, my lips swelled right up. They just started shedding layers of skin. I developed tremors on my left side and muscle spasms on my left side.

The inoculation essentially put me into menopause. And I'm now dealing with that—having to see a gynecologist on a regular basis. Because I went for a year being tested, had my hormones tested, stating I was post-menopausal, going from completely normal schedules, and now I'm also having breakthrough bleeding after 13 months. They don't know what's going on. I'm passing all sorts of bizarre clots and nobody can seem to tell me what's happening.

I still have to go for a nerve conduction test. That's been a four-month referral that I still haven't even got the appointment for yet.

[00:05:00]

Geneviève Eliany
How much weight did you lose as a result of the swelling in your mouth?

Meredith Klitzke
With the mouth, between my dentist and my family doctor, they're referring to it as Burning Mouth Syndrome. So it's like— Everything that I ate, it was like I was drinking

Tabasco sauce. Even yogurt. All I could do was suck on ice cubes in that first month. I lost 25 pounds. It was a few months before I could really ingest anything. It was awful. It still is.

Geneviève Eliany
How much have you spent approximately on treatment costs?

Meredith Klitzke
I am probably myself close to $10,000. And sadly, that's low compared to what some people have had to spend. I'm in a course— Sorry.

Geneviève Eliany
Oh no, that was just the chair moving. Please finish.

Meredith Klitzke
I'm in a course. One of the girls just stated the other day, she's close to $25,000. I know people who have had to sell their homes to try and care for themselves. So we get no assistance and the Vaccine Injury Support Program, which I've applied for, I heard from finally in January. And that's going to be a 12- to 18-month process, when and if you get approved.

Geneviève Eliany
What happened on the work front? Are you able to work?

Meredith Klitzke
I could probably do some part-time work. It's hard—I would probably be limited to home or something in very, very short shifts because the tremors and the spasms— You don't quite know when they're going to come, when they're going to happen. I also have periods of extreme exhaustion. They seem to be narrowed down to later in the afternoon but it varies.

Geneviève Eliany
You had a store, didn't you, that you closed? Can you tell us about the specialty store and when you closed it?

Meredith Klitzke
I had a boutique for 16 years. We mainly did bras and shapewear and swimwear. We did proper fittings. I actually carried a size range of 28 to 56, double A to N. And I'm also a certified mastectomy fitter.

I had decided prior to the pandemic— My husband had a really bad accident a number of years ago and it was very much of a struggle. And we decided we wanted to do something together. So I just decided in February of 2020 that it was going to be time to move on and I made the announcement that I was going to close the store. Then, of course, March 17th, I believe it was, we got shut down. And of course, that makes it very difficult to liquidate

inventory. So I'm still sitting on boxes of merchandise that I can't get rid of. I have it online; but, you know, you sell little bits and pieces here and there.

My husband and I had planned on getting into real estate and flipping homes. He's a contractor. And then the market went crazy and you're shut down. And then this happened and I don't know where I go from here.

Geneviève Eliany
Did you have any success filing an adverse event form?

Meredith Klitzke
I was able to get an AEFI [Adverse Event Following Immunization] form filled out. I have been one of the luckier ones, in that I'm maybe shooting at about 50 percent with doctors being— No, probably less than 50 percent, maybe 40 per cent of physicians that I'm dealing with that have been supportive.

My family doctor did fill out the AEFI form. It was submitted to Public Health. What I didn't realize was that just because your doctor fills out the Adverse Event from Immunization form does not necessarily mean that it's accepted. So even people that have had them filled out doesn't necessarily mean that they're reflected in Health Canada data. What happens is your AEFI form goes to your local medical officer of health. That medical officer of health then assesses your form and decides whether it is legitimate and whether it gets forwarded on to Ontario Public Health.

So a physician who has never met you, has never examined you, probably wouldn't know you to pass you on the street, is the one who decides your fate. I was able to confirm when I found that out because I wanted to know.

[00:10:00]

So I reached out to the Health Unit and the health nurse contacted me back. She said "Yes, it did get forwarded on." I said, "I would like written confirmation of that, please." So I did get an email stating the date on which it was received and the date that it was forwarded to Public Health [Exhibit TO-19a]. So it should be recorded in the government data. However, things appear to be removed periodically. So I have not followed up on that any further.

It's been hard. I mean, I know because I run in circles where I have met a number—and I would say into the hundreds—of injured people. I only know of one other person that has been able to successfully get one of these filled out. The Harvard Pilgrim study that ran in the early 2000s—that stated that only, on average, 1 per cent of vaccine adverse events are actually reported—I would say is very true. That's in my experience.

Geneviève Eliany
Thank you. That completes my questions. We'll see if the commissioners have any questions.

Commissioner DiGregorio
Thank you so much for sharing with us today. I just had one question about— When your AEFI form, I think you said, gets assessed by a local health officer before being forwarded on, were you spoken to by that officer as part of that process?

Meredith Klitzke
No, they have no contact with you whatsoever.

Commissioner DiGregorio
And you didn't receive any update on what the processing status was or when it was forwarded?

Meredith Klitzke
I have the email that states: "the AEFI report was received on the 5th of May 2022, reviewed by the Medical Officer of Health, completed, and filed with Public Health Ontario on the 9th of May 2022." I guess it was a four-day process. But no, they have not been in contact with me. The Health Unit has not been, the Medical Officer of Health has not been. As I said, I'm now dealing with the Vaccine Injury Support Program. They're in the process of gathering my medical records from what I understand, but it will be a 12- to 18-month process.

Commissioner DiGregorio
Thank you.

Geneviève Eliany
On behalf of the National Citizens Inquiry, thank you so much for sharing your story.

Meredith Klitzke
Thank you.

[00:12:48]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 14: Kimberly Snow
Full Day 2 Timestamp: 09:02:50–09:10:50
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
Kimberly, can you hear us?

Kimberly Snow
I can.

Geneviève Eliany
Great. Could you turn your video on, please?

Kimberly Snow
Oh, okay. There we are.

Geneviève Eliany
Thank you so much. Could you state and spell your name for the record, please?

Kimberly Snow
My name is Kimberly Snow, K-I-M-B-E-R-L-Y S-N-O-W.

Geneviève Eliany
Do you promise to tell the truth today?

Kimberly Snow
I do.

Geneviève Eliany
Thank you so much for your patience, I know we're quite behind. You worked at the management level of retail. Correct?

Kimberly Snow
That is correct

Geneviève Eliany
And can you tell us a little bit about your role at the corporate offices?

Kimberly Snow
I worked for TJX Canada. I held a director-level position overseeing the workplace services department for their head office in Canada.

Geneviève Eliany
Can you tell us about their vaccine mandate?

Kimberly Snow
Yes. So we, at the corporate office— I was working from home over a two-year period. And when the pandemic hit, everybody went home and we had to learn to work in a new way.

And it wasn't until, I would say, late 2021 that the U.S.—the corporate headquarters in Boston—started considering putting some kind of vaccine mandate in place. And in fact, they did by September of that year. And they were discussing whether they were going to do this in Canada. Based on the culture that TJX embodied— And that was one of the things I absolutely loved about this company, was the values that they held, the respect, the kindness and respect that they promoted. The education on diversity and inclusion in that company was, you know, something I'd never experienced in any other company before. And on the committees that I was sitting on and participating in, I started seeing that this was something that Canada was considering as well. They started discussing this at the leadership level. And I could see that it was heading in the same direction for Canada, that they were going to probably implement the vaccine mandate as well.

And, you know, they started taking surveys. I think they were trying to get a pulse from the employees to understand whether or not people were already vaccinated; if they were to put a mandate in place, how many people would actually get vaccinated; and then how many people, what percentage would be left that they would have to deal with as far as paying some kind of severance out.

It wasn't until a week before Christmas—in December 2021, I think it was—that they finally announced that they were putting this in place. And anyone that did not comply with the vaccine mandate by February 28, 2022 would be terminated. So there was time for us to look for jobs. But you still had that time period to make a decision and become vaccinated and you could still keep your job.

Geneviève Eliany
Can you tell us about your experience with your attempt to get a conscious belief exemption?

Kimberly Snow
Yeah. So, you know, they did allow us the opportunity to provide an exemption. For me, it was a conscious belief exemption that I wanted to apply for. I had been working with the people in HR for many years—for the six years that I had been there. And then all of a sudden, I had to sit through questioning from my colleagues based on criteria that this company had set to determine whether the beliefs that I had in place fell in line with the criteria that they had identified to satisfy the requirements to remain at the company to keep my job—you know, whether my beliefs fell in line.

And I had conversations; I had emails back and forth. I was very open in communicating that I was not in agreement with what they were doing. And I had to go back and give them some kind of background on my beliefs and sort of prove that I was not in agreement with vaccinations.

I had stopped vaccinating my daughter when she was younger. I had to get exemptions for her to go to school.

[00:05:00]

And I had to provide all of this evidence to them. And it didn't help, they didn't— I was still denied. I'm not aware of anyone that submitted any kind of exemption, whether it was for medical or conscious belief or religious or anything. There was no one in that I was aware of that was approved for the exemption at all.

Geneviève Eliany
And to make matters worse, it was people that you worked closely with who questioned you, right?

Kimberly Snow
It was humiliating. You know, you're working with these people in a professional manner. And they're questioning the validity of your beliefs. And you're trying to explain to them something very personal about what you believe, things that I hadn't shared with these people. And of course, it wasn't necessary. But I had to come forward and try to justify that the beliefs that I had were valid and should qualify for this exemption, of which they did not approve. But it was a very humiliating process.

Geneviève Eliany
Were you ever called back after your termination once the mandate ended?

Kimberly Snow
No. No, I was not.

Geneviève Eliany
It's curious because retail of course didn't have the shopping passes, or the vaccine passports to enter the store to shop. So the office—the corporate staff, as you're explaining it—had to be vaccinated. But unvaccinated shoppers were welcome to attend the stores.

Kimberly Snow
And in fact, when they did put the mandate in place for the corporate office, it was a requirement for the corporate office and management level only. There was no requirement for store employees. In the 500-plus stores we had across Canada, there was no requirement for the store employees, unless you were in management, to be vaccinated. The vaccine mandate did not apply to them, nor did it apply to the distribution centres that handled the merchandise and processed the merchandise—except for management. There were thousands and thousands of employees that worked at these distribution centres. It did not apply to them. I mean, that was so illogical.

Geneviève Eliany
Yeah, it makes no sense. That completes my questions. We'll see if the commissioners have any questions for you.

Kimberly Snow
Thank you.

Geneviève Eliany
They're shaking their heads. Thank you so much for sharing your story with the National Citizens Inquiry.

Kimberly Snow
Thank you so much.

[00:08:00]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 15: Greg Hill
Full Day 2 Timestamp: 09:10:58–09:33:37
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Geneviève Eliany
The next witness is Greg Hill. Great. Thank you for joining us and for your patience today. Could you state and spell your name for the record please?

Greg Hill
Greg Hill. G-R-E-G H-I-L-L

Geneviève Eliany
Do you promise to tell the truth today?

Greg Hill
I do.

Geneviève Eliany
Can you tell us a bit about your career, your profession, and explain what Free to Fly is?

Greg Hill
Sure, well thanks for having me on. It's an honour to be here with so many other courageous Canadians that have stepped up over the past couple of years.

I started my flying career in the military. I spent 20 years in the regular force and then roughly another 12 years in the reserves. That enabled me to see all sorts of parts of the world, oftentimes not at its best. But I did get deployed all over the place, including several tours to Afghanistan. And then I started with the airlines back in 2006. And I've been there ever since, aside from a year where I did not work due to the vaccine mandate. I assumed that would probably be the end of my career. But since the mandate was suspended last June, I've been back working since roughly September of last year.

So Free to Fly, I won't get into too much detail with it. But as we saw, the government started to talk—make noise about a vaccine mandate. I assumed it would probably be coming for aviation first of all, just given the nature of our travels about the world and otherwise. So it started with a handful of pilots and then morphed into— Now it's over 40,000 aviation professionals and passengers. Many of those are disaffected passengers that were unable to travel during the period of that vaccine passport.

And so we continue our work advocating for both the freedom to fly, of course, but also the freedoms more broadly of every Canadian coast to coast, as well as for safety within the aviation sector.

Geneviève Eliany
Can you tell us a bit about the health standards and the safety obsession of airlines before COVID?

Greg Hill
Sure. Aviation went through a difficult period, I would say, back in the '70s primarily. I won't get into all the nitty-gritty of it. Those of you who are familiar with aviation will know some of the details. But it went through a spate of crashes and otherwise—a lot of that coming out of just the way that we were operating. People in multi-crew aircraft acting like single pilots; single pilot commanders ignoring others in the flight deck. Things like attention-tunnelling, excessive professional courtesy, something we talk about where there's so much deference to those in authority—being the captain, typically—that people won't even speak up when things are going sideways. Overconfidence, et cetera, et cetera.

So the sector completely changed the way they did business through things like crew resource management, communication, enabling an environment where you could ask questions, where you could speak up when things were going sideways.

So that evolved and expanded into things like what we call SMS, which is safety management system. And that's become really a gold standard globally. And in their own words, it ensures the effectiveness of safety risk control. So it's an environment where you can identify hazard; you can report on that. It encourages input and response from those in positions of authority.

So even here in this country, we've got statements from some of our major airlines, one of which states: "For over 25 years, our culture has put safety at the forefront of every decision we make, and we're proud to continue that legacy." Another airline: "Safety first, always. In partnership with our employees, we'll conduct business in a manner that ensures the health and safety of employees, customers, the general public," on and on, "meeting our obligations under all applicable regulations."

So that's the industry as a whole. And then when we bring it down kind of to the grassroots—as far as pilots go, there's numerous things that have been in place, really, for decades. So when it comes to things like medicine: As pilots, when we fly in a crew environment, just to give you maybe some context, we're not even supposed to consume the same meal in flight for fear of—if the fish is bad—ending up incapacitated in flight. Or even over-the-counter medication when it comes to things like cold and flu and otherwise, we're supposed to check with a doctor before we do that.

Or on Transport Canada's website, there's been a statement that's been there for a very long time that said, "Medical trials are not compatible with aviation medical certification." So that's been there.

[00:05:00]

And as far as our health on an ongoing basis, for decades, it has been in the Canadian Air Regulations section 404 that pilots are required annually to have a medical, or, if you're over a certain age—it used to be 40, now it's 60—every six months an in-person medical, which includes an ECG [electrocardiogram]. So that's a little bit of context. Obviously, it's not the full picture, but that gives you a baseline of where I would say we used to be.

Geneviève Eliany
What happened during the pandemic? Let's start with the medicals. How did the frequency of those medicals change?

Greg Hill
Well as far as the medicals go, when COVID hit, initially you had people that were starting to expire on their medicals. So initially, it was that they would extend the expiry date. Which, it's the cliche that we all say, "Well, you know, it made sense at the time. It was a confusing environment. We weren't too sure what to do." So that was the way it went for much of 2020.

And then as we moved into 2021, they brought about telemedicals, essentially. And so they exempted pilots from that section of the Canadian Air Regulations, enabling them to do two telemedicals in a row. So that means that you've got an ability for people to go 36 months without doing an in-person medical at all, including an ECG or otherwise.

There's been a fair bit of noise made about some of the things that are happening in the States with ECGs and the parameters widening. But I like to point out—well I don't like to point out, but I do point out—that here in Canada, unfortunately, during this COVID era, we pushed it to a worse scenario where we're not even required. And this was during the season when much of the nation had gone back to at least some semblance of normalcy, where you could go and sit and watch a Leafs game with 20,000 people—which I think is fantastic—but you weren't able to go and sit in a clean and quiet airline office with your doctor and make sure you're healthy. So I don't want to go on and on about that point. That's certainly one piece of it and I can speak to where we're at with that now, which I think is important as well.

But during the actual— I would call it during the "mandate era," we saw all sorts of things happen that were of great concern. And we tried to approach that as the calm professionals that we like to be as pilots, where we mainly are looking to mitigate risk and get people from point A to point B in a safe and calm manner.

Geneviève Eliany
How were your concerns received by Transport Canada and unions and airline management?

Greg Hill
Right. Well, stepping back to what I just said, we tried to approach this as professionally as possible. We wanted to ask good questions. We wanted to think ahead. We wanted to seek to mitigate risk. So we partnered at one point with the Canadian COVID Care Alliance, because I know as much about medicine and vaccines as some of these scientists would know about flying an instrument approach in an airline. And so we sought to bring in their expertise. So they very kindly prepared a document. We sat down and talked to them. And they said very clearly, "Of any profession in the country, flight crew are probably the ones we're concerned about the most. Because you fly in a unique environment. You sit for long, long periods of time, which elevates some of these vascular and cardio type of risks."

So we put together a document so that we weren't just sitting down and talking to our managers or otherwise from what we gleaned ourselves on the internet, although I think there's plenty of good information out there. But we presented this document to a couple of the largest pilot unions in the nation, a couple of the largest airlines in the nation. And here we are a couple years later, and I still haven't heard anything back as far as this goes.

It really— And I'm sure you've heard this repeatedly as you've done all sorts of conversations along these lines: there wasn't a willingness to listen. But the concern within the aviation environment is— One of the analogies I like to use is, we try to approach it the same way that we fly airplanes. So we queried, for instance, Transport Canada. We started talking about, "What happens if I lose my license?" Because if a pilot loses his ability to fly with his medical, it's essentially the end of his career. So myself and a couple others started asking, "What happens?" And the answer, to make a long story short was, "Well, you're at risk of COVID far more than you are from these vaccines." To which I said, "Well, based on what long-term studies?" Because it's been very clear—and this is from the manufacturer's own FDA [Food and Drug Administration] briefings—that there was no proof of any help as far as transmission.

[00:10:00]

That the long-term studies had not been done. And then people started asking about this line that I'd mentioned, about not participating in medical trials.

When we asked these questions, which was during the week of the 13th of July 2021, that statement had been on the internet for years and years. The very next week, if you use the Wayback Machine, it simply disappeared. There was a ton of activity on that particular page. And that inconvenient truth, to summon a little Al Gore, was simply removed. Which is greatly concerning. We have never in aviation simply ignored difficult circumstance.

This was when I pushed back with my managers and said, "If I was flying an airplane and I was running a little bit late, and I ran up to the aircraft, and I said, 'Listen, the risk of a catastrophic engine failure on takeoff is sub, sub, sub 1 per cent'"—because it is—"'so I'm not going to do a walk around; I'm not going to check the maintenance records; I'm not going to program the aircraft or brief. I've done this a bunch of times; I'm quite confident that we're safe,' and I just took off, it would very quickly be the end of my career."

And yet those within the aviation community— And it's not just my managers, I push this all the way back up to Transport Canada because these were the questions that were being asked. The statement was, basically, "It's safe and effective. Just get it." And the option was you either get it or you lose your job, similar to many others.

Stepping back to what I was talking about in the '70s, where we were crashing airplanes planes for operating in ways that were reckless and not really investigating, this was even some of the same sort of concerns. There's sort of a radical statement in aviation that if you start querying the guy you're flying with and things are starting to go sideways, it just seems like he's not listening, you say, "This is stupid!" to try and get their attention. And this was really what we were trying to do. But at the end of the day, it wasn't listened to.

And the part that I think was particularly frustrating for many of my colleagues as well is that, throughout this era, the airlines had put in writing, "Testing is an excellent option to keep you and your colleagues safe." Some of our guys and gals were flying back and forth to China and other places picking up PPE and otherwise. And they were told—along with the travelling public—and I do think it's true: "The risk of transmission is exceedingly low. It's very rare to contract COVID while flying. Keep flying, there's no need to quarantine or otherwise." And then, when the mandate came out, suddenly we were such a dire risk to our colleagues that when we had to turn back in our passes and our iPads and otherwise, when we were put out of work and expecting to be terminated, we weren't even allowed to walk in the building to truck them off. We had to leave them either curbside or mail them in. So there's a level of hypocrisy as well as just a complete decoupling of common sense from policy.

Geneviève Eliany
I understand that you've had a number of calls with pilots who are likely vaccine-injured. Can you tell us a bit about those calls?

Greg Hill
Right. So I guess this is where we are at this point. We're in what I would call the "post-mandate era." Some of us are back to work, there's others who did not get their job back. But as you mentioned, I personally first-hand spent hours on the phone with vaccine-injured Canadian airline pilots. Just based on my role, they feel comfortable calling and talking to me. They don't feel so comfortable raising their hand in other means because, again, that medical is the tenuous thread that keeps you in an airplane.

Some of these are more minor on the spectrum. Again, I'm not a doctor to speak to where they fall on the spectrum exactly, but things from issues with vision to hearing, you know, to feelings of paralysis in different parts of your body, to what seem to be symptomatic of something like myocarditis, chest pains, and otherwise.

And so we've tried to be very vocal with this but we've tried to do it in a way that's collaborative as well. And I brokered a coalition with a number of other groups similar to Free to Fly in the U.S., Australia, the U.K., Germany, Switzerland, various spots in Europe. And we put our signatures on a letter we sent to Transport Canada. We just said, "Listen, we want the safety of the travelling public. We want to collaborate with you." So we asked questions as far as: What was done to determine the safety and efficacy of these prior to rolling out the mandate? Are you tracking things like adverse reactions amongst crew? Are you tracking how many planes were flying around single-pilot versus multi-crew?

We sent that letter. We waited maybe a month. I think a month and a half. We sent a follow-up.

[00:15:00]

It was over three months before Mr. Algahabra finally responded with a collection of speaking points, essentially saying, "Health Canada has approved these vaccines. They're safe and effective." And that was really as far as it went. So concerning for sure because the role of an organization like Transport Canada is to ensure the safety of the travelling public. And it does not appear that this is where we're at.

When we talk about things like vaccine injury amongst flight crew, and this is pilots as well as flight attendants. You can go online and look this up in something called the CADORS: the Civil Aviation Daily Occurrence Reporting System. So it's not me that's picking it off the internet or otherwise, you can go and read the reports yourself. And pilot incapacitation has been an issue for years and years, but of course we're concerned about where we're going with these jabs.

So I like to be solution-focused. And then the concern here, stepping back to what you'd asked earlier, is: What can we do about this? What we can do? And the only backstop is properly screening pilots before they go flying or as part of their annual medicals. And I think this should go further, as far as things like D-dimer tests or even cardiac MRIs, which may be a pipe dream here in Canada. But instead, where we're at now is Transport Canada just recently, March the 1st, unbelievably—and we're the only nation I know of (and I've checked) globally that's doing this—has now allowed telemedical to continue until 2025. A pilot can go—again—up to 36 months, the third medical they do have to do in-person, without doing an in-person medical.

And sadly, two weeks after they did that the Transportation Safety Board, which is an independent organization, put out an accident report that happened in late 2021. A gentleman flying a private aircraft sadly crashed in Alberta. And it was determined that he'd had a heart attack as part of that crash. Now, the interesting and tragic part of all of that is the fact that he was an airline transport pilot, he was a commercial pilot. And he had attested his health earlier in the year.

And this is the thing: the justification now is flexibility. But we have never in aviation set flexibility on top of safety. We have preached against it for years and years. You're told not to do things like "get-home-it is," which is a word for, "it's the last leg of being on the road for four days and you start rushing and forgetting things." Safety always is paramount. And yet here we are permitting this telemedical business to continue.

So I feel it's important— Not to keep hammering the same point over and over again but in order to be solution-focused, I think we've got to figure out, what do we do about it? We've got to screen people properly. And yet here we are with this past three years. And you and I have just discussed a trajectory of sorts where we started with one thing, and you would have thought, by 2023, when we're at least ostensibly trying to get society back to some sense of normalcy—

We're continuing with policies that are antithetical to everything we stand for in aviation. And so you have to ask yourself: What is really going on at the policy level with a lot of this?

Geneviève Eliany
Thank you. That completes my questions and I'll see if the commissioners have any questions for you. There is one.

Commissioner Massie
Well, thank you very much for your very interesting testimony. I was wondering about the testing of the pilots. I think it makes sense that you would want to do in-person medical exams. What would be the consequences for pilots that undergo such an exam, would have conditions that would prevent them from further working as pilots because of disability that would disqualify them? What would be the consequence for them and for the— I guess, the vaccine mandate that actually put them in that situation?

Greg Hill
Well thanks for the question. The issue with all of this, and it's not unique to aviation of course, is trying to prove causality. And unless you baseline your health before taking the jab, which I know a few people have done, it's difficult to prove that causality. Now, I know that sounds a little bit—

[00:20:00]

I mean, we're all seeing massive amounts of things happening that we have not seen in the past. So it's very difficult with a straight face to try and claim that this is just a normal circumstance.

The unique thing, again like I said, with a pilot, is that— And pre-COVID, typically if you'd gone into your annual medical and said, "You know, Doc, I'm getting chest pains once or twice a week during the evenings," you'd be grounded pretty quickly while they at least investigated that. But folks that I've talked to have raised some concerns and they've really had to push to go and do things, like stress tests to try and— And when you've got a pilot that's essentially seeking to ground himself, you're living in an upside-down world, at least as far as aviation goes. Because it's very difficult to keep men and women who are passionate about flying out of an airplane. And particularly when their ability to pay their mortgage or otherwise is attached to it.

I'm not sure if that answers your question. But the long and short of it is— And if you go and read something like the civil aviation medical examiners' handbook, there's guidance there for the Transport Canada doctors. It says quite clearly that it's difficult sometimes to get pilots to be honest about their health. It's kind of laughable to read it because it says very clearly, "you're the last line of defence here with making sure these men and women are safe getting in an airplane." Because they're oftentimes not going to be super honest because they want to keep flying. Which again is an argument for ensuring that they are in an office and not doing a subjective, "I feel fine."

We have to go in a simulator at least two or three times a year to essentially make sure we're competent to fly an aircraft. And I said to managers and otherwise, "Why are we allowing what we're allowing with telemedicine?" I can't just phone in and say, "I'm a great pilot. If I lose an engine on takeoff, I can assure you 100 per cent it's going to go super well.'" I have to get in a simulator and prove that with my hands and my feet. And when it comes to the health aspect, I don't think we should be attesting to how we feel either. I think we should be ensuring that we've got that backstop for safety.

Commissioner Massie
Thank you very much.

Geneviève Eliany
Thank you so much for your testimony and all the work that you're doing with Free to Fly Canada. Have a great evening.

Greg Hill
Thanks so much for having me.

[00:22.39]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 2**

March 31, 2023

EVIDENCE

Witness 16: Ksenia Usenko
Full Day 2 Timestamp: 09:33:58–09:50:47
Source URL: https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html

[00:00:00]

Shawn Buckley
Hello, Ksenia, how are you?

Ksenia Usenko
I'm good. How are you?

Shawn Buckley
I am well. Can I ask you to please state your full name for the record, spelling your first and last name for the record.

Ksenia Usenko
My name is Ksenia Usenko. First name is spelled K-S-E-N-I-A. Last name U-S-E-N-K-O.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth today?

Ksenia Usenko
Yes, I do.

Shawn Buckley
Now, you have been basically, a nurse for 15 years.

Ksenia Usenko
Yes, yes. I've been a nurse for 15 years.

Shawn Buckley
And you worked on a rehabilitation unit?

Ksenia Usenko
Yes.

Shawn Buckley
Now, when we started introducing the vaccines, I think that was in January of 2021, did you see any changes in the rehabilitation unit?

Ksenia Usenko
Not right away. But a little bit later I started seeing some trends in patient population and their conditions. They were somewhat— If you look back on when they got their vaccines, it seemed that it was pretty recent for some of the patients.

Shawn Buckley
And what were some of the changes that you were seeing?

Ksenia Usenko
I have seen some families, actually one family who within, I believe it was three to four weeks after their second vaccination, both of them were septic. And I know it could be coincidental. The major one that I've noticed was thrombocytopenia, which is low platelet count on the majority of patients that have been vaccinated that I've seen.

Shawn Buckley
Right. So just so I understand. So when you say a lot of patients, how many patients would you—are we talking about?

Ksenia Usenko
So normally we would have four to five patients during the day shift and about six patients—six to seven depending how many staff members are present—in the evening. And at night it would be eight—

Shawn Buckley
Right. But I guess I'm trying to find out, when you're talking about a low platelet count, how many patients are we talking about?

Ksenia Usenko
Altogether?

Shawn Buckley
Yes.

Ksenia Usenko
I have not counted. But I think the majority of my patients that I had during that period, their platelets were low. And for people who had surgeries, could be related to that. But a lot of them were significantly lower than what I've normally seen.

Shawn Buckley
Okay. And when you say a low platelet count, that's a low white blood cell count?

Ksenia Usenko
Yes. That's responsible for coagulation, one of the cells.

Shawn Buckley
Now, you came across an unusual blood clot in a couple of patients. Can you tell us about that?

Ksenia Usenko
This was significant for me because I've never seen that before. Out of five patients that I had, two of them had blood clots. One person had a blood clot in her arm, the other person in his foot. And none of them had—normally you would see it, well, it's a rare appearance. Even in surgical patients. But both of those patients did not have any surgeries prior, so they were more medical patients.

Shawn Buckley
Okay. And were you aware of their vaccination status?

Ksenia Usenko
Both of them were recently vaccinated.

Shawn Buckley
Okay. And you had never seen that before.

Ksenia Usenko
No. The only time I've seen somebody getting the clots spontaneously—well, somewhat spontaneously—is a person who was a smoker and was on birth control at the same time. And I've only seen it once.

Shawn Buckley
Now, you made a decision about vaccination.

Ksenia Usenko
Mm-hmm.

Shawn Buckley
And what was that decision?

Ksenia Usenko
I wanted to wait and see. And then after seeing all of these health concerns, I decided not to get it.

Shawn Buckley
Now, were you treated differently at the hospital?

Ksenia Usenko
If I would bring up what I'm seeing with my eyes in the conversation, some of my colleagues would just leave the conversation. They didn't want to hear it.

Shawn Buckley
They'd literally leave the conversation.

Ksenia Usenko
Sometimes, yes.

Shawn Buckley
Okay. Did you have to do any different testing or were there any other requirements for you to continue working?

Ksenia Usenko
Yes, I had to do the antigen test once a week. And I can't remember exactly when I started, I want to say it was September 2021, until I was terminated.

[00:05:00]

Shawn Buckley
Okay. And that termination, when did that happen?

Ksenia Usenko
On November 3rd, 2021.

Shawn Buckley
Okay. Now before that, did you have to go through some mandatory education on vaccination?

Ksenia Usenko
We had an online sort of video with information to make an informed decision about vaccines for ourselves. And this was for all the healthcare professionals who were either not showing their status of vaccination or people who already showed their status. And I actually brought a picture of it. And on one of the slides, it stated that it's 100 per cent effective at preventing hospitalization and death from COVID-19.

Shawn Buckley
So just wait a second. I want that to sink in for people. So you're telling us this is the hospital requiring you to go through an education program.

Ksenia Usenko
Yes.

Shawn Buckley
And the object is to help you make a decision on whether or not you want to get vaccinated.

Ksenia Usenko
Yes.

Shawn Buckley
And one of the slides—and you brought a picture—says that the vaccine is 100 per cent protective, basically preventing death and hospitalization.

Ksenia Usenko
Yes. That's what it states.

Shawn Buckley
And you can leave that with us, so that we can enter it as part of the record today?

Ksenia Usenko
Sure [Exhibit TO-25].

Shawn Buckley
Okay, thank you. And I'm sorry to interrupt you, but I just found that so important. Did you also have to sign something when you were taking that course?

Ksenia Usenko
At the end of it, I had to sign—it's kind of like a declaration of your vaccine status. So to show that even though you got the information, maybe you changed your mind to go and get the vaccine. Or if you didn't change your mind, you just declared that you, at this point, still declined it.

Shawn Buckley
Now, did the hospital also communicate to you by way of email concerning whether or not you should be vaccinated?

Ksenia Usenko
There was multiple emails. And I'm not sure if it went to everybody who worked in the hospital or just targeting the people who have not specified their status. But I received multiple emails from the director of occupational health in the hospital, asking to show them what your status is. I just didn't reply.

Shawn Buckley
Now, you've already told us you were terminated. But can you tell us basically how that came about? How did they go about doing this?

Ksenia Usenko
Well, there was emails stating that if you don't declare your status or if you decline the vaccine or unless you have an exemption, you would have to—you would be terminated. So there's been multiple emails warning you about it. And I just couldn't believe that it's actually possible, that they actually are going to go this far to do it. In my heart, I just thought it can't be possible. Number one, we don't know enough about this product. What I'm seeing— From what I observed, there's clearly problems. I also couldn't believe that, knowing what biomedical ethics state about informed consent, this would be a decision-maker for your employment. And to this day, it still haunts me that they actually went ahead and did it.

Shawn Buckley
Now when they terminated you, what were the reasons that they gave for your termination?

Ksenia Usenko
The reasons for termination was— There was three. But the one that really kind of put into perspective of who I was as a nurse, the word, "disobedience."

Shawn Buckley
I'm sorry?

Ksenia Usenko
The word "disobedience." That's stated on my termination letter.

Shawn Buckley
Right. Did they also indicate something about whether or not it was professional misconduct?

Ksenia Usenko
Yes, they put that there as well.

Shawn Buckley
Okay, so I just want to understand. Here you had worked actually for that employer for 14 years, am I correct?

Ksenia Usenko
Yes.

Shawn Buckley
And the only issue is you chose not to take a vaccine.

Ksenia Usenko
Correct.

Shawn Buckley
And on your termination letter, they called you disobedient.

Ksenia Usenko
Correct.

Shawn Buckley
And they stated explicitly that you were guilty of professional misconduct.

Ksenia Usenko
Yeah. That's correct.

[00:10:00]

Shawn Buckley
So whether or not you take a medical treatment is now an issue of professional misconduct for nurses?

Ksenia Usenko
It appears so, yeah.

Shawn Buckley
Okay. How did this make you feel? And I'm sorry that—

Ksenia Usenko
I feel—and I stated that on my termination meeting—I feel dehumanized.

You know, I immigrated to Canada for a better life. And I wanted to help people and I still do, with all my heart. And to have somebody tell me that I'm just disobedient because I refuse something that is still under research? At the time, when I received this education, I actually had a patient who had two vaccines, went to ICU for COVID-19, and was recovering after being at ICU and had multitude of different problems in his health. He would probably never be the same. And he was fully vaccinated.

So to state that it's 100 per cent effective, I just couldn't believe it. I saw it with my eyes that it's not true.

Shawn Buckley
Now you were telling us about some changes that happened after vaccination. Would it be fair to say that you were having concerns that there were adverse reactions occurring, that were showing up at the hospital?

Ksenia Usenko
In my opinion, yes.

Shawn Buckley
And did the hospital know how to report adverse vaccine effects?

Ksenia Usenko
Well, I made sure that on that floor, we had those forms. At the time, I was a safety rep. But during my meeting of termination, I asked them how come there was no education on those forms: the Adverse Event Following Immunization Forms. And I had to repeat that question three times. Because the panel that was terminating me, they didn't know what I was talking about.

Shawn Buckley
They weren't even aware that there was a form to report adverse vaccine effects.

Ksenia Usenko
Correct.

Shawn Buckley
And who was on that panel, like, what were their qualifications or positions?

Ksenia Usenko
One person was human resources; the second person was my manager, who was an occupational therapist; and the third person was a union representative.

Shawn Buckley
Now, having had this experience—so seeing things at the hospital and having to go through this course and be getting emails and being treated differently and then being fired—what was the effect on you of these actions?

Ksenia Usenko
It's still affecting me, as you can see. It breaks my heart that it's possible in—in any country. It affected my relationships, even with some family members.

It's just sad. It's heartbreaking to know that this is possible in such a developed country, and for a product that we still don't know enough about.

Shawn Buckley
If this ever happened again, what do you think we should do differently?

Ksenia Usenko
I think we should do what we did with the flu. We opened extra units. We had extra staff, and we, you know, tested people and made sure that they got the help they needed with all the resources that are available. And I don't— Maybe take more precautions around more vulnerable people who are susceptible to this particular illness.

[00:15:00]

I don't know. There's many things that could have been prevented. And hearing all the people speaking here today and I've been watching the ones you did in the Maritimes. And, you know, all this harm and suffering would have been avoided. Well, maybe not all, but at least some. So yeah.

Shawn Buckley
Well, Ksenia, I don't have any further questions for you. I'll ask if the commissioners do. And they do.

Commissioner Drysdale
I just wanted a little clarification on a point. When you said they terminated you and they put on your termination notice, professional misconduct was one of the items?

Ksenia Usenko
Yeah.

Commissioner Drysdale
Did the nursing association not approach you and ask you anything about that?

Ksenia Usenko
Not yet.

Commissioner Drysdale
Sorry?

Ksenia Usenko
Not yet.

Commissioner Drysdale
Do you expect them to?

Ksenia Usenko
We'll see. Time will show.

Commissioner Drysdale
Thank you.

Shawn Buckley
Thank you, Ksenia. We don't have any further questions. But on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming to testify. And if you can leave me that document you have where you basically have a photo of them claiming that the vaccine was 100 per cent effective in preventing deaths and hospitalizations, we'd like to make that part of our record.

Ksenia Usenko
Yep. Thank you. And thank you all for doing what you're doing.

[00:16:49]

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Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

EVIDENCE
TORONTO HEARINGS

Toronto, Ontario, Canada
March 30 to April 1, 2023

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 01:11:21–01:35:11
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. For those watching us live online, we apologize that we're a little behind today. We had some exhibits that we had to get arranged for one of our early witnesses.

We welcome everyone back to the final day of our Toronto hearings. Commissioners, my name is Buckley, initial S. I am attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie.

Before I give my opening remarks I'd just like, for those online, just to share quickly about the National Citizens Inquiry: We are a citizen-organized, a citizen-run, a citizen-funded initiative. We don't have a single large donor. We're doing this all on our own, almost exclusively by volunteers that are attending and participating to make this happen.

And what we want is to start a national dialogue. We want basically the entire nation to share with us in this experience of hearing each other's stories and, through hearing each other and understanding each other, coming together again. Because we've become a very divided nation. We also want to learn from this—learn what happened in a fair and impartial way. And we want to know how to do things better. We anticipate that this will be a tremendously useful experience for us as a nation going forward and we're very proud of what we're doing.

I will ask that you go to our website, National Citizens Inquiry. We have a petition. Please sign it so that you become part of the group that is endorsing this project. And we also ask that you please donate. As I say, we don't have a single large donor. This is all done by donations from people like yourself. And to keep this important initiative going, we need your donations. Now, I'll switch to my opening comments before we start calling witnesses.

Yesterday, I had spoken a little bit about some tactics that are used to influence and control us. And I cautioned you that if you ever start feeling very strong emotions on any topic, that you need to be careful, that likely your mind is closed, which only affects you. It means

you're totally captured if your mind is not open to new information and new ideas so that you can reconsider your position—not necessarily change your position.

Today, I want to talk about perhaps the most important way that populations are manipulated and controlled. And that is when we are manipulated into giving up our personal responsibility for our actions. Now, everyone has a sense of right and wrong: every single person in this room, every single person watching. When I was preparing this morning for this address, I was thinking of C.S. Lewis's book *Mere Christianity*, where at the beginning, he's making the case for the existence of God. One of his points is that every single religion, every single culture, has a moral code. And when you compare them, they are strikingly similar or identical, which is a curious thing. With all the different cultures and all the different religions that, in effect, we have the same moral code. We know right from wrong. Now, that can be used against us.

For instance, we are social creatures. One of the things we fear the most is being excluded from our tribe. I mean, in my age cohort—it might have been different for younger generations—

[00:05:00]

we all remember in gym class when they were picking the teams. You didn't want to be picked last because you would feel shameful. We want to have a nice car, a nice house, so that we appear successful and worthy to our peers. This need for social approval is one of the strongest drivers in our lives.

So one of the most terrible things we can do to a person is to shame them publicly. I consider that in most cases to be an act of violence, although you're not actually hitting people. And so right now, especially online, we live in a culture of social shaming. We have this cancel culture where we're so willing to viciously attack people online. But understand we do that because of our sense of right and wrong being turned against us. We will attack somebody because they're wrong. They're morally wrong.

Do you recall the testimony of Tom Marazzo yesterday? So he gets this email from the dean to about 200-plus faculty members informing him and everyone else that these vaccine mandates are coming down. And he responds to this email. And we have it as an exhibit where he's basically explaining, you know, there's some legal problems with this and some other considerations. And perhaps, you know, others should join with me in a conversation about this. And then, one by one, people started, "reply all," "please take me off your email list." And after this went on for a little bit of time, one person piped in and said, "Can you guys just reply directly to Tom so that I don't have to get all of your emails? You're filling up my email box." And somebody else chimed in and said, "No, we need to do this publicly to shame him." And then, one by one, they're all asking him to take them off his email list.

That was an act of social shaming because these people believed they were doing right. Now you're never doing right when you're committing an act of hatred. This is done out of hatred and spite. And I view that as a violent act. And those of us listening to Mr. Marazzo yesterday would agree. But I'm using it as an example of how this sense of right and wrong can be turned against us. And we are capable of being manipulated into doing unspeakable evil.

And again, I just prepared this this morning after I woke up. But the examples that came to mind were Rwanda—the genocide in Rwanda. And I mean, that happened in our lifetime. And it is unspeakably evil what happened. Nazi Germany is one that easily comes to mind.

It was unspeakably evil what happened. What about Stalinist Russia, these terror states? Or East Germany at its worst, where once the Stasi files were opened, people were shocked at which friends and family members were reporting them to the secret police. And these people were all manipulated into believing they were doing right.

Now understand that the terror states, the police states, the unspeakable evil that happens: it all depends on your cooperation. The leaders are few. The leaders can't do this. The leaders cannot conduct a police state. It all depends on your cooperation.

Now I'm going to say something really important, and you need to remember it if you're going to have any chance of being free going forward. And what that is, is that you need to understand that you—you are the police state. Let me say that again. You are the police state.

[00:10:00]

There can be no police state without your cooperation. And we become the police state because individually, we give up responsibility. We give up our personal responsibility for what we do, for our actions. And it's a well-known concept for those that want to manipulate us.

When I was trying to think of examples this morning, Dostoyevsky came to mind. In his novel, *The Brothers Karamazov*, there's a section with the Grand Inquisitor where Jesus has come back during the time of the Spanish Inquisition and he's having a conversation with the Grand Inquisitor. And the concept comes up that if you can take away from citizens their personal responsibility, you can get them to do anything for you.

A really good example of that is— There's a well-known lecture given by Himmler, the head of the SS. I believe it was before the Night of the Long Knives, to encourage the troops to go and do what he wanted them to do, which was to murder a whole bunch of people. And he literally said to them, "It's not you pulling the trigger, it's me." He was taking away their personal responsibility for the acts that they were being asked to go and commit. And you see, he understood. If he took the responsibility for what they were doing, they would do unspeakable acts that they would not do if they were taking personal responsibility.

It's why in the Nuremberg trials, we had to establish the legal principle that following orders is not an excuse for torture and murder, because we are psychologically wired to do unspeakable things if we are not personally responsible for what we are doing. So if they can take away your personal responsibility, you are controlled.

And we are. In Canada, we are doing unspeakable things. I've already brought up Tom **Marazzo in this email shaming that we heard yesterday. What about the video that he showed us about the police pulling veterans? Wounded and decorated veterans, who are telling the police, "We are not acting violently, but we're standing here." As they were legally entitled to do. And we watched one of them basically being pushed to the ground and kicked by the police. And we're allowing this to happen.**

What about Mr. Palmer, who testified about the media? He basically told us that the CBC is engaged in propaganda. That the CBC is engaged in deliberately manipulating us to accept vaccines, to basically take a medical treatment that is turning out to be tremendously dangerous. Is that not an act of violence? And yet it is happening even now.

What about Natasha, the person who is mentally traumatized, PTSD, and is physically disabled? Cannot wear masks, she legitimately cannot wear a mask. And this is a lady that used to wear the big masks on the oil fields all the time. And she's taken to the ground by three police officers in Walmart, knowing that she's disabled, while a crowd watches and does nothing. The crowd was the police state. The crowd, you: You are the police state, participating in this social pressure and shaming.

How many people have told us that they've taken the vaccine out of social pressure? How many people have told us that their families and friendships are divided because of social pressure?

What about the evidence that we're hearing? In Truro, where we heard a doctor, he submitted 10 adverse reaction reports as he's required to by law. And instead of those reports being submitted, he's professionally disciplined. And we're hearing at these hearings how adverse reaction reports, which are meant to be an early warning system—They should be bending over backwards to send those to Health Canada and have the media report them so that we can determine whether we need to look into things.

[00:15:00]

But they are being deliberately suppressed by several groups: the media, the medical establishment, the government. This is happening today.

What about vaccinating kids? Anyone looking into this even on a cursory basis, you don't need to look at Dr. Deanna McCloud's presentation to know that there's hardly been any testing. And to say that they're safe and effective is just a very difficult thing for anyone to credibly try to assert. And there is zero risk to children. Zero risk. We've heard that evidence. But we're already experiencing significant harm.

Now, I ask you, if that is true—and everyone in this room believes it to be true—how is it that this is not criminal negligence? Our parents now, they should be asking themselves the questions: Are we committing criminal negligence? Should we be criminally charged and jailed if we vaccinate our children? Doctors and pharmacists should be asking themselves: Are we committing criminal negligence if we vaccinate anyone, but definitely a child, and if we encourage and pressure some parent or caregiver to vaccinate a child? What about the media that is pushing vaccinations on children? Didn't our public health officer, Miss Tam, have a little Christmas call with Santa Claus or Mrs. Claus? Basically, you know, don't get on the naughty list; get vaccinated.

How can this be happening in Canada at this time with what we know? How can public health in every province still be vaccinating children? You know, if it looks like a police **state, if it smells like a police state, if it tastes like a police state, maybe it's a police state.**

We have just gone through mandatory masking. We have gone through lockdowns. We have gone through social shaming and division like we have never seen before in this country. We have treated unvaccinated people as if they were lepers. We restricted their rights. We shamed them. There was talk about not even allowing them to go for essential services. There were talks in some provinces of criminalizing it so there would actually be penalties on them. There was talk of putting unvaccinated people in camps. And I see people nodding their heads. They heard that, too—in Canada.

But what shames me most about being Canadian is that we have undertaken these actions with more gusto and more support than any other police state that I am aware of. In a lot of

police states—don't tell me in Stalinist Russia or East Germany that the citizens were enthusiastic and supported what was going on. It was quite the contrary. But here we are, doing it with gusto and still in full deception mode.

Our government is not sharing with us the truth. The medical establishment is not sharing with us the truth and the media is not. And this is happening today because we are not taking personal responsibility for our actions. It is happening because we, right now—you—are the police state. You are the ones participating in the actions. It's not the leaders doing this. You are doing this. Media, you are doing this. Journalists, editors, you are doing this. Doctors, pharmacists, every citizen that's shaming and shunning and closing your mind, you are doing this.

And the tactics to get you to do this is to put you in a state of fear, which they've done. And to convince you that this is for the greater good. You see, if you're doing things because it's necessary for the greater good, you're not taking personal responsibility for your actions: "We don't have any choice. This is for the greater good."

[00:20:00]

Do you understand what I just said? The greatest danger to us as a society, to a free and democratic nation— Our greatest danger is you not taking personal responsibility for your actions. And if you are convinced that you should be taking actions for the greater good, you have just committed the greatest act of treason that you can because you have abrogated your personal responsibility to the government. It is the tactic that is being used. You are being told, "You are not pulling the trigger; I am pulling the trigger. You do what we tell you to do because it's necessary for the greater good." We cannot succeed as a free nation unless, as citizens, we take personal responsibility for everything we do.

When I was probably about 12, I attended at the public library in Saskatoon and I saw a World War II film that changed my life. It was somewhere in Eastern Europe. It was filmed by a German soldier just filming what that soldier's unit was doing. And what that soldier's unit was doing was, they rounded up a bunch of town folk, lined them up against the wall, and shot them in a firing squad in retribution for partisan attacks. So this was murder of civilian population. There's no sound. And you know on these old black and white movies you got the lines, the whole thing.

And so we see basically these town people being lined up against a wall—like, literally a wall. It wasn't a field; it was a wall. And the soldiers all lined up. You can't hear anything, but you know the order is "raise your rifles." And all the rifles get raised except one. One German soldier did not raise his rifle. And again, there's no sound, but you see the officer walk up and have a conversation with this soldier that refused to raise his rifle. And then I **saw something that changed my life. The soldier laid down his rifle and walked to the wall with the villagers. And then the order was given, and the rifles were raised again. And everyone along that wall, including that soldier, was shot.**

Now we all know that our nation is changing. We all know that things have now gotten out of our control, and we have a decision to make. You can't avoid it any longer. You can't say, "Oh, I'm going to stick my head in the sand and the world's going to be okay next week, next month, next year." It's decision time. And so the decision you have to make is: Which type of soldier are you going to be? Are you going to be one of the many soldiers that raised their guns and fired because they were ordered to do so? Or, are you going to be that soldier that laid his gun down and walked to the wall?

And I'm sorry that I got emotional, but we are dealing with very serious matters. And this inquiry is dealing with very serious matters. And I guess we've seen a whole bunch of witnesses get emotional, so we have to forgive ourselves also.

We are going to have another day today that changes our lives. We're going to have another day where we have brave Canadians risking retribution for speaking to us. We're going to have some experts give us insight that we didn't have. And so unless the commissioners have any questions or anything to say, I will introduce one of our volunteer lawyers and we'll commence.

[00:24:20]

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 1: Jay McCurdy
Full Day 3 Timestamp: 01:35:45–02:40:52
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Allan Rouben
Mr. Jay McCurdy, I believe, is going to be appearing virtually.

Jay McCurdy
Hi there.

Allan Rouben
Mr. McCurdy, how are you?

Jay McCurdy
Good, how are you, Allan?

Allan Rouben
Very good. So tell us a little bit about yourself. How old are you, what do you do, what's your educational background?

Jay McCurdy
I am an elementary school teacher completing my 24th year in education based in London, Ontario at the Thames Valley District School Board. Forty-eight years old. Third generation educator. Grandmother was a kindergarten teacher; mother was a high school English teacher for 30 years. Brother's a teacher, so it's kind of a family trade, if you will.

Allan Rouben
And what grades do you teach?

Jay McCurdy
I teach grades 7 and 8 predominantly. Outside of one year of 24, I taught high school. I trained for high school with my intermediate senior qualifications but ended up landing in a grade eight position and I haven't turned back since.

Allan Rouben
And in a nutshell, what's the subject matter you want to talk about today?

Jay McCurdy
Well, you know, in large part with this whole inquiry and the whole COVID conversation— and I appreciate every aspect of it and I agree with 95 to 99 per cent of all of the testimony that I've seen and in large part, all the conversations that are dissenting conversations—I just really feel like something's missing from the conversation, and that's a child-centered conversation.

It's egregious to me that we're— Even myself at times, I feel like I'm being selfish in talking about how has COVID has affected me, how has COVID has affected my parents, who are close to 80. Nobody is emphasizing the children. And it's— To me, it's egregious that we're not having a conversation about the impacts on children. Children are the future, they're the primary resource. If we don't have children then I don't think we have a future as a country, as a nation, as a planet.

And I would like to emphasize that portion of the conversation: How important children are to the future. And it's just mind-blowing to me. I mean, my career has been spent— I mean, I love children. I have a son and a stepson and, watching them go through COVID, there's a level of selfishness to this that really bothers me in terms of the adults having the conversation about themselves. And I guess I'm being extremely selfish. If I sound holier than thou that some people are not talking about the children, then forgive me, but I'm very passionate about this.

Allan Rouben
I think you're referring to the impacts on children from the steps that were taken with respect to schools.

Jay McCurdy
Yes. The schools primarily, I can speak as a sort of frontline worker on the ground. But also, just the greater impacts of the COVID restrictions: the lockdowns, for example, and then the aftermath of COVID, violence in schools and such.

Allan Rouben
And stopping extracurricular activities and social interactions—correct?

Jay McCurdy
Oh, a hundred per cent. A thousand per cent. I'm heavily researched on this. I mean, when I come across an article or come across any sort of literature on this, it perpetuates and sort of validates everything I've been experiencing. My observations, my understandings of the

impacts, the negative impacts on children. And I live it day-to-day as a teacher; I see those as corroborated with umpteen articles, research evidence, and so forth, right?
So I have sort of two perspectives: sort of a top-down one and a sort of an on-the-ground, face-first.

Allan Rouben
All right. And so in your specific school board, we know the lockdowns started in March of 2020. Give us a little bit of the chronology there in terms of what was happening.

Jay McCurdy
Well, the lockdowns started in March of 2020; I think it was March break. And the Ford government sent us out for the duration of the school year. So we had a— You know, that was when COVID first hit and everybody was sort of wondering what the level of severity of the threat was. And understandably so. We got sent online. And there was a whole thing with that, how difficult that is in terms of logistics.

[00:05:00]

But that happened in the spring of 2020. And there's all sorts of challenges with that. Some of the literature, if I can just reference, I've got a few pieces. I don't have screen-sharing capability but I would like to share a few items that corroborate. As I said, it's what I perceived as the challenges of remote teaching at the time.

As I was sitting in front of a computer trying to remotely teach for the first time, it was a new skill set that we were being asked to administer. This first document here, I'll just hold it up quickly, is the Science Table. It was the advisory panel that Doug Ford had sponsored, published on June 4th of 2021. I guess this would be reflective of the challenges of remote learning. So there's a passage here. And ironically, the Science Table if you're familiar, did recommend— Ontario was one of the highest; in terms of jurisdictions, the province of Ontario was locked down four times in total. More than I believe, any jurisdiction in the world. So this is where it becomes a problem for Ontario-centric conversations. And that's why I've experienced such impacts from this.

I'll just read quickly from the Science Table Advisory Panel, comprised of many researchers and such. Impact on educators:

> These policy changes had direct and indirect effect on students' classroom context and their teachers. In general, the strongest in-school influence on teachers' learning is their teacher. Teacher effectiveness is deeply shaped by **the context in which they work. COVID-19 has radically disrupted these contexts with considerable impacts on teachers' work, as well as their own health and wellbeing. Teachers have needed to dramatically change how they teach with limited time or specific training. They're supporting students, many of whom themselves are under exceptional stress. Furthermore, they assume responsibilities associated with ensuring safety in their school under conditions that were considered by many to be unsafe.**

This is not a teacher— I'm not trying to, but this is sounding like a teacher-centric conversation. I'll just jump to my other passage quickly here:

> As well as learning to teach remotely, all teachers had to shift much of their teaching to a virtual environment, at least during the worst periods of the pandemic. This meant having to acquire or increase their own digital proficiency, which ranged from mastering technical tools to developing pedagogy, such as managing group work, assessments online. It also meant developing digital proficiency with learning among their students and trying to cultivate capacities for self-education, self-determination among these learners, so they could work independently at home while their teachers were working with other students, or while teachers, students themselves were working on asynchronous tasks.

That comes from the *RSC Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity* publication 2021. So yeah, that was the challenges.

Allan Rouben
All right, that was from the teacher's perspective as to the challenges that were faced by the teachers. Let's look at the—

Jay McCurdy
Yeah. And I'm going to leave that quickly. I just want to say: that was a very disruptive thing. For the government to pretend that online remote learning was effective—the efficiency and effectiveness of that was awful.

And so that's the beginning of it: pretending that it was okay.

Allan Rouben
All right and so we were talking about the spring of 2020. Just give us the overview from spring of 2020 until today, let's say. What time period were the children actually in school for that, let's say, three-year period?

Jay McCurdy
So we were off for the remainder of the school year in 2020. In the school year 2021, we had a delayed entry in the fall. We did come in, I think, in late September. We were off twice that year in the school year. We had a delayed Christmas break. So we were in school with strict COVID measures for the fall, heading up to the Christmas break. And then they extended the Christmas break, if you will. I have my stats here. I mean, in total, I can tell you that Ontario students were out for 28 weeks, which is an incredible number. We had a four-week extension after the Christmas break—that would be in 2021. And then later that year, they delayed the spring break, the March break. We had a large break until April. I don't know the exact date, but they delayed the March break until April.

[00:10:00]

And we were off again for the balance of that year.

And then the fourth and final lockdown came in the following school year. So 2021/22, they extended the Christmas break by, I think it was eight days. So in total—over the span of COVID, spring '20, and two school years subsequent to that—you're looking at 28 weeks of

remote learning. And that's remote learning, you know the challenges of that. And then I can also speak to what I call pandemic teaching, which is at school.

So 28 weeks in Ontario, the damage from that remote learning is— I mean, the stories that came from colleagues, the challenges with remote learning, the impact on families trying to manage their children at home. As a teacher myself, with a son who was in grade six, seven, eight at the time, and trying to help him with his work. Again, I coped. I'm competent, I coped. But families that were disadvantaged: the literature says that in large part, the communities with low access to internet, low-income communities, had virtually no experience with online. I mean, it's egregious to think that everyone is sitting here with internet connection and access to computers and laptops, and in a large portion of the inner-city schools, Toronto and so forth, it was virtually non-existent.

So again, to pretend that remote learning was at all—

And again, I'm just going to jump ahead for a second here. Later on I was hoping to talk about Sweden, for example: school age children were not locked down at all, not once. There were different approaches with this around the world. North America, Canada specifically and the United States, it seemed like the Western approach was a bit over the top. And if you look back over to Sweden: Sweden recently had a commission that reflected on the formalization of the government lockdowns in Western countries versus Sweden. Sweden's was more informal: Mask if you want to mask, distance if you want to distance, don't go to work if you're sick versus the mandated directions from our governments. They didn't close schools down in Sweden. It did not happen at elementary schools.

So you have very extreme in Ontario versus at the other end of the spectrum in Sweden. And if we look at the data— The commission from Sweden, I'll hold this up right here [Exhibit TO-9b]: "Sweden's no-lockdown COVID strategy was broadly correct, commission suggests." So they reflected on whether their approach was okay or not. And essentially, they're saying it was just fine. I mean, the stats on their deaths originally—they didn't lock down—might be a bit higher. But if we talk about even the stats after the fact—we can talk about excess deaths and that whole conversation—are really low in Sweden. So there's a whole other conversation there.

This other research paper here, the *International Journal of Educational Research* talks about learning loss. No learning loss in Sweden during the pandemic versus the literature that talks about the learning loss because of the lockdown in Ontario. So there's sort of two ends of the spectrum. And I mean, we can argue where that perfect, that sweet spot would have been for locking down the children and not locking them down and so forth.

Allan Rouben
Well, let's get to the learning consequences insofar as the remote learning was concerned and the closing of schools. So tell us, from your personal perspective, what were you seeing with your students?

Jay McCurdy
A large proportion of disengagement. For example, as a grade eight teacher, I would have close to 30 students in my class. And I saw a participation rate of 50 per cent maximum, even stooping to—

Allan Rouben
Sorry, when you say participation rate, are you talking about showing up or participating in the events in the classroom, remotely?

Jay McCurdy
Well, both, I suppose. Showing up means, you know, if you have a Meet like we're having right now, a Google Meet where I'm instructing, you might have 50 to 60 per cent in terms of showing up for attendance in that class. In terms of submitting assignments, if I had posted an assignment, you're down to a third, somewhere in the third range, 30 per cent that would hand in something.

There was a difference in 2020. There was a messaging that the children found out about that it didn't matter. The direction from the Board is that—and this is problematic for this to get out maybe into the public—assessments didn't matter. The philosophy was do no harm. For example, if students didn't participate, didn't submit their assignments, their marks could not go down. They caught wind of this. Students were choosing to go outside and play instead of doing schoolwork and knew their marks wouldn't go down.

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So when that messaging got out, participation in 2020 was low. Later in the pandemic, when we understood that we might be going back online and doing remote learning, assessments evaluation would count a little bit higher. But in 2021—I spoke to the spring and the summer—participation rates were still 50 [per cent], maximum 50 in terms of handing assignments in. And sorry, at that time the messaging was, "Assignments will count towards your mark and your mark can go down." So very low participation rate overall for all sorts of reasons I can imagine.

Allan Rouben
And what about the actual learning from the fact that this was being done remotely? How did that impact on it from your perspective?

Jay McCurdy
The quality of learning was atrocious, I can imagine. The importance of in-school learning is— I mean, the data suggests how important it is, how important the teacher is, how important social interaction is at school. It's pretty much, it's everything. It's critical: extracurricular activities, the socialization of children.

I was talking to a colleague the other day. We had a reflection on this. If an adult—university- or college-age students are taking online courses— I took online courses to further my education. We have learned to be learners through the school system leading up to a point. The social interaction that children receive from school, you can't underscore how important it is. It's critical. It's fundamental. It's how they learn to interact socially.

The outcome of this I see on a daily basis, in terms of what was taken away, the opportunities. Imagine 28 weeks. We're talking about 28 weeks removed with remote learning. What about pandemic learning when the students were forced to, in the school year 2021, distance during the whole year? It was distancing their desks apart. They were in cohorts on the schoolyard where they couldn't play with their friends. You would have two classes, for example, partnered up on our schoolyard. And this is a large schoolyard.

Some schools, I can imagine, have zero capacity for this; I'm not sure how they managed this restriction. Two classrooms would partner up and play on one part of the yard and two other classrooms would partner up and play on the other part of the yard and they could not interact. It was a strict rule that students— So imagine your best friend is in cohort B and you're in cohort A and you can't walk over across a line to go talk to your best friend, who's been cohort-ed and they've been segregated from you. Just little things like that. I mean, the psychological damage. And some of the students being far too young to understand, "Why can't I go talk to my friend?"

Inside the classroom. you've got limits on how you can teach during the pandemic, what you can use as materials. I can't run science experiments. Computers had to be covered with cellophane and wiped down with spray after use. In gym class you could only play the games where the kids were distanced apart. They couldn't actually come in contact. I could go on all day long with just those. Like I said, as a teacher, you're experiencing the children: how they were being asked to learn, the conditions of which were atrocious for learning. Wearing masks the whole time. It's a whole other thing, right? It's sometimes arbitrary.

I can tell you a quick story about masking. Masking was enforced incredibly for the two school years— 2021 and 2022, was enforced strictly for three quarters of that time. It was in the spring of 2022 where the students could, we could de-mask and the regulations were lessened. I'd often see staff members yell at students for not having their mask on, "Get your mask on." Masks would slip down so they're constantly being told, "Get your mask up." During the eating time, of course, masks can come off and they can eat, but they can't talk. If they were talking, they would get yelled at by the supervisor. You can't talk. You're either eating or you're talking. If you're talking, your mask is on.

That's, for almost two years, a hard thing for a little kid to navigate, you can imagine. Stressful for the teachers to feel like they had to enforce that the whole time. And those are just sort of minor things, but very major things. The outcome of that, I feel, has been deeply felt by the students and their age of development. Not understanding what was going on, why, and being so fearful the whole time. As we all know right now, the case fatality rate for children is incredibly low. They were never at risk. I think after two years in the pandemic, there were 20 Canadians under the age of 20 that had died from COVID. To this day, it's under a hundred and some of those cases,

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we know, were "died with COVID" and "died from COVID." Whatever that means, anyway.

Allan Rouben
So as you're seeing the students coming up now into your grades, what are you observing in terms of their skill levels, their learning levels? Are they where you would expect them to be for that grade level?

Jay McCurdy
Far behind. Far behind where they're supposed to be. And this is where, in my 24 years of teaching, if you were running an experiment, if you were controlling variables— I've only taught grade seven and eight for 23 years, so for 23 years I've taught this age group. If you're running a controlled experiment, I can speak to: What are the differences you see, and are they causal or correlational or coincidence? This is where I would say the anecdotal

data backed up with the research says that the lag in the skill sets is there—in terms of academic lags, of course.

We're trying to catch young children up with just learning how to read and write at a basic level. At an intermediate level, where I'm at, it's learning skills in large part, what I'm seeing. I'm seeing a lack of resiliency, problem-solving, coping, levels of confidence. Their ability to, if I were to give them a mundane task, persist with it and work through it. The learning skills lag and deficit is immense. I struggle with it every day; I'm looking to still give accommodations. The help that I have to give to children, the extra help that I have to give to them to move through a given task, the extra time that I have to give to them, and just their ability.

I'm just finishing up a unit on— For example, right now we're doing angles; we're doing angle relationships. I teach, let's say it's a two-week unit on that. And then I'm pretty old-school, I give a quiz. And the acquisition of the information, the knowledge, how to learn would be— I mean, it's just a certain sort of expectation that I have versus— I teach for two weeks and I administer a quiz and it's just not there. They're not acquiring the knowledge at the same rate. They're struggling. Even with test-taking there's anxiety, massive amounts of anxiety with test-taking—so many things that I'm seeing in terms of that.

And then on a social level, you can imagine, the violence is up in schools. That was another aspect I was going to speak to: their ability to relate to each other or the lack thereof will equate to conflicts, of course. And as a teacher, there's all sorts of fights going on in the schoolyards every year. Kids are kids and that's how they learn too; they learn through conflicts, right? So it's important to know how, if you got into a fight, why you got into a fight. You learn from that. You learn what mistakes you made as an individual, how to reconcile that. And make up and move on, sort of thing.

I'm seeing a higher prevalence of interactions that come from nowhere. A basketball game on the yard breaks into a fight. I teach grade eight, straight grade eight this year. And I tell my boys— I'm a basketball coach, we actually had a very successful season. We won our West region with first place gold medal, so very proud of that. But on the yard when they're playing ball, the slightest things turn into a conflict or a fight. I'm just constantly dealing with that. And I say, pre-COVID, that instance of two boys posturing one another after a basket is made wouldn't have turned into a perhaps a fight or something like that. On a grander scale, especially in the Toronto board, they're dealing with high levels of extreme violence in the school board.

Anyway, I'll stop there, Allan, and let you continue.

Allan Rouben
In terms of the learning deficits, what in your view is the primary reason for that?

Jay McCurdy
Without a doubt, just all of the closures of schools. I can speak to Ontario. Like I said, 28 weeks of remote learning comparative to three years in the pandemic. Collectively, I'm looking at everything compressed into three years of the education system being affected and altered as deeply as it was.

The evidence is in front of my face every day. And I talk to colleagues and they're talking about the problems at school that we're seeing and everything. And my response is, "Well,

what do you think is going to happen if you enact these measures? We're living through this for the first time. So you can either correlate this—you can say there's a causal connection, that the students are suffering and lagging and violence is up because of COVID—or, no, it's some other variables at play here."

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I think it's clearer than clear. I mean, to me it's clear: the disruption in the system and the disruption of learning and the disruption of social gatherings and the normal life that children were expecting to experience. You don't have to be a rocket scientist. You don't have to be a research scientist to see that, of course this disruption in their social lives, primarily even in their academic life, was incredibly damaging.

My son had his 13th birthday turning into a teenager. What was the gatherings? You couldn't gather at that point. I mean, you're having a special birthday for my son and it's a COVID birthday. It's no one; he can't have a birthday party. And that's fine, he had lots of birthday parties leading up to that. But imagine the young children: their first birthday party, their fifth birthday party, how important that is.

Watching the little kindergartners around the school. We had an assembly yesterday. We're having assemblies for the first time in the last year, where the school gathers in one area. I was up in front of the school presenting. And down in front, you have the young kindergartners and they don't have their masks on and they're looking up all bright-eyed and wonderful and they're just so happy to be there. And it's just amazing. That experience was stripped from them for two full years, pretty much. How can you argue that wouldn't be problematic or detrimental to their growth and development? It's pretty clear, actually.

Allan Rouben
You were obviously concerned about this as it was going on. What about your colleagues? What was the talk within the teacher community as opposed to the administrators? What was the feeling amongst the teachers so far as you're concerned?

Jay McCurdy
I would suggest that it was sort of— I mean, we're kind of like frontline workers. I don't know if there was on a day-to-day basis much reflection, it was just "get through the day." It was a lot of stress. COVID teaching was very stressful, especially in the school year 2021 and even the fall of 2021, the next school year. Getting through the day was just like a triage. It was just, "Get through the school day; we all know just how challenging it is to teach under COVID conditions and restrictions and limitations in the school setting."

What you're used to being able to do versus what you're being coerced to do—just such a challenge. I mean, we were all thinking it. We were all living it. I don't think there was much discussion. It's not even close in terms of equating it to healthcare, what it would have been like to work in a hospital, during the heavy waves perhaps, where the stress level on the nurses and such and the system is collapsing because there isn't enough staff, right?

And another thing that happened, basically, was that during COVID, the stress levels of teachers went up and a lot of teachers retired early. They went up on stress leaves and such. So we were living it and we weren't discussing it too much, but it's almost like you wink and nod to your colleague and say, "Here's another COVID day." We have a board in our office where there's an absentee board. And you can walk in on any given day and see

which staff are off and who's filling in for them. Something that became sort of very patterned during COVID is that the board would be full. It would be long, full, and you would have multiple staff off during any given day because of various reasons. Maybe they had COVID, maybe they were sick, but other parts where stress leaves were high. It was basically triage in the school system for a better part of two years.

And we're just coming out of that now. In terms of, like, the system not collapsing. And this is just one school and one school board. I'm in London: I can't imagine what it was like in other jurisdictions like Toronto. There were just two references here in my papers that I wanted to find quickly in that regard too. There's one reference quickly in terms of, I call it the "system damage.: This is, again—this is coming again from the Science Table COVID-19 Advisory Panel. By the way, this was something the Ford government had their hands on prior to the final and fourth lockdown in 2022.

And in this document, they were advising the Ford government not to lock us down for the fourth time. This panel, this paper basically was the proof in the pudding that we should avoid lockdowns at all costs with children. And we've already had three. But he disregarded that and locked us down for the fourth time.

So back to the system damage, this is from page eight in that paper. This would be probably, I think, an elementary perspective, where there is a higher proportion of female teachers.

> A highly feminized workforce, educators as a group were particularly affected by carrying responsibilities for their own children at home while continuing to work.

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> A national survey suggests that teachers have experienced considerable stress and burnout during COVID-19. There are further reports of teacher shortages resulting from leaves and attrition from the profession in light of COVID-19 context. As a result of these shortages, exceptional measures, such as allowing student teachers temporarily teaching certificates and, in some cases, hiring non-teachers were undertaken. There may be long-term effects on the profession in terms of the teacher supply.

And I've got a quick story for you. One other reference very quickly from an article in the *National Post*, author Paul Bennett, speaking to violence in schools, February 27th, 2023. I'm just going into the fourth page. I admit this is U.S. perspective: "Amid fears of a national U.S. teachers' shortage, the National Education Association now claims that half of all **American teachers have reported considering or actively planning to quit because of deteriorating school climate and safety." It says, "So far, this has not reached that crisis point in Canada's systems." But I would argue that it has.**

One quick story. I think it was a couple of months ago, I had a supply teacher come in. And this is how bad it is right now. Teachers' colleges are now a two-year program. They're pulling teacher candidates from the programs, either first or second year, and employing them as supply teachers. And even worse than that, we've got— I know in Toronto, my brother teaches in Toronto, and it happens to be that they have pre-teachers' college candidates. So you've got someone just in an undergrad degree, let's say third or fourth year with an undergrad. I don't know who comes in the room and I don't know who asks the question, "Would you like to go teach in a school, tomorrow?" And so this wonderful

young lady came in and gave it her best, but had no business being in front of the kids that day. You can imagine. Just— They're trying to close the gaps there. Healthcare is even worse. Teaching is right behind, probably.

Allan Rouben
Sounds like it's a vicious circle.

Jay McCurdy
Absolutely.

Allan Rouben
What are some of the other system impacts that you're seeing and have observed?

Jay McCurdy
System impacts: the two just are the resources, like I had mentioned, just maintaining the school's integrity, the school system integrity with having enough quality staff and teachers in front of the children. That's still very prevalent and pervasive. The only other—well, the other system damage, like I spoke of, was the violence in schools where the stress on the system right now is difficult.

Administrators are really struggling to balance the proceedings of their school in terms of administering education every day. And it's managing the building with just the prevalence of misbehavior. In an elementary school, we might not use the word— I mean, we can use the word "violence," but we're talking about children having temper tantrums and throwing chairs. And there are staff getting hit with chairs; there is staff getting hit with items. And some of these special needs' scenarios are sort of extreme but administrators are having a heck of a time trying to sort of navigate and mitigate the outcome in terms of how the children are coming out of COVID.

I just think that the system damage is that there's just pressure to keep the school healthy, the school systems healthy, so that learning can happen. I mean learning is critical. And learning is being compromised right now with the collective stress of the children and the collective stress of the adults combined with, sort of this misbehavior. It is just making teaching and learning challenging on a day-to-day basis. And it's very challenging. Like I said, I'm very experienced at my job and I'm seeing younger teachers not equipped to cope with this. And younger and younger administrators not equipped to cope with managing it as well in terms of the higher level of misbehavior and violence in the schools.

Allan Rouben
Have you heard of or been party to any discussions from officials in the Ministry of Education where there is some sort of recognition or acknowledgment that locking down the schools, closing them down and moving to remote learning, was a problem—was something that shouldn't have been done? Is there any sort of talk like that?

Jay McCurdy
Yeah, we're not seeing anything. I'm not seeing anything from our jurisdiction in Ontario on a board level or provincial level. The only thing I was able to— I was curious myself about

this, was from the United States. There's an article here I can show from the *Wall Street Journal*. It's from the union.

[00:35:00]

It's written from the *Wall Street Journal*. Author, sorry—

Allan Rouben
Right. I've given that to the commissioners. One of them is an editorial in the *Wall Street Journal* from November 2nd, 2022 [Exhibit TO-9a]. And I'll just read the opening sentence. "Believe it or not, American Federation of Teachers Chief Randy Weingarten, on Monday, tacitly acknowledged that keeping schools closed during the pandemic was a mistake. Miracles happen apparently."

But what is being mentioned here is that Ms. Weingarten and her colleagues, and needless to say, the same is true in Canada: they were the ones who were pushing for this with the greatest enthusiasm from day one, right?

Jay McCurdy
From the union perspective— There's a whole another can of worms there, where they're trying to protect their members. I would imagine many teachers wanting the schools closed down permanently, just in fear of COVID.

Some of the research says that in large part, COVID wasn't transmitted in schools, it was transmitted through community. Meaning that children who picked up COVID got it from their homes. They didn't get it at school. So the union perspective, the union approach in terms of their messaging would have been, "Let's protect our members. And the best way to protect our members is to not be at school at all."

But now, that article you referenced there, I have that article. Sorry— There was another article referenced in *The Atlantic* by Emily Oster. Oster cites school closures as one example. "There's an emerging, if not universal, consensus that schools in the U.S. were closed for too long. The health risks in school spread were relatively low, whereas the cost to students' well-being and educational progress were high." That's pretty much the snapshot right there.

Allan Rouben
It seems to me that the thinking that went into this is quite similar to the thinking that went into COVID policies generally, which was: there wasn't any real assessment of the costs versus the benefits. Is that a fair statement?

Jay McCurdy
That's absolutely my mantra. My mantra has been cost–benefit analysis from day one. The cost–benefit analysis in terms of the perspective of the child. In the context of learning, they spend a lot of time at school, so it's important that that experience is on the table for them, but just generally on a societal level as well.

The cost that we ask students to do through the pandemic: like I said, case fatality rate, COVID infection rate was low with children. It has been proven that they lack the ACE2

receptor in the nasal cavities for COVID to even sort of stick. And when they got sick, they didn't get that sick at all. In fact, post-COVID, the RSV [respiratory syncytial virus], that respiratory illness— I mean, my anecdotal evidence says it took down a lot of kids with a lot more severity than COVID did during COVID.

But yeah, like, in terms of the greater societal level, the damage is there over that time. Cost–benefit: it's just unbelievable what we asked the kids to do. And what we took from them. From a child's perspective, you should be working as a society to protect your children. I mean, we should think about that, right?

One evidence piece I wanted to reference here that speaks to that. There was— Some of you Commissioners might be familiar with the Great Barrington Declaration, co-authored by three significant doctors. One of them, Dr. Jay Bhattacharya, was a professor at Stanford. He's got a PhD in economics and focuses on health economics. I watched a podcast with him recently where he referenced a— Not sure if he was an author, a researcher, last name Christakis, in a pediatric journal. This is citing data: "From the spring 2020 closure, it is estimated that 5.5 million life years have been taken from children."

From that particular time frame is a very staggering stat: you're taking life years away from children. My father, who's 79 years old, had a stroke about six months ago. My father lived a long, full life. It's tragic when anyone's life ends and it's sad. But you know, he's now 79. And Pops has lived a long, amazing life.

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And it's difficult watching him in the aftermath of his stroke. But, you know, he's lived his life. These children haven't lived their lives yet. It's just mind-blowing to me what we've done, the damage that we've potentially done.

Without that calculation, Allan, what you said about that cost–benefit? In my opinion there was zero cost–benefit done. Absolutely none.

Allan Rouben
What's really troubling about this, it seems to me, is that the children can't advocate for themselves. Collectively, adults are the decision makers. And it's hard not to reach the conclusion that we've failed our younger generation here. What do you say?

Jay McCurdy
I think we've failed them in every way possible. I can't imagine failing them any more than **we have. I don't know. It sounds very pessimistic and extremist to say this, but we have a struggle in front of us right now. I'm not making this up, I'm watching it. I'm just wondering what that long-term impact's going to be. Longitudinal studies and such that are going to be able to even correlate this and say, "How are we going to be able to look back in 10 or 20 years in terms of economic activity in the GDP and say it was because of COVID?"**

Of course, this is happening. There would be no admission of that anyway. It's going to be blamed on other variables and factors 10, 20 years down the road. But I just really have a gut suspicion. I have lots of papers sitting around me right now that are studies and professionals that say this is going to be a problem. Very smart people that are acknowledging it as opposed to not acknowledging it. I think that's important, that if we could—

My takeaway with this is not make this mistake again. We might be paying a large price for this down the road. It's inevitable. It's going to come at us and we'll just have to manage it. But we better not do this again the same way. There needs to be a cost–benefit analysis at the very least and a conversation where all stakeholders are allowed into the conversation. It's not just the government dictating. It's everyone having a voice. And that's why I really appreciated being able to testify here: It's giving the average citizen that voice. There are a lot of us that are highly intelligent that are in this room today that have a lot of perspectives and a lot of stories. We don't need to do [inaudible] research papers to understand this has been impactful in a negative way across all sectors, across the economy.

I have a friend who lost his job from COVID. I have watched small businesses close during COVID. You don't have to look at papers to see it. You just look out on your front stoop and look outside and see the damage in your neighbourhood, your community.

Allan Rouben
There were some personal perspectives that you wanted to share. Is there anything else that you wanted to say on that? Tell us about the impacts of— You talked about the impacts of remote learning but what about the masking when the kids were even in the classroom? What do you see as the impact of that?

Jay McCurdy
Well, the masking was a symbol of fear, so there's a psychological impact. We sort of sent this message, "We're going to go to school and we're going to wear masks. And be careful, if you catch COVID, it's very dangerous. Something can happen to you." When the data came in—like I said, in 2020—and then a lot of the research, medical research scientists started collecting the data and the hospital data came in, it became evident that COVID wasn't directly a threat to children.

But the masking at schools when it's a room full of children: if I'm not sick, if I'm not symptomatic—and this whole nonsense about carrying COVID asymptomatically, I don't buy it—if you're not symptomatic, I'm pretty sure you're not going to get it. But that's my personal perspective. But the symbolism of the masking was pervasive because of, I think, the fear. Children are like, "Why are we wearing masks? What's going on here?" It's just— Outside of trying to teach with the masks on. Listening to children talk and trying to teach with a mask on and the limited sort of sonic experience, we'll call it, was challenging. But when masks came down, I watched staff actually berate children: "Get your mask back up!" Right? That's a whole other component. But the damage of the masks, I don't know. It was a symbol of fear.

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Here's sort of an anecdotal observation. After the mask restrictions were lifted, children still continued to wear masks, in large part, in the school setting. Still fearful of— I can imagine their parents may have said, "you need to wear a mask," but a lot of children chose to wear one. Higher grade students—grade 7, 8—were still wearing them for some time. I was of the mantra, "It's time to take them off. It's time to breathe. It's time to see your face. It's important. So take them off, take them off." I mean, I wasn't pushing it, I was just sort of advocating for it and sending subtle messages that it was important.

I'll just read a quick excerpt from this article, it's from the American Institute of Economic Research. I've got page 5 of 11, just a quote about masking that I sort of highlighted:

> Concerns are being raised regarding psychological damage and why a mask is not just a mask. There's tremendous psychological damage to infants and children with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs: those within the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blalock states, 'the bottom line is that, if you are not sick, you should not wear a mask.' Furthermore, Dr. Blalock writes, 'by wearing a mask, the exhaled viruses…'

Okay, we won't get into that part.

But the psychological damage: I have a stepson who has special needs, diagnosed with autism disorder, who basically stopped going to school because of mask-wearing. He was unable to attend school and wear a mask. It wasn't possible for him to do that; he couldn't wear a mask. It's a sensory issue, it's, you know. So school was taken away from him because of a mask and that's factual.

Allan Rouben
I wonder if there's any questions from the panel.

Commissioner Massie
Thank you, thank you very much for your testimony. I have two questions. First one is: In your experience as a frontline teacher, can we get out of all of the damage that was done on the kids unless the institution is willing to admit that this was wrong? How can you convince kids that wearing masks is not "no longer necessary," but was never necessary in the first place? Is that something that you think is possible within our current school system?

Jay McCurdy
I think it involves conversations. I think it involves information and there's a lot of information flying around. You know, information can come from studies like this. Information can come from various sources. It's a conversation, an acknowledgement of—maybe going back to the cost–benefit, I'm not sure. Like Allan had mentioned, the adults that are in charge have an obligation. The students themselves are going to take a lead on the adults. So it's a reflection. It's a cost–benefit that needs to be reflected upon and in the future needs to be done.

For example, in the future, if something comes along: Remember what masking did to children before. De we really want to do it again? We can't go back in time and change what happened. But one of my things moving forward is ensuring that these sorts of things don't happen again unless they're absolutely necessary and we can prove it. And not—it's just messaging, it's like a top-down, "Thou shalt mask."

My information tells me that even in jurisdictions like Sweden, masking was optional. Just let citizens decide to wear a mask. People can wear a mask if they want to wear a mask but,

you know, the forcefulness of it is damaging, right? So just a reflection, just an honest reflection and conversation. There's lots of studies out there that say masking is ineffective. So let's just grab onto those studies and perpetuate the information as not disinformation, but actual studies. So just keep studies. Be open, be mindful to competing studies and be open and mindful to the conversation. That authoritarian sort of approach is not really a pleasant approach at the end of the day.

Commissioner Massie
My other question is: I think I heard you say that the damage, if you wanted the learning, was probably more profound for students that had more difficulty of learning or because they could not access as readily good internet or other technology or support from family or community. So these children are probably more at risk to suffer the long-term consequences of the lockdowns and all of the measures.

[00:50:00]

So is there a plan that is put in place right now by the institution in order to address this need that was created by the lockdowns and all of the measures that probably affected even more this population of students that have issues with learning?

Jay McCurdy
Well, because we're in a crisis of funding— I think, in large part, money can solve a lot of problems. If you have the resources. Human resources have to be in place I guess, first. And right now, there's a lack of human resources, right? There's decline in the— People are leaving the profession, teachers are leaving. So are we going to be able to replace the workforce? Right now, it's not looking so good. Like I said, we're bringing in the university students that may or may not even become teachers and throwing them in the classroom to basically, perhaps try their best, but in large part maybe babysit for the day.

My wife actually works with special needs. She's an educational assistant, and they're highly trained professionals who have different sorts of degrees. They can have PSW [patterns of strengths and weaknesses], they can have child psychology, for example. There're all sorts of different educational sort of skill sets they bring, and highly trained and skilled professionals.

So my wife for example works with high-needs children. And so with being off a few times and watching the replacements that are coming in: they call them "paid volunteers," which doesn't make sense. I know they're volunteering, but they're getting paid. Our board has brought in basically, people off the street that want to make some money and work with children that—you know, may provide a background criminal check and maybe they love children and want to help out. And that's fine. But these workers are coming in and they're replacing the professionals who have the credentials and experience and education with zero credentials, experience, and education. And have no business working with those children. It basically becomes a babysitting role.

And it becomes a safety issue. Because in large part the training of an educational assistant deals with high behavior and mitigating damage when special needs children are having, let's say, you know, a bad day. So the damage can be confounded when you have people that don't know what they're doing trying to manage a situation that's problematic. And now you have two problems on hand, right? Instead of one.

So I don't see the human resources right now. I'm not sure how we— With the baby boomers, we can get into a demographic conversation about our aging population. But I'm not sure we're going to be able to find the human resources in terms of education and even health care and other sectors. I'm not sure. Look outside in the community, all the help wanted, all the unemployment signs. Help here, help everywhere, right? So it's not being fulfilled. And then from a money standpoint, I mean, you can—

Allan Rouben
Let me stop you, Mr. McCurdy, because I think we're running out of time and some of the other commissioners might have some questions. So if you don't mind, let's get to those.

Jay McCurdy
Not a problem.

Commissioner Drysdale
Good morning, Mr. McCurdy. Thank you for coming and appearing before us. I have a few questions and some of them are related to testimony we heard from previous witnesses. We heard testimony from witnesses that were attacked. There was one yesterday who was shopping in Walmart, and she reported how she was attacked and people stood by. There was one in Truro, where a gentleman went into a Canadian Tire and was attacked.

I wonder: You talk about fear in the children. To my mind, these attacks—these reactions by people, including our officials and police, were due to what I would call "terror." You talked about fear in the children but, in my mind, there's a difference between fear and terror.

And the adults were experiencing terror in the way they acted towards their neighbors, to their families. But adults have certain capacities and certain experiences that would allow them to hopefully temper those emotions. So what levels of terror or fear did you see in these children who did not have the capacity to temper that?

Jay McCurdy
Well, that's a very interesting observation you've made there. I haven't thought of that. It sounds very valid to me. That's certainly possible, what you said, the capacity to handle your emotions. We've learned, as we were all in development, how to handle our emotions and cope. So maybe you're seeing a lag in a sort of, I don't want to say, ability or skillset, but yeah— Reacting and having that emotional overlay of being, living in constant fear.

[00:55:00]

So perhaps you're seeing inability to cope and that's just playing out in real time in terms of excess incidents of violence in the school setting. Just maybe they're exercising this and it's just coming out—everything's coming out right now. Whether they're contemplating, "I'm doing something bad" or not. It could just be pure energy coming; it was contained and now the energy's coming out. It's not good energy.

Commissioner Drysdale
In your class or in your school or with colleagues that you have discussed, have you noticed any perceptible increase in suicide, self-harm, with the kids following the lockdowns and return to school—or during the lockdowns?

Jay McCurdy
I can't speak to that data. On a personal level, I do see a larger proportion of what I would consider despondent children, who look like they're struggling in terms of depression. And that translates into absenteeism rates as well. So I'm seeing a higher-than-average absenteeism rate. Children that are still sort of disengaged from school and despondent when at school. So there's certainly a larger proportion of those children that are struggling on a day-to-day basis and struggling to be at school, to get to school. So as I said, there are some stats there that are coming out of the pandemic. They're still certainly struggling on an emotional level. Absolutely.

Commissioner Drysdale
Were vax mandates imposed on teachers?

Jay McCurdy
Not in my jurisdiction. With Thames Valley, they were not. And I think the only jurisdiction in Ontario was Toronto, teachers were mandated.

Commissioner Drysdale
Okay. Did the administration or the government, to your knowledge, come to the teachers themselves or teacher's organizations and review with them what they were considering as mandates prior to implementing them? In other words, did you have a say?

Jay McCurdy
Well, no. Of course, I just think that was one of my biggest concerns, was having a voice. No, it was directed. It was all top-down direction, "Thou shalt." And a lot of pressure. I mean, there's peer pressure. There's also pressure from your employment, messaging from your employers about "This all needs to be followed and strictly followed" and so on and so forth. So that's a lot of psychological pressure in and of itself, to be told, "This is how this is all going to play out." All the restrictions, all of the COVID sort of overlays like I was talking about. The hand sanitizing, for example, and the mask wearing, the keyboard covering, the keyboard wiping down, and all those sorts of things. It's just sort of like a memo: "This is **the memo and we're all to follow it." From a managerial level, you're looking at risking probably disciplinary if you walked outside of those expectations.**

Commissioner Drysdale
My last question: I have two sons who are teachers and I know that on a regular basis, they go for additional training. They don't call them this anymore but they're in-service days and they go to take courses. Prior to 2020 pandemic, did any of the teachers receive any training with regard to potential pandemics and what should be done to reduce spread? And were you made aware of any pandemic planning that was in place prior to 2020?

Jay McCurdy
Absolutely not. That would have been virtually impossible, right? I think on many fronts. It was almost like this was all after the fact, right? The pandemic is in place and let's figure out how we're going to— Yeah, I mean, moving forward maybe it's something where we should reflect on this and say, "Hey listen, next time, here's again what we do what we don't do."

No, it was just thrown at teachers like: "This is what we're doing, we're walking into school, and we're"—I'm spray-painting dots on the ground with a spray paint can out front of my portable so the students can stand on these dots and be two meters apart. And when they get inside the desks are supposed to be two meters apart and masks will be on. It was all just real time, figured out on the fly, which for teachers was stressful.

Yeah, you probably heard stories, considering your children are teachers. It's like, "you need to just figure this out, teachers, and you need to just make it happen." And I'm not a health care professional. My skill set is limited to what I have. But just enacting and following through and trying to make sure all of these requests, I will call them, were followed—was challenging in and of itself right. So very stressful, for sure.

Commissioner Drysdale
Thank you.

Commissioner Kaikkonen
Good morning. I have so many questions I'm not really sure where to begin. But the line that we hear from the school boards in Ontario is that, "Well, we've lost two years of learning to COVID."

[01:00:00]

I'm just wondering: Ss a teacher, do you believe that we will ever recapture those two years of learning that these children have lost?

Jay McCurdy
My perspective and answer to that is that I don't think it will be recovered wholly. I think there's going to be a gap, always be a gap. I don't know how you can close that. I think that this is why I'm so passionate. I think that the formational years of a child, let's say they say the most important years in the life of a human is between zero and five, for example. I'm not a psychologist. I can only venture to say that the damage that was done, the COVID babies and such, I don't think you can recover that wholly. I just— It's my gut feeling.

From an adolescent standpoint, there was one study that I read that said that the most damage to the adolescent age group was age 15 to 18, somewhere in that range. Where the psychological damage on them was greater than other age cohorts. And you could probably make an argument that every single kid, no matter their age, experienced that. I don't know. I mean, people can say, "Yeah, we'll close the gaps. Everything will work out. They'll be fine." "Kids are resilient," is the one I hear all the time. You know, "Kids are resilient. You know, they'll get through it, we'll be okay." So you can downplay all of this and say, "They'll be fine. It'll all just work out in the end." But the problem with that is that you can't project into the future and then look back and then change it. If you find results you don't like and

agree that we messed up, you can't go back in time and fix it. That's the problem, is that it's a catch 22 or something like this.

Commissioner Kaikkonen
And in terms of going forward, we have school boards at this point in Ontario who have decided that the last set of standardized tests that were given to the students will be the new bar, the new standard for education going forward. Do you see some serious issues with that mindset? That we're just going to take the bar that comes after COVID as opposed to standardized test results that came before COVID? In terms of our long-term research into how our children are faring and how their reading and writing skills are being projected going forward?

Jay McCurdy
Well, we have to absolutely maintain the pre-COVID bar. We have to. I mean, we can't lower the bar, we have to put it back up. And that's what I've been trying to do in my classroom. I've slowly been— So the analogy would be like high jump or, moving into track and field season, would be to lower the bar down so that everyone can have success. But as they build their skills, because we've lost our practice with skill building, you've got to raise the bar back up slowly. What I've been trying to do is raise it up incrementally. But my goal is to have that bar back up to where it was before.

I mean, if I can talk 10 years from now and say, "Do I have that bar back up to where the bar was pre-COVID?" Will it be 20 years? How long will it take me to have that bar back up where it can be that high and the kids can attain success? So right now, the bar has to be lowered for all sorts of reasons, but there needs to be a concerted effort to decide that bar has to be back up to pre-COVID standards for all sorts of reasons.

Commissioner Kaikkonen
And my final question is: Do you think you'll get an apology from Education Minister Lecce or your school board or school boards collectively or the Ministry of Education for what they have done to these children?

Jay McCurdy
Well, I don't think there will be an apology. Of course, I don't expect that. I would like a "thank-you" in some form. Some sort of thank-you for helping to weather the storm. I'm just one frontline worker. A thank-you to everyone for keeping up with the effort and not giving up on the children in the system. A large thank-you would be in order, I think. That would go a long way. Apology won't happen.

Commissioner Kaikkonen
Thank you.

Allan Rouben
Mr. McCurdy, we had asked witnesses who gave evidence to swear in. So if you don't mind, I'm just going to swear you in. So do you swear that the evidence you've given is the truth, the whole truth, and nothing but the truth, so help you God?

Jay McCurdy
Absolutely.

Allan Rouben
Thank you very much, and thank you for coming today.

Jay McCurdy
Thank you, Allan. And thank you for allowing me to speak. I really want to thank the Commission also and the whole Inquiry for what they're doing. They're giving voices to the average citizen. I think that's critical. I think it's imperative that the more people that can talk and we can have just a large conversation. And I guess the healing can start and we can move forward in a more productive fashion instead of being so divisive and contemptible. So thank you very much for running this Inquiry, and thank you for allowing me to testify. I greatly appreciate it.

Allan Rouben
Thank you.

[01:05:07]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 2: Julie Pinder
Full Day 3 Timestamp: 02:40:55–03:03:18
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is Julie Pinder, who will be attending virtually.

Julie Pinder
Hello?

Shawn Buckley
Yes, Julie, can you turn your camera on please?

Julie Pinder
Yeah, I can. There we go. Hi there.

Shawn Buckley
Thank you. We can see you. I'd like to start by asking you to state your full name for the record, spelling your first and last name for the record.

Julie Pinder
Sure, it's Julie Pinder, J-U-L-I-E P-I-N-D-E-R.

Shawn Buckley
And Julie, do you promised to tell the truth, the whole truth, and nothing but the truth?

Julie Pinder
Yes.

Shawn Buckley
Now your screen is shaking. Can you set your camera down. That's a little better. And I understand that that's—

Julie Pinder
How's that?

Shawn Buckley
That's much better. Thank you.

Julie Pinder
Okay, sorry.

Shawn Buckley
Now, I understand that you have received two doses of the vaccine?

Julie Pinder
Yes.

Shawn Buckley
And I'm going to ask you what led you to make the decision to become vaccinated.

Julie Pinder
The first vaccine, I wanted it because I was scared of COVID and I wanted to do my part. So yeah, I went on ahead and I did the first vaccine. I didn't expect it to hit me the way it did, really. Second vaccine I feel like I was coerced into taking it.

Shawn Buckley
Okay, now— And I'm just going to stop. Your screen is still shaking. I don't know if your hand is on the table or if there's something else that we can do. You're using a cell phone, I presume.

Julie Pinder
Yeah. Here, let me see what I can do here. Try to lean it up, I'm sorry. Okay, is that better?

Shawn Buckley
That is that is much better, thank you. So the first shot—you basically were afraid of COVID.

Julie Pinder
Right.

Shawn Buckley
Could you tell us who was it that was making you afraid of COVID? I mean, what were you seeing and hearing that gave you that fear?

Julie Pinder
The media. It was all over the place. I pretty much believed that, you know, this miracle vaccine was coming and it was going to save us all and we'd be fine. And I kept hearing that the vaccine was safe and effective. So at that point, I wanted to do my part. I was scared of getting COVID.

Shawn Buckley
Okay, and then my understanding is you had your first shot on March 1st of 2021.

Julie Pinder
Yes.

Shawn Buckley
So you were fairly early on in the queue. Can you tell us what happened?

Julie Pinder
So my first shot, I came home and I was really extremely tired but it kind of felt like an anesthetic type of tired. My eyelids swelled up. I had a rash from my neck down to my feet, pretty much. I was itchy everywhere. And it just knocked me out. I want to say the rash lasted quite a while, it just kind of slowly went away.

But then I started noticing that my heart rate was elevated. I used to wear a Fitbit and I was tracking my steps. I'd look at my heart rate and it'd be up as high as 140 beats a minute and then it would drop back down again. And that was kind of continuous. So at one point I just thought my Fitbit was broken and I stopped wearing it.

I also developed weakness behind my ankle bones and I assumed I needed new work boots. So I did that and then I started wearing ankle braces at one point. I never connected the heart rate and the ankle weakness with the vaccine.

Shawn Buckley
Right. Did you seek medical attention for these effects?

Julie Pinder
Between the first and the second one, I think I did a few times because I was also experiencing cramping in my lower calves. Nobody put two and two together at that point.

Shawn Buckley
Okay. Now, my understanding is: because of these complications you were reluctant to have a second shot.

Julie Pinder
I was, yeah.

Shawn Buckley
But you did attend at the pharmacy to get a second shot. And I'm curious why you were kind of willing to do that again after what you had already experienced.

Julie Pinder
Well, I had a brief conversation with my head of health and safety at work. The place where I worked at is extremely hot.

[00:05:00]

And we had to wear face masks all day. I had asked him, "Once we're fully vaccinated, are we going to have to wear these masks?" And he said, "No, no, not once you're vaccinated." And I said to him, "Well, what about the people who don't want to get vaccinated?" Because there are a lot of people there. And he said, "Well it's going to be mandated, so they're not going to have a choice, we won't have to worry about it."

And also, I was hoping that I could travel. I had booked a trip to the Bahamas that just obviously didn't happen. So for those reasons. At that point, I was scared to take it, I'm not going to lie. I still at that point thought I was doing what was needed of me.

Shawn Buckley
You mean kind of the societal expectation that you do your part?

Julie Pinder
I saw a shift in the attitudes of Canadians towards people who were unvaccinated. People were turning their backs on the unvaccinated. I mean, I—people had really horrible, not-so-nice things to say. Everybody that was hesitant to get a vaccine became treated like an anti-vaxxer. And apparently. Sorry, I'm trying to—

Shawn Buckley
Just carry on. I'm sorry, I didn't mean to interrupt.

Julie Pinder
You didn't want to be—you just didn't want to be associated with somebody who didn't have a vaccine back then because of some not-so-nice things that were said, as far as I'm concerned, by our Prime Minister.

Shawn Buckley
Right. And I just want to make sure that I understand, basically, what was pressuring you because you clearly didn't want to be vaccinated. So basically, there was social pressure from Canadians and there was—

Julie Pinder
There was social pressure. When I went in and talked to the pharmacist and I told him how things had went down, he didn't want to give me the second dose. What he did was he had me tell him what my reaction was. So I told him what my reaction was. And at that time, I didn't even tell him about the elevated heart rate or the ankle weakness because I still hadn't put two and two together there. And so he decided that he didn't want to give it to me without a doctor's note from an immunologist.

I had taken that letter to my local hospital thinking that, you know, maybe there's an immunologist there and they can book me the appointment. We can find out if I'm allergic to anything in it. And instead, the nurse set up a consultation with an ER doctor. So the ER doctor came in and the first thing he said to me is, "I am not giving you an exemption if that's what you're here for." And I said, "No, I just want to make sure—"

Shawn Buckley
I just want to stop you there. So you hadn't even explained to him why you were there or any reasons for or against an exemption. And the doctor tells you, before you guys have any conversation, that he's not going to give you an exemption.

Julie Pinder
That's right.

Shawn Buckley
What was kind of the demeanour and attitude of this doctor and how you were treated?

Julie Pinder
You know, oddly enough, he was really soft-spoken. I think he was trying to come off as kind. But to me it was arrogant. Yeah—I mean, that's all I can say about that. He right away just, you know: "I'm not giving you an exemption." I started to express concern and he told me I should do my part, be a good citizen. Then he said to me, "Do you have any children or elderly people in your family?" And I said, "I have a new grand baby." And he said, "You don't want to be responsible for killing your grand baby."

And so obviously at that point—I think that was probably the only thing that could have been said to me to go back and get the second vaccine. When I saw the pharmacist again, it was the same pharmacist. He said to me, "Are you sure you're okay with this?" And I said, "No, but the doctor made it sound like I'm going to kill my grand baby if I don't do it." And so he gave me the second vaccine. But I feel like he was uncomfortable with it and he didn't want to. And you know, I kind of wish he had've stuck to his guns.

[00:10:00]

Shawn Buckley
And so what happened?

Julie Pinder
I was fine for the 15 minutes that I sat with him. Then on the way home, I could taste metal in my mouth. My right arm felt really heavy. I kind of wondered if maybe I was having a heart attack, so I pulled over, I drank some water, and I thought, "No, you know what, I'm just paranoid. I'm having a panic attack." Because, you know, I was scared to have the second vaccine.

Another thing the doctor had told me was to take a Benadryl and I'd be fine—I forgot about that. I bought Benadryl from the pharmacist. I came home. I started to get that really, really deep feeling of tiredness again. I took the Benadryl and I went to bed.

I woke up at some point to use the washroom. And I knew I needed water. My head was pounding and I had lost the vision in my right eye. But I was so tired I didn't even care. I just went back to bed. I want to say the migraine probably lasted another day. And then I woke up at one point and the headache was going away, my vision was restored. And I thought, "thank God, that's over and done with."

Then, I want to say, within a week after that, I started dropping things. And it just progressed from there. My hands, when I started this, looked normal. So they went from normal to skeletal looking within a matter of, I want to say, two or three months. I started dropping things. My sense of perception was off. I'd go to open a door and I'd completely miss the door.

I continued to try to work. The cramps in my calf muscles got really, really bad. It felt like all the muscles over top of my kneecaps had bunched up and in my upper thighs. And I remember doing reports at work and I'm holding a pen; I'm trying to make numbers and it's like my brain just wouldn't connect. I just couldn't do it. At that time, I had a week off work and I thought, "Okay, well, I have a week to get better." I just assumed I would get better.

Instead, things just progressively got worse. I started to be able to feel where I was losing the muscles in my body. To me, it felt like it went from my ankles up into my knees, my thighs, my trunk, my back, my neck, down my arms, and into my hands. And so I went to my local hospital and I spoke with a doctor there. And he told me that sometimes people are getting something called Guillain-Barré syndrome and that he would test me for it. He did blood work. He came back. He told me I was fine. I later found out that's not even how you test for it, you have to do a spinal tap. So I feel like I was deceived just to get me out of the hospital.

I then started having issues with swallowing—

Shawn Buckley
Can I just stop you? When you're presenting at the hospital— And this is in St. Thomas, am I correct?

Julie Pinder
Yep.

Shawn Buckley
You're telling them basically what you've just told us, all of these symptoms.

Julie Pinder
Yes.

Shawn Buckley
And so they do a test for one thing. It's not that and so they just send you home without anything further?

Julie Pinder
Yes. I told that doctor that I was losing my muscles. And that was it, he'll do blood work. From there, like I said, things were starting to progress. I started having issues swallowing. I started having issues with my thought process. I knew I was losing my muscles rapidly. And so my husband took me to London Health Science Centre because we knew there were neurologists there. And I was seen by a neurologist in the ER. And he took a look at my hands and he said, "Yeah, something's going on here." And he admitted me. The next day, a neuromuscular doctor came in. And she basically argued with me and told me what I was experiencing wasn't happening. I couldn't walk a straight line, I had no balance, they saw that. I'm assuming my blood pressure was low because I had a nurse ask me twice if I was dizzy. And she had me do a genetic spit test. She also told me that I should protect the muscles in my arms by wearing hockey equipment to bed.

[00:15:00]

And I think at that point I had asked to see a different doctor, who was no longer at that hospital. And of course, that took a little bit of time. But yeah, I was sent home like that in active muscle atrophy.

Shawn Buckley
So did they do any follow-up with you? Because they basically told you that you're not experiencing what you're experiencing.

Julie Pinder
No. I was passed off to a different doctor, who has done nerve conduction studies. And has said, "Yeah, you're getting weaker." I've had several blood works done, I've had the genetics testing done, I've had an MRI, I've had CAT scans. And I feel like they just keep looking for autoimmune diseases that I don't have.

Shawn Buckley
Are any of them considering that it's a vaccine injury?

Julie Pinder
I did have an appointment with a rheumatologist who said, "I don't know what the big deal is." She believes it's a vaccine injury. I also saw a spine surgeon who looked at my MRIs and she said there's nothing that she can see that's wrong with my spine except for the normal aging stuff. I think she had said that she agrees that it was a spine injury. I know she said that she can't think of anything that can make your muscles waste that quickly.

Shawn Buckley
Now, you said she thinks it's a spine injury. Did you misspeak there?

Julie Pinder
Oh, yes, I misspoke. She did not think it was a spine injury. Sorry.

Shawn Buckley
Now, you applied for long-term disability. What happened?

Julie Pinder
Yep. I have in the past reacted neurologically to nitrofurantoin. And I think, once I got better, they just left it there. I also had issues back then, like, not nearly this severe. But because of that, they say "pre-existing," and that's just what insurance companies are like. So even though they have the rheumatology report, that's just what they're like.

Shawn Buckley
Right. So how has this affected you financially?

Julie Pinder
My husband also has— He was one of the unlucky people who got a specific batch number of AstraZeneca from the Baltimore plant. He has heart damage and now he's working two jobs. And it's impossible to get compensation from the Vaccine Injury Support Program, from what I understand. Even to get my paperwork, I had to get my MP involved. I kept repeatedly phoning them, sending emails; they didn't even send me the paperwork. And now, I'm just hesitant to do it because I feel like they're going to just be like the insurance company. Well, they're going to just try to disprove it.

I mean, it takes almost a year in Canada just to get an MRI, right? So how are people supposed to function like this? I was told I could apply for my CPP disability but that takes up to eight months. And I mean, quite often, I've heard they deny you the first time.

So—yeah, there's nothing really set up for people who are injured instantly.

Shawn Buckley
If you could share one thing with your fellow Canadians, what would your message be?

Julie Pinder
Don't get it. Because there's nothing— It would be different if they were doing studies or if they cared. I was told by my MP I'm just somebody who happened to fall through the cracks. You know, I mean, I've lost my job.

[00:20:00]

I'm trying to gain back my health.

Don't do it. Until this government is willing to step up and help people and stop trying to divide us, I'd stay the hell away from it. I guess my big concern now is you have a whole bunch of people who have been injured by this vaccine. We're being censored online. If I put anything on, for example my Facebook, I get a warning for false or misleading information. Even if it's pictures of my own vax injury. We've been called liars by people who had it and had no issues with it. The people who were anti-vaxx or against it telling us that we deserve what we got because we didn't listen to them. We can't get treatment by doctors and this government isn't supporting us.

Shawn Buckley
Okay, I'm just going to ask the commissioners if they have any questions of you.

Julie Pinder
Sure.

Shawn Buckley
And the commissioners don't.

Julie Pinder
Okay.

Shawn Buckley
Julie, on behalf of the National Citizens Inquiry, I truly thank you for sharing your story. It's so important that people like you let everyone know what's happened and what your experience is.

Julie Pinder
Can I just say one more thing quickly?

Shawn Buckley
You certainly can.

Julie Pinder
So my concern is: if this vaccination can do this to adults, I can't even begin to imagine what it can do to a child. You have children who are getting myocarditis— I don't understand, you know. If given the choice between getting COVID or getting myocarditis, I'd take my chance with COVID. It doesn't make sense to give children this vaccine to keep an 80-year-old, say, off a ventilator. It makes absolutely no sense to me.

And that's where I better leave it, because I get from upset to angry.

Shawn Buckley
Thank you again, Julie, for sharing with us.

Julie Pinder
Great, thanks.

[00:22:23]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 3: Catarina Burguete
Full Day 3 Timestamp: 03:17:40–03:35:07
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Allan Rouben
Can we get your name, please?

Catarina Burguete
Catarina Duarte Burguete.

Allan Rouben
And we've been swearing in witnesses, so Ms. Burguete, you swear that the evidence you're going to give will be the truth, the whole truth, and nothing but the truth, so help you God?

Catarina Burguete
I swear, so help me God.

Allan Rouben
Thank you very much. Tell us a little bit about yourself.

Catarina Burguete
I am 51, I am a mother of four: three girls and a boy ranging in age from 21 to 13. My husband and I own a business in the hospitality industry. I am a retired healthcare professional. I retired to raise my children a long time ago. During the pandemic, when they were short of PSWs [personal support workers]: because of my background we could quickly train, and I went to work in long term care.

Allan Rouben
What is it that brings you here today?

Catarina Burguete
Today, like everyone else, I just feel it's important that our stories get told. And I would like people who maybe aren't aware of the consequences, of what some of us went through, to listen.

Allan Rouben
And so you mentioned about your children. What are the impacts of the last few years? What has that been on your children?

Catarina Burguete
Well, all four of them have felt the impacts in very different ways. So early on—my husband is a retired scientist and with my background in health care too—we questioned everything. We've always been like that anyway.

So for the kids, if I start with my oldest, who was in third-year biology at Queen's University, we made her aware that the vaccine had no long-term safety data and that we did not want her to take it. We showed her the information and we held our breaths and we let her decide for herself what she wanted to do. There was a very real threat that she'd be kicked out of school. And she was. We are grateful that she decided she wasn't going to take it but it was very difficult.

Allan Rouben
What happened to her, exactly?

Catarina Burguete
So ironically, the January before she was dismissed from university, she got COVID from a fully-vaxxed friend. And we tried to say, "Well, what difference does it make? This friend is allowed to return after the Christmas break. She is not. They've both had COVID. She's fully recovered now." Anyways. So nope, there was none of that. She had to come home.

She went through a very difficult time with, maybe not depression, but feeling very low, being ostracized by friends who were afraid. Her roommates made her life very difficult. Somebody who'd always been popular just couldn't believe that her friends would turn their backs. These kids were ruled by fear, total fear.

Allan Rouben
Did your daughter know if she was going to be going back to school?

Catarina Burguete
She had no idea if she would ever be able to go back and she was devastated.

Allan Rouben
What ended up happening?

Catarina Burguete
So she came home, she worked, and then the mandates were dropped. And she was allowed to return in September of—this previous September. Of course, now she's a semester behind, so she's going to have to go back and finish to get her degree.

Allan Rouben
And your other children, what grades are they in?

Catarina Burguete
So my middle two were in high school throughout, and then my youngest is now in grade seven.

Allan Rouben
What did you see in terms of the impacts on them?

Catarina Burguete
Oh, mentally, huge. We've heard this morning about all the crazy school requirements and the cohorts and not being able to socialize,

[00:05:00]

and the fear that was instilled in all these children. And of course, they felt they had no social lives. It was depressing: they didn't leave their rooms, they had no sports, they had no outlet, no clubs, no nothing.

Allan Rouben
In your school district was it mostly remote learning over the last three years?

Catarina Burguete
Remote learning, yep. Luckily a very good friend of mine is a retired high school teacher, so she was able to help my teens. And my son, I said, "No, you're not logging in; we're going to homeschool for the time that you're meant to be online."

Allan Rouben
From your personal viewpoint, what did you see in terms of the effects of remote learning?

Catarina Burguete
Well, if I focus on my youngest son, there's no socialization, there's nobody to play with. He had a diagnosed speech impediment and luckily, we were fortunate enough that his speech therapy could continue online. When he did return to work and they were meant to be masked, I said no. I mean, show me the data that a masked child with a speech impediment isn't going to be adversely affected. And it didn't exist. So we were given an exemption. He was the only one in the school of 250—he's got a spine of steel—he was unmasked.

The following year, I was no longer able to just say as a parent, "My child will not be masked all day." And that we had to use his speech impediment as the reason for them to tick that box.

Allan Rouben
I'm guessing that was a bit of a struggle to get that exemption.

Catarina Burguete
I think they knew we weren't going to back down as parents and they were happy to have the out. I felt for other parents who I'd heard from who didn't have that excuse, and I hated to use it as an excuse. No child should be masked six hours a day, never mind an hour a day. Yeah, I hated to use his disability as an excuse but in the end, I had to.

Allan Rouben
And tell us a little bit about the impacts of mandates and COVID policies generally on you.

Catarina Burguete
Well, on me, because I was working in long-term care, we were being tested every day. And it came through the pipeline—even though I had started, I had trained as a PSW through the pandemic because they needed us—it was coming through that you were going to have to be vaxxed. And by then, my husband and I were pretty sure; well, we knew right away that we were not going to do that.

He's a retired scientist and I've worked in healthcare. And it was just insane to me that a rushed product, for which we now know there was ample evidence that didn't even stop transmission, and that carries huge risk, could be mandated for anyone. So I said I wasn't going to do that. And I tried to find ways around it. I said, "I will submit to testing before every shift." I said, "You know, there's evidence of a really good prophylaxis coming out of South America." No, it was just, it was a non-starter. There was no way. It's the vaccine or you're out. And the irony is, all of my colleagues in long-term care are tested every single shift.

Allan Rouben
So you lost your job?

Catarina Burguete
I lost my job.

Allan Rouben
When was that?

Catarina Burguete
October of 2021.

Allan Rouben
Have you gone back?

Catarina Burguete
No, it is a county-owned facility, and our county still has a COVID vaccine mandate.

[00:10:00]

Allan Rouben
And I understand you're a churchgoer.

Catarina Burguete
Yes, I am a singer too. And I sing in a few different choirs and I sing in our church choir. I also worked very part-time in our church office.

But through COVID, choirs were devastated. We weren't allowed to sing as a group. And they asked for volunteers to maintain the music in ministry, which I did. Nobody else volunteered, everyone was too afraid. I said I'd do it.

And then when choirs were allowed to resume, there was a catch. And you had to be vaxxed. So the people I had stood beside for ten years, twice a week, every week, said nothing. They watched me walk away.

Allan Rouben
So you couldn't sing either?

Catarina Burguete
No.

Allan Rouben
Today?

Catarina Burguete
Today, it's okay. I can sing, but only in selected choirs, because some choirs require more protection, I guess. And so it's okay to sing in my church choir every Sunday, just like it is in, I assume, every church in the diocese.

However, for some years, I had sung in a diocesan choir, which brought together people from all over. And we did some big events. And in that particular choir, you must be vaxxed.

Allan Rouben
You mentioned about a business that you and your husband own?

Catarina Burguete
Yep, we own a business, we own a brewery. And so early on— My husband is a retired scientist. He actually happens to be a yeast specialist and RTQ [Real-Time Quantitative] PCR specialist. He performed PCR tests hundreds of thousands of times in his postdoctoral research.

But in the beginning of the pandemic, we thought, well, you know, we have to do our bit. We're going to help. We have to do our bit. And he ended up making hand sanitizer when there was a huge shortage. We donated about $30,000 worth of materials and he made the hand sanitizer and donated it all to local— There was a charity set up that was trying to get PPE and supplies to local hospitals, doctors' offices, and businesses.

Allan Rouben
So this was in the early days of the pandemic?

Catarina Burguete
Yes, yes.

Allan Rouben
And was your business—did that remain open?

Catarina Burguete
Well, because alcohol was essential, we were allowed to keep the bottle shop open, so people could come in and they could buy. But we couldn't operate the bar. You couldn't come in and sit and have a beer. You could come buy it and take it home. So I mean—and the other thing is, the pubs and restaurants are closed. So we had nobody to sell to. So our business suffered like everybody else, pretty much.

Allan Rouben
And from a social perspective in your community, how would you say you and your family had been impacted?

Catarina Burguete
We've lost a lot of friends, but we've made so many more friends. We discovered—at our lowest and like many people, feeling so low, just like a cloud over your head constantly— we discovered an underground of people who were suffering in all sorts of ways. And we started to meet. I mean, this was during lockdown, too. It was all secret.

It's just crazy to think about it now, but I found a lifeline. And I still remember showing up to that first meeting and I couldn't believe it. I couldn't believe I wasn't alone. We all told our stories. And we all had to park, like, far away, so that neighbors wouldn't report you. And those people are some of my best friends now.

[00:15:00]

Yeah. A really dark time, really dark time.

Allan Rouben
Do you feel like you're coming out of it now?

Catarina Burguete
Yes. Yes, things are somewhat back to normal. But like many people, I struggle with the idea of forgiveness. Because forgiveness does not happen in a vacuum. It requires an apology. It requires a sense of what was done wrong, an acknowledgement of what was done. And reparations, whatever they may be. And a system put in place so that it won't happen again.

Allan Rouben
We talked in the education sector earlier with Mr. McCurdy about acknowledgements by officials and it doesn't seem like that's occurred. What have you seen, if anything?

Catarina Burguete
Nothing. Nothing. No one's apologized. No one. Not on a personal level. Actually, that's not true: I've had one or two people on a personal level apologize. And I am so ready to forgive on any other level, though no one's apologized. No one.

It needs to start from the top down, from the politicians. Public health needs to be gutted. Reprehensible. And they need to apologize. They need to pay for what they've done. But I'll take an apology, any day.

Allan Rouben
I wonder if any of the commissioners have any questions?

Thank you very much for coming.

Catarina Burguete
Thank you. Thank you so much.

[00:17:27]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 4: Dr. Eric Payne
Full Day 3 Timestamp: 03:36:15–04:32:36
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Allan Rouben
Good morning, Dr. Payne.

Dr. Eric Payne
Morning. Can you hear me?

Allan Rouben
Yes, we can, and we are seeing some of your slides coming up.

Dr. Eric Payne
That's perfect.

Allan Rouben
Before we get to that, can I swear you in, which we've been doing with the various witnesses. So do you swear that the evidence you give will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Eric Payne
I do.

Allan Rouben
Thank you. And you're joining us from Alberta, I believe, right?

Dr. Eric Payne
That's correct. I'm in Calgary.

Allan Rouben
And tell us a little bit about yourself.

Dr. Eric Payne
Well, I've got a summary of my academic background up here on the right. I am a child neurologist, Canadian-trained, worked in the States as well at Mayo Clinic for six years before being recruited back to the Children's Hospital to help build a neuro-inflammatory program, as well as my epilepsy surgery and ICU-EEG experience. We returned— We being my family, I have three small children as well, eight, six and four. We moved back to Calgary from Rochester, Minnesota a month before the pandemic started.

Allan Rouben
It says there that you were a pediatric neurologist at the Mayo Clinic for six years before you came back.

Dr. Eric Payne
That's correct.

Allan Rouben
What did that involve?

Dr. Eric Payne
Yeah, that was an outstanding experience. There's not a better healthcare delivery model system in the world, in my opinion, than Mayo Clinic. I had the ability to just focus almost entirely on epilepsy, both adult and pediatric, and I was very involved in helping to develop and run their ICU-EEG [electroencephalogram] monitoring program. So we hooked patients up who are critically ill in the ICU to EEG to look for seizures and prognosticate outcomes.

And so you know, my youngest two were actually born in the States. They're American. We had a really, really good experience and really only decided to move home to Canada when University of Calgary and the Alberta Children's Hospital came soliciting once again—you know, about six months or a year before I came—to sort of say that they had an open job coming up. And they wanted to write that job based on my credentials, which they did.

And as a result of a three-year starter package that was very generous with funding, as well as protected research time, which was going to be 50 per cent of my time, we made the decision to move to the family at that moment.

Allan Rouben
And that was in the spring of 2020.

Dr. Eric Payne
That was in February 2020.

Allan Rouben
February. Okay. All right. So what happened next, from your perspective?

Dr. Eric Payne
Well, with respect to the COVID stuff—I have a slide here on ethics—really where I got involved with this was a letter that I wrote on September 15, 2021 to the College of Physicians and Surgeons in Alberta. Because they were openly contemplating whether or not to tie our medical licences in the province to the COVID vaccination.

And at that same time, Alberta Health Services [AHS], who was my employer—or one of them anyways, University of Calgary as well—had made the decision late August that they were going to implement a COVID-19 vaccine policy. And that if you were not going to capitulate, that you were going to get locked out and lose your job.

So I wrote a letter, you know, 18 pages with about 80 references, every bullet point backed by a fact, a data point. And that letter ended up going viral, I guess. I put a copy of it, as you can see up here, on the JCCF website because people were manipulating versions of it when it first got out.

Allan Rouben
Sorry. What is JCCF? Apologies.

Dr. Eric Payne
JCCF is the Justice Centre for Constitutional Freedoms. So they were one of the only lawyers or law firms that were willing to talk to someone like myself, who was looking to fight back against these, what I felt to be, very unconstitutional mandates.

But more than that, the science at the time in the fall was incontrovertible. We knew that these things didn't stop transmission. We had all these long-term concerns. They failed to show us the bio-distribution data about where this thing goes when it travels in the body. There were a lot of concerns. And we also knew who was at risk. And as somebody who is a healthy 40-year-old, I was not in that high-risk category. So we wrote this letter and these are the main bullet points that I argued in that letter.

[00:05:00]

And then a few weeks later, I got onto a podcast, a Shaun Newman podcast. Mainly because, one, this version of the letter was never meant to be distributed; this was written specifically to 15 physicians on the Council of the College and I felt that it was a little bit too complicated for layman interpretation.

So I got on the podcast to explain it. I also wanted to explain to my colleagues where my head was at. Why, all of a sudden, someone who they had gotten to know for a very long time, because I trained here for eight years— They knew they were getting somebody who cared a lot about their patients and was going to work hard. So I tried to explain to them where I was coming from. But very quickly after this, things went sideways. I've still not received a response from the College. So that letter that I wrote to the College has never received a response.

I sent it to the CEO of Alberta Health Services at the time, Dr. Verna Yiu. She forwarded it to Dr. Mark Joffe. Dr. Joffe is now the Chief Medical Officer of Health appointed by Premier Smith. And he wrote back to me thanking me for my letter and concerns, that they were going to continue to go with the international community. And suggested that if I had concerns about the mRNA vaccines, that I consider taking one of the DNA vector vaccines like the AstraZeneca. And of course, the AstraZeneca got removed from the shelves a few months later because of an increased incidence of clots and bleeding.

After my letter sort of went around, there was another pediatrician at the Alberta Children's Hospital who wrote a letter as well. And so this article in the *Calgary Herald* was sort of slandering what we had talked about—misrepresenting, of course, what we talked about. And one of their go-to individuals for misinformation here in Canada is an individual by the name of Timothy Caulfield, who just won the Governor General's Award for fighting COVID misinformation as a matter of fact. He's also a member of the Pierre Elliott Trudeau Foundation. And so he made this comment that calling into question the safety and efficacy of the vaccine was like "denying the pull of gravity."

But since that time, experts such as Dr. Byram Bridle as well as Dr. Steven Pelech have tried to sit down and just have a discussion about the science. And these articles here speak to those efforts to try to have a debate and discussion. But Mr. Caulfield, who is apparently an expert on COVID misinformation, refuses to sit down even two or three years out on this, which I think tells us quite a bit. And as a result, moving forward, AHS moved to take immediate action. So these are the actual cut-outs from the letters.

They took immediate action on December 13th at 12 o'clock. They let us know. That deadline got pushed back a few times, but I think at 11 p.m. that night, we got the email that we were officially being locked out the next morning. And then the very next morning, December 14th at 8 a.m., the College sent in two investigators to go through my records in front of my colleagues, looking for vaccine exemption letters.

They had, I guess, received a complaint or had concern that I might be writing vaccine exemption letters. So as you can see here, they went through letters from September on. They went through 82 patient records. They found a handful of vaccine exemption letters that I had written for select patients. And they ended up concluding that these were well-documented and valid and that there was, as they say, insufficient evidence found to suggest that I wasn't compliant.

And at the time, the College was telling physicians—I've got this on video—that the only exemption that you can write is if somebody has an allergic reaction or myocarditis after the first. There were no exemptions before the first. However, if you went to their website, there were exceptional circumstances. You had to document them properly. So that's what I did. But that's why everybody had such hard times getting these letters. And the reality was, even once the letters were written, I had colleagues here who had two exemption letters from physicians, and they were still fired from AHS.

On January 6th, the University of Calgary sent me a letter stating that they were not going to renew my contract. I had a signed three-year letter of offer, including three years of start-up funding, for the 50 per cent, 45 per cent protected research time. And they specifically said in the letter, you can see that in quotes: "removed from my education activities by the Cumming School of Medicine due to non-compliance with the University of Calgary's vaccination directive."

And so that was January 6th. And then February 28th, they dropped the policy. So I was officially non-compliant with the University of Calgary's policy for two months. And then Alberta Health Services dropped the mandate in July. I was allowed back into the hospital six weeks after they locked me out. Because at that point, they finally decided that they were going to allow testing.

[00:10:00]

And so before I went to the hospital every day, I had to go to the pharmacy and pay for a test so I could go into work. But fortunately, I was right guessing that was going to be very temporary. And that lasted just a few months and I was back without testing. What's gone on since that time was, as a result of removing my quite lucrative salary contract, they've allowed me to continue on a fee-for-service basis in the hospital while I continue to diminish my clinical time. I've started to see patients in the community.

But just before Christmas, I was made aware that they were advertising for the job that they had removed from me. And so I decided to put my name back in the application. And I just found out a couple of weeks ago that they're not going to consider my application to move forward with that application; they're going to interview four other individuals. All excellent, I know three of the four of them, three of them are still in fellowship training. So they're not even consultants. And the other one is a general neurologist. So you know, not the same skill level or research background or experience.

And I still have two complaints against me outstanding with the College with respect to misinformation. One is related to the original letter itself. The one that I wrote to the Council, I've never received a response for. They have informed me a year and a half out that they have hired an expert third opinion. They can't find, I guess, anything scientifically wrong, so they've asked for a third opinion. And then, from what I understand from other doctors in Alberta who have gone through this with the College already: first of all, getting an outside contractor to look into this is very abnormal for them. But there's a company that they've hired for a couple of physicians. And it's a group of ex-RCMP officers who are now investigating whether or not I spread scientific misinformation when I wrote a letter to my college seeking discussion and debate about something I was very concerned about safety-wise.

The other complaint came from a colleague at my hospital, who I've known for a very long time—someone who showed the intestinal fortitude and the character of courage to just write the complaint behind my back and never actually approached me with any of these concerns. I just, all of a sudden, have a complaint from them. So that one's still open for misinformation as well.

Allan Rouben
So if I can just stop you there and summarize where we are at: you were effectively recruited by the Alberta health officials because of your expertise, recruited away from a job you loved at the Mayo Clinic. And then were promptly let go because for a period of six to eight weeks, you were not in compliance with the vaccine mandate. Is that it?

Dr. Eric Payne
That is correct.

Allan Rouben
Okay, you can continue.

Dr. Eric Payne
I thought at this point I would sort of focus on the four main points of my letter, just showing very briefly. I got a lot of slides but I'm going to go through them—not to explain everything but people can take screenshots and it's going to be there for posterity.

But the first point was that September 1st, so 15 days before my letter, the CDC [Centers for Disease Control and Prevention] decided to change the definition of a vaccine. Because these genetic jabs were not vaccines and so they had to change the definition. They weren't preventing disease. They weren't providing immunity, so they changed it to providing some temporary protection.

We also knew at that time—this is CDC data here—I mean, you know, age was an incredible predictor of who was going to get injured. So here I am within the 20- to 49-year-old group and I've got a 99.98 per cent chance of survival. We knew this within three months before it even sort of arrived on our shores officially.

And if you look at the Canadian data—this is on the Canadian publicly-available data—you can see down here: This is age and this is the number of cases of COVID over time, deaths "with" or "from" COVID. Keep in mind that at least 50 per cent of these are going to be with and they didn't actually die from COVID. This has been acknowledged by multiple public health officials many times. But as of May 13th, 2022, there were a total of 40,000 deaths in Canada in three years. And half of those were with and not from.

So we've had 20,000 deaths in Canada in three years from COVID, and 97.1 per cent of those have occurred in those over 50. If you look at the breakdown in Alberta, just focus on the summary here: Albertans over 50 years have comprised of 70 per cent of all COVID related hospitalizations, 70 per cent of all COVID related ICU admissions, and 96 per cent of all COVID-related deaths.

If you look at it divided by pediatric data, fortunately this thing has not been affecting kids. We didn't have any deaths in Alberta until the fall of 2021. So this was a full year and a bit, after the pandemic,

[00:15:00]

just as the vaccines were starting to roll out. We have five cases of death. I know three of them died for sure with and not from COVID. I don't know all five of them, but this is the total number. This is the number of kids that got hospitalized out of all of this, total on the ICU and five deaths.

In one of those, the very first death as a matter of fact, our former Chief Medical Officer of Health, Dr. Deena Hinshaw, got on and held a press conference to indicate to families that we had just lost the first child from COVID and then promptly sort of encouraging families. That was right at the time they were both to push the vaccines in the 5- to 11-year-olds and then had to retract because a family member pointed out that the teenage boy had been suffering from stage four brain cancer and had died with and not from COVID. So she apologized and retracted that.

And this is not surprising. This is October 26, 2021, right at the time my letter went out. This was Pfizer's own modeling data that they submitted to the FDA. And they predicted that if you vaccinate one million children, so two shots fully vaccinated, you're going to save maybe one life. But you're going to cause somewhere between 34 and 17 cases of excess myocarditis in the ICU. And we know that probably 15 to 20, maybe up to 50 per cent—depending on the study of people who have ICU myocarditis—die within five years.

So based on their own modeling, before this thing rolled out in kids, before the Canadian government approved this, this table showed you that they were going to kill more children because of ICU myocarditis than save from the vaccine. And this doesn't include any of the other side effects. We were told, as you guys all remember:

[The witness plays inaudible video clip of Dr. Rochelle Walensky]

Allan Rouben
We can't hear.

Dr. Eric Payne
Oh, you guys can't hear that.

Allan Rouben
We can't hear that clip from Ms. Walensky.

Dr. Eric Payne
Okay, so that's—

Allan Rouben
The gist of it is that we were told that the vaccine would prevent you from getting Covid, yes?

Dr. Eric Payne
Yeah, that's right. I'll have to figure this out because I've got other short videos too. But she was telling us that you're not going to get it. If you get it, you're not going to spread it to other people. And then we had— And hopefully, let's see if you guys are— If I just do this, you guys may be able to hear this now.

[The witness plays an inaudible video clip of Dr. Anthony Fauci.]

No, that's not going to work. So this was Fauci saying the same thing. And these are all the people that said that.

But the key to what was taking place here was that in the official trials that were done—and they came back telling us that this was 95 per cent effective or 100 per cent effective in the teenagers—what they were providing was the relative risk. They were not providing us with the absolute risk. The absolute risk from these trials actually showed that if you had 100 per cent chance of getting COVID, these things reduced it by 1 per cent. So the number

needed to vaccinate based on these numbers showed that you needed to vaccinate 125 people or 200 people just to prevent one case.

So there was no chance that vaccinating everybody was ever going to solve this endemic virus. And this is a quote from a document from the FDA [Food and Drug Administration] itself, saying that it is actually unprofessional to just provide the relative risk and not provide the absolute risk.

This is a document that was pushed around in Canada, including the children's hospital that I worked at back in June in 2021, stating here that the vaccine was 100 per cent safe and effective based on the relative risk in those children. But they also suggested that we had no concerns for long-term risks. And I was able to confirm via email with the pediatric infectious disease doctor who was helping push these things: At the time that they were sending this to families, they only had eight weeks long-term data in adults. They didn't even have eight weeks in kids at that point.

The major integrity issues with respect to the Pfizer original trials as well, there's a whistleblower who is currently suing them. And it's incredible what they were getting away with.

Hopefully, you guys are able to hear. You guys can't hear that, can you?

[The witness plays an inaudible video clip of Bill Gates.]

Allan Rouben
No, we can't.

Dr. Eric Payne
Okay, so that's Bill telling us that these vaccines are not good at infection-blocking and preventing the disease. So he, right after making this statement, sold off a whole bunch of his Moderna shares with a pretty good upside to them.

Here is the Alberta public health data, and this is the kind of figure that I have in some of my expert opinions that are before the court with respect to COVID.

[00:20:00]

But this is the Alberta data over time, COVID cases. Two doses is in the green, three doses is in the red, one dose blue. And so what you can see: May 2021, September '21, here we are at the Omicron, right during the truckers, in Ottawa in January of 2022. And if you had had two doses, you were twice as likely to get Omicron. And that is relative to 100,000. So this is not the absolute numbers, this is relative numbers.

This continued. And you can see here, as of March 13th, the three doses were most likely to be getting COVID by the Alberta data. And it was at this time that Alberta took this number off the website. Now certainly, there is more uptake on the third shot among elderly people, so that for sure is a part of this, but it does not account for all of it.

Here's the Ontario data: same thing, fully vaccinated, absolute risk right around January '22, more likely to get COVID if you had two shots. Relative to vaccine status per 100,000, the double-vaxxed were more likely to get Omicron last Christmas.

This is the U.S. data, looking specifically against Omicron coming out this fall: zero per cent effectiveness is here. And you can see that over time, across all age groups, this became negative effectiveness over time.

This was a prospective study just done at the Cleveland Clinic in the fall, where they looked at the bivalent effectiveness in 50,000 of their own healthcare workers. Note that they didn't even force their healthcare workers to all take the shot because they had some people with zero doses to study. But what this showed very effectively was a dose-response curve. The most likely person to get COVID Omicron this last fall was four doses, then three doses, then two doses, then one dose, then zero doses.

This video, I think many people have seen this one as well: an E.U. parliamentarian asking a Pfizer executive if they had had any evidence that the vaccine stopped transmission before they rolled this out. Which, I think, most people thought that of course they have evidence that this had. She chuckles and says, "No, we didn't have any evidence to show that this stopped transmission. We had to move at the speed of science." Whatever that is.

So right around that time, the naysayers here will say, "Well, it still does something against serious illness and disease." But in March 2022, this was the data available publicly in the U.K. And nine out of 10 COVID deaths were in the fully vaccinated. So U.K. and Israel were about three to four months ahead of us on this, so you could just look to see what was going on there to predict what was coming in Canada, which was why, when I wrote my letter in the fall, I already had Israeli data that showed that two doses comprised 60 per cent of the ICU admissions in September. So there was no way even against serious illness and death that this was going to do what they were saying it was going to do.

Here's B.C. data showing the same thing. Ninety-three per cent of the COVID-related deaths in March were in the vaccinated—85 per cent, 82 per cent of hospitalizations. And this is despite the fact that only 50 per cent of people in B.C. had taken three shots. Proportionally speaking, the triple vaccinated are most likely to die from COVID. That's in B.C.

This is the Alberta data, same thing. Three doses, 50 percent—this is hospitalizations. So you can see 81 per cent of the hospitalizations were in the vaccinated. And then in deaths, this is July 4th, 2022. Seventy-three per cent of the deaths in Alberta occurred in those who were with two or more shots. And this data is important, especially in the context that we only had 39 per cent uptake on three shots.

So this is right here at the Omicron, when it came out at Christmas time in 2022. And right when everybody who had taken two and three shots got COVID anyways, a lot of them decided that they weren't going to take three shots. So we haven't gone past 40 per cent uptake. It's plateaued since January of 2022. And in response to those numbers, AHS has **taken— The Alberta government has taken the cases by vaccine outcome, death, hospitalization, and cases itself. You can no longer get that anywhere in Canada, basically.**

This is Paul Offit. And he's a member of the FDA that consistently— He's a pediatric infectious disease doctor who consistently voted "yes" for the vaccines. And he's saying that he would have voted "Hell, no" if he could have said, "Hell, no," instead of just "No" to the Omicron boosters, because of the complete lack of data associated with that.

And then what we've seen here in the last six months is that because of the efficacy data and lack thereof, multiple jurisdictions are taking this from their shelves. France just removed this. Denmark stopped recommending these back in March, a long time ago—

sorry, September 2022. England. Here's Florida removing these from those under the age of 40.

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Here is the Danish health minister saying it was a mistake to recommend COVID-19 vaccines for children. Here is a health official from Quebec recently stating that they're not going to recommend boosters, only for the vulnerable, specifically drawing attention to the fact that natural-acquired immunity with respect to COVID actually exists. And those who have had it—given that about 95 per cent probably of us, based on serology studies have had it—there's no reason to boost everybody with it.

And then just this week the World Health Organization, of all people, is now no longer recommending this for those who are not at risk. You know this clip. If you haven't seen it—it's really too bad that the voicing is not working here—this is Anthony Fauci years and years ago being asked specifically on camera about a woman who just got influenza, just got the flu, and whether or not the person who just got the flu should also get vaccinated against the flu. And he says, "If she has really had the flu, then she does not need to be vaccinated."

The best vaccine is in fact being infected with the virus. So that was pre-COVID, that was the brain on pre-COVID. And then all of a sudden, right as these vaccines were coming in, we know by serology, by the summer of 2021, that probably 50 per cent of the population had been exposed to COVID. The idea that you would expose 50 per cent of your population to an experimental genetic jab if they had protection from already getting it didn't make any sense. So they had to tarnish that long-held medical established fact that, yeah, 2,000, 4,000, 6,000 years of human existence and we're here because of our immune systems.

Dr. Paul Alexander put together 160 research studies over the last few years showing a superiority of natural-acquired immunity post-COVID infection to the vaccine.

And here's a recent paper that just came out earlier in February. I'm not going go through it but basically, it was a meta-analysis of all the best data. And as a result, showing for sure that there is better robust protection. Even if you get reinfected—like with Omicron if you got, say, the original virus or alpha or something like that—you are protected against serious illness still with these numbers. And that led to actually the mainstream picking this up recently. So you know, what was actually interesting about this study was it was funded by the Gates Foundation. So they really have to acknowledge this now for that to come out that way.

But nonetheless, here is, "Three Years Late, *The Lancet* Recognizes Natural Immunity." And **this is one of the points that I was apparently spreading misinformation for when I wrote that letter in September. Here's the *New York Post* stating the same thing.**

These are two short videos talking about vaccine-induced enhancement. The idea that being vaccinated against certain viruses: with subsequent exposure to that virus, you can get increased infection, or you can get enhanced infection as a result of that. And it's well known.

I had written about this because we had about a dozen papers where animal models had gotten respiratory viruses. And subsequent to getting the vaccine, subsequent exposures, the animals all died due to antibody-dependent enhancement. And this is Dr. Fauci explaining exactly that: that there is this issue with vaccine-induced enhancement. The FDA

knew that it was a risk with the COVID vaccines. So they were watching for it apparently, but they haven't really been documenting any of this.

And we can get this through antibody-dependent enhancement: immune imprinting, where your immune system gets biased towards the first version of what it sees. And then it can get exhausted by all these subsequent boosters. And Peter Hotez has been one of the most vocal pro-COVID vaccine people on CNN, everywhere. But this is a testimony from him. This is really remarkable testimony as a matter of fact, back in March 2020. He himself had done vaccine research with the coronavirus and had found that vaccine-induced enhancement was an issue. And he specifically talks about an RSV [respiratory syncytial virus] vaccine where children died as a result of vaccine-induced enhancement.

And so it is an absolute concern. It was a concern. Everybody knew that it was a concern. And if you look across here now, we've got clear evidence in the peer-reviewed literature that that has taken place. That antibody-dependent enhancement has happened with Omicron, the antibodies that are being generated are not neutralizing, meaning not cancelling, the virus itself. We knew this at the time I wrote my letter.

This is the paper with respect to the Delta variant that was present in Fall 2021. Again, showing there is infection-enhancing antibodies that's been detected. And this is one of the things that I know; this was quoted as well. But look at the date that this was submitted, November 2019. So pre- this rolling into our shores, as far as we've been led to believe. Although now it's been even recognized by the former CDC director and in peer-reviewed literature. The virus was in circulation in the fall, for sure in Europe.

But anyways, here is the woman, Zhengli Shi, who's colloquially known as the Bat Lady. In their lab, they actually induced enhancement of coronaviruses.

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Before this thing got out and infected everybody, there were people playing with antibody-dependent enhancement of the coronavirus itself. And now it's widely acknowledged. What was previously conspiracy theory with respect to this thing having been generated in the lab. now I think everybody has acknowledged that it was definitely created.

The COVID genetic jabs and distribution, it's a huge issue. Because there isn't a single drug that we get that I can't look up what happens to it in your body, how long it takes for that thing to get metabolized, where it gets metabolized. And for whatever reason, that was not present with these vaccines, these genetic jabs.

And we knew that they were being housed in a fat ball, the mRNA ones were. So because of **that, my thought was that this could get everywhere. We were specifically told that this produces a spike protein, but that spike protein gets tethered to a cell membrane and as a result, can't circulate in the body. And then gets recognized, destroyed; you build up an immune response and then it's gone.**

Now the Canadian government is recognizing on their website. It was a conspiracy to suggest it could circulate in the fall, when I wrote this. But now the Canadian website is acknowledging that this can exist for days to weeks. It can actually exist for many, many months. There's evidence that it can even exist beyond a year.

And this point about, "This does not get into the cell nucleus," and whatever—that may not be totally true. We've got this paper by Alden et al in a cell model of HUH7, which is a liver

cancer cell model, showing that it activated a reverse transcriptase, meaning the mRNA became DNA. And then they found the spike protein inside the cell nucleus. So we need to know more about this, but this idea that this doesn't get in and it's been debunked—that's also nonsense.

This was the only data that I had in September that was really— This was obtained through access to information and this was in rats. We knew that very quickly, 0.25 hours, one hour, 48 hours, that this circulated everywhere. It was in brain, eyes, heart, kidneys, reproductive organs. That was back— Japanese Pfizer data. We've also got the data that was submitted to Australian authorities from Pfizer, showing, once again, this also gets into the bone marrow. I mean, it goes all over the place. And the uptake in the reproductive organs as well as the brain: it's very, very important.

Now, it's also been found in the breast milk. So whether that's meaningful or not, they fact check this and denigrate it, but the reality is they're finding it in people's breast milk. So to suggest that this thing doesn't travel would be misinformation itself right now. Another study showing that it circulates for at least 15 days.

Here's an adult who got the vaccine and then developed encephalitis and status epilepticus. And they found the spike protein—not the virus and envelope protein but just the spike protein—in the cerebral spinal fluid. So it has the ability to get into the spinal fluid. And it can get in and affect myocarditis. So here it is where the patients who have clinically-evident myocarditis are more likely to have detected spike protein in their body.

Here's an autopsy series where patients who had undiagnosed myocarditis— All these patients dying in their sleep, it's apparently rude to ask if they were vaccinated. Having said that, we all know that myocarditis and one of the presenting symptoms for myocarditis can be death. This has been identified. On pathology, they found spike protein in the heart.

And here's just the two studies I mentioned. One about the breast milk, but two, we also know that it can impair temporarily semen concentration and motile count. And they say temporarily because they only look for a couple of months and they stop looking. So we don't know how long that actually affects things.

Just sort of wrapping up here. Getting into the severe side effects and death, this was a tour by Dr. Hoffe and Dr. Malthouse. These are all people who were injured by the vaccine who showed up to this tour. These are not rare.

The Vaccine Adverse Event Reporting System, which is a self-reporting system by physicians and patients in the U.S. and internationally, it's now got over 2.5 million adverse events reported with respect to these vaccines, including 44,000 deaths. And this is likely **an under-representation of at least a factor of 10 to 40.**

Here is all the Vaccine Adverse Event Reporting System over decades. So here is all vaccines all put together. And this is the adverse events. And then, here's the COVID vaccine. So the COVID vaccine in the first 18 months accumulated more vaccine adverse events in the reporting system than all vaccines put together in 40 years. And juxtapose that with, you know, previously these things being removed from the market after just 15 cases of a bowel obstruction.

The European Union has got a database as well. They've documented 46,000 associated deaths and 4.6 million injuries. The World Health Organization has got a database as well. This also shows the same thing.

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So as of November 12th, 2021, there were 2.5 million adverse events in the World Health Organization's VigiAccess database, compared to under a million adverse events for all vaccines put together in 40 years.

This is an interesting safety database that's housed by the CDC. And for whatever reason, the CDC went to court to try to prevent its release. It's supposed to be publicly available data. They prospectively enroll patients getting vaccinated and they're supposed to report what their symptoms are on a prospective basis over the next few days. And this system showed that 7.7 per cent of everybody who took a shot—this is everybody; this is not just self-selection bias; everybody who took a shot regardless of symptoms had to add this thing in—almost 10 per cent had to go get medical attention and one of the four were missing work or school. And as I say, the CDC tried to hide this data.

The FDA tried to hide Pfizer's data. This is three-month data that we have now by Access to Information. In the first three months of the vaccine rollout—this is before it came to Canada—they had already documented 1,223 associated deaths. And the six-month Pfizer data, which if you haven't looked at the Canadian Covid Care Alliance's video, "More Harm than Good," I highly recommend it because it's extremely well done. But this is probably our best data at six months. It's actually the trial data, so they're actively followed to find the side effects. And they tried to hide this for six months. And when we got access to it, we found that injuries short-term were higher. And there were actually six more deaths in the vaccine arm at six months than there were in the placebo arm. And so there has absolutely never been any peer-reviewed, any quality phase three trial data showing that these things prevent serious illness and death. Even the original Pfizer trials, we're just looking at the presence of illness.

Allan Rouben
Sorry, Dr. Payne, we're running out of time. I'm wondering if I can just stop you and turn things over to the commissioners and see if they have any questions, if you don't mind.

Dr. Eric Payne
No problem. Yeah.

Commissioner Massie
Well, thank you very much, Dr. Payne, for your very nice overview of the COVID vaccine science over the past three years. I'll have two questions. First question is, knowing that the **vaccine is not sterilizing the propagation of the virus, and also knowing that coronaviruses mutate, is it your expert opinion that the mass vaccination was contributing to the extension of the wave of new variant as we saw over the years? Also given the fact that when you look at countries where vaccination rate is fairly low, it seems that the pandemic had subsided much, much earlier than in other countries.**

Dr. Eric Payne
Yeah, thanks for the question. There's no doubt in my mind that that's the case and it's not just my expert opinion on this. I was able to cite a paper from immunology and virology experts in the *New England Journal of Medicine* back in the fall of 2021, where in that well-respected journal they were warning about aggressively vaccinating in the middle of a

pandemic using a non-sterilizing vaccine, that you were going to put evolutionary pressure on the virus to mutate into something that we weren't going to be able to deal with. And so this was warned by some very smart people like a year and two years prior, and the evidence as it came out showed this. And the antibody-dependent enhancement papers I showed you show specifically that there are facilitating or enhancing antibodies that are circulating with respect to the Delta and Omicron variants. So I don't think there's any doubt that that's happened.

Commissioner Massie
My other question is relating to a sort of confirmation in the real world that the vaccine does or does not prevent hospitalization or death. It seems that it's very challenging to get the data in any jurisdiction about the actual vaccine status of people that were hospitalized for COVID or died from COVID. Do you have any sort of hope that this will happen somewhere, sometime?

Dr. Eric Payne
Yeah. So you're right. Given the limits— I thought I had a full hour to talk, so I'm sorry I went over. But the reality with respect to the death data is that they were playing with the numbers in different ways using time denominators that reflected one year of acquisition when we didn't even have the vaccine for six months of those, putting all the deaths in the unvaxxed category.

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There are ways that they manipulated it. But as I pointed out, by the time we got to Christmas 2022 last year, every single provincial database— I only showed you a few and I only showed you a few of the studies. But multiple countries all pointed out the same thing, that you were more likely to get Omicron if you had more shots. And this has continued to be the case over the last eight months, with more studies like I showed. To the point where, as you're suggesting, they've taken that data off, right? Because it's so terrible. And I think frankly, with the evidence that they're sitting on, it's beyond terrible. You know, there's a criminality to sort of hiding this data. You're not providing informed consent anymore.

Do I have hope that we're going to see? I think we have more than enough information already to pull these things off the shelves across the board. Any positive benefit from serious illness and death was temporary, and it was against the earlier variants. That is completely flipped now. You're more likely to be sick with COVID if you've had more shots. That's already the case.

And so I understand why they put that away. But I don't feel like we need more. What we do absolutely need with respect to the long-term data is that we need to be counting the beans in terms of who's been vaccinated and gets ill and who doesn't.

Recently, just two weeks ago, the German health minister who oversaw COVID acknowledged that there was at least a one in 10,000 risk of serious adverse illness and injury after the vaccine. He knew this even when he said that these things were safe and effective. He acknowledged that he lied about that in order to avoid vaccine hesitancy. But he also acknowledged that the injuries that they're seeing are not the same as those post-COVID. And I'm seeing these people in my clinic now as well. A lot of them, like 25 per cent it seems, have got permanent injury from this. And it's a different injury.

By not talking about it, we're not looking at, one, acknowledging people that are suffering—people who went along with what they were told to do. But we're not looking for solutions to try to help the people that have been injured. I have colleagues who literally, even though the Canadian government has paid out for Guillain-Barré syndrome, still do not put the vaccine on their differential for Guillain-Barré syndrome. You know, despite that data.

So we absolutely need to be following this prospectively to sort of figure out what's going on. In terms of my hope for it, I won't hold my breath.

Commissioner Drysdale
Dr. Payne, thank you very much for your testimony. A lot of information you provided us with. And I sometimes find in these technical discussions that meaningful points are missed by folks like myself who aren't medically trained.

But one item that you mentioned and I wanted to ask you for a little clarification on, is: you had one slide where you talked about the vaccines. And you said—I believe you said—that they had reported the efficacy in the 90, 95, 97, whatever it was, percent range. And you called that relative efficacy. You also talked about— You compared it to another number, which I believe you called absolute efficacy. And I'm curious if you can explain to me and the audience exactly what the difference is between relative efficacy that was used in promoting it and the concept of absolute efficacy.

Dr. Eric Payne
Yeah, sure. So we're talking specifically about the relative risk reduction about an intervention versus the absolute risk reduction from an intervention. So the relative risk in the trials, I'll round the numbers in the original trials. There were, like, 40,000 participants in the original trials—20,000 received placebo, 20,000 received vaccine.

In the Pfizer data, the numbers were something like: Among those who received the shot—And keep in mind, you're not fully vaccinated until you're two weeks post your second shot and I've got data showing they are actually increased risk of getting COVID before your two shots. But nonetheless, it's not just saying that definition. They showed that there were about 183 patients in the placebo arm during that 40,000-patient trial who got COVID. Positive test, mild symptoms.

There wasn't anybody in that 40,000-patient trial who ended up going to emerge. even, let alone needed to be admitted to the hospital. When they compared that to— Say there was about three or five patients in the vax group who got it, they compare relative to that. You know, 183 in the placebo arm got the virus.

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But only five in the vaccine arm did. So they compare those two and the relative number to 183 versus five. Here you get that 95 per cent.

But if you actually look at it in terms of the trial itself, which was 40,000 people, and you look at it that way, then you get your absolute risk reduction, which is one per cent. Right? And this is a very common way that pharmaceutical companies are known to play with the numbers when they're advertising to us. It's because we know that this is misrepresenting the actual numbers and the risk that people like the FDA here put in manuals that it's unprofessional to not provide the absolute risk reduction.

Once you have the absolute risk reduction number, you can calculate something called the "number needed to vaccinate." Which is, how many people do I need to vaccinate in order to avoid one case of COVID? And based on these absolute risk numbers, you were looking at somewhere between a hundred and 200 people to prevent one case, for something that had already affected 50 per cent of the population in the summer.

So there was no chance that this was ever going to stop or lock things down. We had somebody under oath in our case against AHS. One of their experts suggested we could just get everybody vaccinated and we'll stop the pandemic. It's a complete lie. It's been shown to be completely not true as well, but it's because of these types of things.

Commissioner Drysdale
So that when they talked about then and they gave a relative number, an ordinary person like myself who's reading that, who feels that then I've only got a 3 per cent chance—or sorry, I've got a 97 per cent protection—is really being misled, I believe is what you're telling me.

Dr. Eric Payne
You're being enormously misled. I mean, the proof is in the pudding. So while all these people here on the left told you that there's no way that you're going to get it, you're not going to spread it to anybody else. And then when that proved wrong, they told you, "Well, you're not going to get seriously ill." And when that proved wrong, they just took the data down. The reality is it was only lowering your risk of getting the disease by one per cent.

Commissioner Drysdale
You know, I'm an engineer, so I think of things in hard terms. And if I think of this in a hard term and I'm trying to evaluate two cars driving down the road and they're driving side by side at 300 kilometers an hour, their relative speed is zero. So if I give you the relative speed of those two cars driving side by side at 300 kilometers an hour, you have no idea of what risk they have and what speed they're actually driving. Is that correct?

Dr. Eric Payne
Yeah, that's a great analogy. That's exactly it. And they purposely pumped that. I mean, I showed you the one-page poster that was posted in the Emergency Department at our children's hospital and throughout Canada, where they were telling the 12- to 18-year-olds that there was 100 per cent effectiveness with this shot, when we already knew it wasn't a 100 per cent effective in the adults.

So this has been misinformation from the start. And these absolute numbers, that was available; I wrote that in my letter. This was clear to people who wanted to pay attention to it at that time.

Commissioner Drysdale
Dr. Payne, we heard from another witness in Truro, Nova Scotia. And that witness talked about the vaccine itself and the technology of the vaccine. And they talked about many of the things you talked about, about the spike protein showing up in different things and penetrating the cells.

But they also talked about a study with regard to the purity of the vaccines that are actually utilized. And they talked about the fact that the vaccines were supposed to be injected in such a way that they never went into the vascular system or the circulatory system. And what that other witness talked about was that they were supposed to aspirate on the injections. And they stopped doing that.

So my question to you on that is: are you aware of those other issues—the manufacturing issues, the actual injection issues—and do you have any comments with regard to that?

Dr. Eric Payne

Yeah, that's, I think, one of the things that blows this wide open. Because right now the vaccine companies have got immunity. We're not even allowed to look at the contracts that they've signed with the countries. However, if there was fraud involved then they don't get immunity. So with respect to what you're saying, the production: not only did they ramp this thing up fast but they had to produce it in high quality substances quickly. And that didn't happen. And there's a huge amount of literature to show that.

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But just to give you the basics on this thing: the vaccine is supposed to carry the genetic information to produce the spike protein. And what they had to prove, the companies, is that it actually produced the spike protein. And it had to produce the spike protein at a certain length. And you can measure how long proteins are in something called a Western blot. You can see how these things are actually being produced. And there were limits. At least 50 per cent of what was being produced had to be normal-sized spike protein.

I have looked into this pretty carefully and I used to do Western blots when I was a grad. When I was back in high school even, I was doing Western blots. But it looks like they cut and paste the Western blots, Pfizer did. Meaning that there's not actually any proof that they're consistently able to produce reliable spike protein. And proof of that is in the Vaccine Adverse Event Reporting System that I suggested.

So not only did people put in their adverse events but they also had to put in the drug identification number, what the actual batch number was of their vaccine. And there are studies right now out there in the peer-reviewed literature showing that there are some batches that were associated with much higher injury than others.

You can go to a website called "How Bad is my Batch," type in your batch and see. Some of those were much higher. Does it mean that some of them were maliciously formed? I mean, my impression, from what I understand from the people who know this manufacturing stuff the best, is that a lot of people got lucky and got a vaccine that just wasn't potent as a result of the fact that you're not consistently generating enough spike protein.

What you said about the injection part—and I'll leave it at that—is that, yeah, if you give this as an intramuscular injection, hopefully most of it does stay—a large part of it stays in the arm. However, if by some chance you get this into a vein, you get this into a blood vessel by accident, you could be injecting this right into the venous system. And that's why people pull back on the needle, to make sure that they don't, and make sure that they're not blowing it into a vessel when you do that.

Has that happened? Does that account for maybe why some people had really fast anaphylactic reactions or other things? Maybe. Most people would not have had that

injected by mistake into their vein. But the bigger issue is the quality of reproduction generated from this genetic recipe for the spike protein. And that quality doesn't seem to be there. And there's pretty convincing evidence that there's some fraud involved in terms of producing Western blots that met the FDA standard to allow this to get into the U.S. as Emergency Use Authorization, that were, in fact, copy and pasted.

Commissioner Drysdale
Thank you, doctor. I have a thousand other questions for you but I can't ask you a thousand other questions.

Allan Rouben
Dr. Payne, I know you didn't get to all of your slides. Is there anything in your slides that you didn't get to that is really important, that you wanted to highlight? Or did we cover off most of it?

Dr. Eric Payne
Well, we got through everything almost. I was specifically asked to make some comments about masking. And if I can just say two words about masking, I would like to.

Sorry, as you go through all these here. But in November 2022, I wrote an article for Brownstone called, "Time to Unmask the Truth" with Dr. Paul Alexander. And it's a short article, but there's, like, 60 references in it, all showing that there is not a single policy-grade level data randomized control trial meta-analysis to show that masks actually do anything to prevent transmission of influenza or COVID.

I sent this copy of this letter on November 25th to our Chief Medical Officer and health authorities in Alberta at that time. I followed up with a letter in December because there was new evidence showing that, once again, these masks don't work. And now we've got a meta-analysis that was in the *Cochrane Review*, here, looking at all this. And they've tried to attack this. But nonetheless, the summary point that they can't state is misinformation is that there is zero policy-grade data to support masking—especially our children. Here's Fauci talking about how masks don't work, "might catch some big droplet if," but that's not there.

And then you've got someone like Dr. Kieran Moore in Ontario, who on video is telling parents that if their child, a two-year-old, wakes up sick in the house, they should put a mask on them. And meanwhile he's out partying at the Top 50 Most Influential without masks at a time that he's telling everybody else. So the hypocrisy that we've seen has been difficult on the masking. It's been varied across the board about what these masking rules are from one jurisdiction to the other. And as a result of the pressure he got, I think, from being caught, he ended up changing his tune.

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And now he actually acknowledged that there can be negative effects of the masks themselves.

As a pediatric neurologist, what I want to say is: this is intrinsic. Kids need to look at your face when they're learning to speak. You can almost see them mimicking that as they're forming words. There's lots of studies to show that that's the case. And the CDC, for the first

time in over 20 years, decreased how many words a child should know at a certain age. You know, you're supposed to know so many words, a couple of words together by age two, so on and so forth.

Kids were falling behind so much so as a result of what's gone on with the lockdowns and masking that first year that the CDC is now allowing for kids to know much less words—six months as a matter of fact. And so, there's no doubt that these things can cause harm.

We know that these things get disgusting and kids have got their hands on these things all the time. And now we've got, many, many policy-grade studies all showing minimal to no effect of masking. So it's time to move on. And when and if ever we get another pandemic around, the idea that we should mask again is nonsense.

That's all I want to say about masking.

Allan Rouben
Thank you very much for your evidence. Thank you.

Dr. Eric Payne
Thank you.

[00:56:21]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 5: Colleen Brandse
Full Day 3 Timestamp: 04:32:45–04:46:58
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is Colleen Brandse. Colleen, can you start by stating your full name for the record, spelling your first and last name?

Colleen Brandse
Colleen Brandse, C-O-L-L-E-E-N B-R-A-N-D-S-E.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Colleen Brandse
I do.

Shawn Buckley
Now, my understanding is that for 28 years you worked as a registered nurse in the province of Ontario.

Colleen Brandse
Yes.

Shawn Buckley
And when the COVID-19 vaccines came along you were hesitant. Am I right about that?

Colleen Brandse
Yes, I was.

Shawn Buckley
Can you share with us the steps you took because you were hesitant?

Colleen Brandse
Well, I was diagnosed with T-cell lymphoma in February, 2021. And I knew as a nurse that that's my immune system. And I knew enough—my gut had told me and I knew enough—that I didn't really feel comfortable taking something that wasn't tested and proven and that was new.

So I thought— Well, my GP had mentioned that I should take it and I said, "I'd prefer to wait to talk to the oncologist." I waited and I spoke with her in June and she said, "I'm telling everybody to get it." And I said, "So you don't think that I'm going to have any adverse reactions? That's my immune system." She said, "No, you'll be fine." And she recommended I take them three weeks apart.

Shawn Buckley
Okay, so armed with that information, what did you do?

Colleen Brandse
I did what she said. I trusted her. So I took my first on June 7, 2021. And three weeks exactly later, I took my second.

Shawn Buckley
And what was the result of that?

Colleen Brandse
Well, my first injection, I had some tingling in the face and weird sensations, but it went away. So I thought, "Okay, well, that's just anxiety, you're nervous." And it resolved within a half hour or so. I thought okay, I'm fine; it's just anxiety. I'll get the second shot in three weeks. So I did.

Initially, I was fine. And then two weeks exactly to the day I started developing shooting pains in my feet, which eventually led to numbness and foot drop, numbness up my legs. And a month or so later, I was still questioning. I had a CT of the spine to make sure that I didn't have any issues with my spine that was causing it. I had seen a foot clinic. They kind of didn't feel that it was related to my spine and explained it and I agreed. So my eyebrows were starting to get raised at that point. Then about four weeks, five weeks later, my vision went in my right eye. And then my cousin had the exact same thing. And I knew at that point: okay, this is definitely the vaccine.

Then come December I had a lot of different things. There's way too many to even list because every system has been affected. I ended up with mottled legs, they're still mottled; pericarditis; increased shortness of breath; worsened vocal cord paralysis, where I almost

had to have a trach done. I have double-brain aneurysms that were unable to be surgically repaired that needed urgent surgery because I've been gaslit and nobody will help me.

I guess that's probably what I found the most difficult about this whole experience, is not only the physical, the isolation, loss of family, friends, people telling me I'm nuts but as a nurse, to go to hospital after hospital or specialist and plead with them to help me so I can get my brain surgery done and have nobody help. It's just been— There's no words.

Shawn Buckley
Can I just, and I don't mean to interrupt, but you worked in the hospital system for 28 years.

[00:05:00]

Had you ever seen patients being turned away that needed surgery like you needed?

Colleen Brandse
No. As a matter of fact, I've used that as an example. I've said, "People used to go to the ER for a bladder infection." And how is it— One thing that raised a red flag to me initially was when they were telling people, "If you have symptoms, go home. Don't come back with your symptoms until you can't breathe." Well, by then you're dead almost. And that just didn't, I just couldn't understand. So I don't know, I think that the gaslighting and the amount of lives that have been lost and that will be lost—mine possibly and pretty much will be—is absolutely devastating when a lot of them could have been helped.

Shawn Buckley
Can I ask? You've used the term "gaslighting" a couple of times, and can you explain for us what exactly you're referring to? Give us some examples?

Colleen Brandse
Yeah. Well, I've been to the ER a few times. And when I presented my neurological issues, symptoms of having TIAs, which is a warning to stroke, of course they rushed me right to the back. They were going to do everything. When I showed them my mottled legs and voiced concern about blood clotting, as soon as the doctor asked me when it all started and I mentioned the vaccine, I was done and out of there within a half hour.

Shawn Buckley
So I just want to make sure I understand. I've got two questions, but the first one is, can you explain for us what you mean when you say mottled legs?

Colleen Brandse
Typically, before somebody passes away, within hours to maybe a day or two, you'll notice that their legs—quite often it starts in the knees—will get like a veiny look. But not just like a varicose vein, it's everywhere.

Shawn Buckley
Okay, so you were seeing that on your legs. That's what you mean when you say you had mottled legs.

Colleen Brandse
Yes.

Shawn Buckley
Now, I just want to make sure I understand what you're saying. So you attended at the hospital, you were just telling of this time and they're taking you very seriously. You've indicated to them you may be having a stroke. You've gone to the back. There's this concern about mottled legs. But as soon as you mention that you think that it's connected to the vaccine, the treatment changed?

Colleen Brandse
It absolutely did. I was sent home within a half an hour when a CT should have been done. They should have ran way more tests to find out if I had what was called anti-phospholipid syndrome, because you're high risk with clot issues. Plus, I had had a pulmonary embolism when I was 29. So that should have automatically been a, "Whoa, let's check this girl."

Shawn Buckley
Right. You had the misfortune actually, because of your career as a nurse, to understand that you were not being treated properly.

Colleen Brandse
Absolutely. And I thought that might carry a little weight, but apparently it didn't.

Shawn Buckley
Now, my understanding is also your family has been affected by the vaccine. Can you share that with us?

Colleen Brandse
Sorry—

Shawn Buckley
No, take your time, please.

Colleen Brandse
Excuse me. In July of 2021, my husband was diagnosed with bowel cancer. He had surgery. They said they got it all. They were pretty sure. July 2022, he had his one-year follow-up. They said he was clear: no cancer, bloodwork was good, CT was good.

Around the same time, I get a call from my son that he's at the hospital and he's had chest pain and that they told him that it was probably anxiety. I said, "Do not leave the hospital,

Connor, without a CT and a D-dimer." So they did that. And it ended up he had a pulmonary embolism. He's 23. Around the same time, two weeks give-or-take—I can't recall right now, I'm too nervous—my husband had the same with multiple blood clots.

[00:10:00]

And that was the same month that he was roughly cleared of his cancer. It was, give-or-take, a few weeks either way. Then within five months, my husband—at Christmas, December 20th, 2022—was told that he had stage four liver cancer that had metastasized from the colon.

Shawn Buckley
And both your husband and your son are fully vaccinated with the Pfizer vaccine?

Colleen Brandse
Yeah, my son has two and my husband had three.

Shawn Buckley
I'm sorry that this is so difficult and we so appreciate you sharing with us. Can you tell us the impact that these vaccinations have had on you and your family?

Colleen Brandse
There's not enough time. There really isn't. There's so much that I could go on and on about. I mean, I worry about getting a call that my son, who's 23, he thinks he's invincible. He's at that age. He's working out, he's playing hockey. I keep waiting for the phone call. Because he's not totally compliant with his meds. Now my husband's getting chemo and now will have to have chemo for the rest of his life, which, by the looks of how he's doing right now, it's not looking good. I've got him on other stuff and I'm doing what I can to try and reverse and have a miracle come. I live in fear of what my future is going to be. Because, I mean, I might lose my home.

There's so much, but I am just devastated. I'm devastated how our government knew that there was issues and still allowed the people— And to now even continue after they know what's come out. I could see if, you know, Pfizer or Moderna had produced a product that it was an emergency and they had to get it out and they weren't quite sure. But I mean, it has been known now for well over a year that there's people dying—and in way higher numbers than are ever reported.

I've reported myself. And I was told by the health unit nurse that they determined all of my issues were pre-existing. I said, "Well, I figured that's what would come back." It's criminal.

And I can't even get a doctor that can diagnose anything. I just got an appointment for a neurologist to do my EMG testing, which is your nerve testing, to diagnose me with small fibre neuropathy. And that's not for two years. I mean, I'll be dead by then. Or could be—I shouldn't say that.

Shawn Buckley
Thank you, Colleen. I don't have any further questions for you. I'll ask if the commissioners have any questions. The commissioners don't have any questions.

Colleen, on behalf of the National Citizens Inquiry, we sincerely thank you.

Colleen Brandse
Thank you. And I thank you for coming and listening.

[00:14:13]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 6: Jason Kurz
Full Day 3 Timestamp: 05:38:50–05:59:18
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Geneviève Eliany
Good afternoon, Mr. Kurz. I will ask you to state and spell your name for the record, please.

Jason Kurz
My name is Jason Kurz, K-U-R-Z.

Geneviève Eliany
Do you swear to tell the truth today?

Jason Kurz
I do.

Geneviève Eliany
You're before the inquiry to tell us about your termination with Ontario Power Generation, OPG. Can you tell us first what your role was with them?

Jason Kurz
I began working in the nuclear industry back in around 2002. I was a Certified Red Seal 309A Construction & Maintenance Electrician. I joined OPG through the building trade unions and performed work as an electrician under the BTU [Building Trade Union]. After some time and achieving some radiation qualifications, I was more eligible to apply for some full-time postings, and I was hired in 2005 as an instrumentation and control technician at Darlington Nuclear Generation Station in Bowmanville, Ontario.

I spent a number of years as an instrumentation and control technician, and my career saw me move through a few different areas inside the corporation. After a number of years working in the fuel handling department, I became what some people would call an expert

in the fuel handling processes and systems and the maintenance involved in keeping the reactor fuel handling systems operational as a control technician. And then I moved into assessing, which was planning the work, making sure that the parts were ordered, making sure that the pertinent drawings were assembled into a package that was clear and comprehensible for the maintenance workers.

After that, I moved into writing procedures for the organization as a fuel-handling control technician. After some time, I felt that my career growth was being stunted, so I started to look for opportunities outside of the union I had belonged to at that time, which was the Power Workers' Union. I began looking for opportunities to experience some personal growth and career development. And I started to apply for positions that were in a separate union in the house under OPG. That union was called the Society of the United Professionals.

Geneviève Eliany
I'm going to interrupt you for a moment. Could you tell us what your most recent role was? I'm trying to zero in on that.

Jason Kurz
Understood. The position that I was terminated from, the title of the position is Work Control Team Leader. I was specifically under the Projects and Modifications Organization for Ontario Power Generation, and that was essentially a coordinator role for a team of between 50 to 80 project managers.

Geneviève Eliany
My understanding, from what you previously described to me, is that you coordinated the installation and the safety of the installations made when the reactors are running. Is that correct?

Jason Kurz
The position that I held was referred to as IPG work control. So what that means is that the projects that I was helping monitor for milestone adherence were projects that were going to be installed as the reactor was still at power and still generating electricity.

Geneviève Eliany
It's fair to say that this role you had is quite specialized, is it not?

Jason Kurz
Extremely specialized, yes, that is correct.

Geneviève Eliany
So once the pandemic started, you were working remotely from home?

Jason Kurz
Yeah, that's correct. When I entered the role, I had just come out of a previous rotation in which I was with the Radiation Department in an oversight capacity. That rotation had ended. I went back to my home position, which was a nuclear refurbishment training. And I had applied previously for this position with the Work Control Organization, with the Projects and Modifications Team, and I was interviewed and accepted into that role on a temporary basis, what they call a rotation. And the rotation was due to be 18 months, but they hired me before my rotation was up on a full-time basis because they were pleased with my efforts.

Geneviève Eliany
Okay.

Ultimately, OPG of course, like most government institutions, instituted a number of COVID mandates, correct?

Jason Kurz
Correct.

Geneviève Eliany
And you were required to both mask and be vaccinated, is that right?

Jason Kurz
Initially, what they did was they took the workforce that was able to work remotely and they actually accommodated and made every concession that they needed to in order to minimize the amount of people that they had working on-site at the beginning.

[00:05:00]

And so when I took the job, I actually started the position from home in my kitchen. I learned the entire role from the comfort of my own home and functioned that way accordingly until they started to call people back into the office.

When they decided it was time to start bringing the workforce back onto OPG's site, what they did was they had written up a policy, a COVID policy, that in my opinion was overreaching and discriminatory. And they tried to force everybody into compliance with that. The policy included vaccination as an expectation. If you were not comfortable with getting vaccinated, then you were expected to— I'm sorry, the COVID policy stated that their expectation was that all employees were vaccinated and that the employees would reveal their vaccination status in the OPG database, which is private medical information. And if you were not willing to disclose your vaccination status, or if you did disclose your vaccination status but you were not vaccinated, then OPG's policy was then that you would have to be undergoing testing. And yes, that was the policy.

Geneviève Eliany
Again, to be clear, you were working from home. But once 50 per cent of the staff was being called back, this is when the masking and the testing and of course the vaccination requirements were in place, is that correct?

Jason Kurz
I believe so, yeah.

Geneviève Eliany
Okay. Now, you refused to be vaccinated and ultimately you were terminated. When were you terminated?

Jason Kurz
December, I believe, 29th of 2021.

Geneviève Eliany
So end of 2021. And can you comment on what was happening with the policies at the end of 2021? Were they still as strict at the time of your termination as when they were instituted?

Jason Kurz
Well, okay, so there's a lot to cover there, right? I was placed on six weeks' unpaid leave prior to my dismissal. They were attempting to force me to comply with the policy. And they put it in writing essentially that if I would just comply with the testing requirement, then all of this could go away. My position was that Ontario Power Generation does not have the authority to mandate that I undergo any medical procedure of any kind as a condition of my employment if it's not part of my original work contract, which I agreed to when I agreed to work with Ontario Power Generation.

And so during the course of the time where I was placed on six weeks' unpaid leave, they started to back off on some of the policies and procedures. I wasn't onsite anymore. They had deleted my corporate account. I had no access to any inside information with respect to what their timelines were, only through some friends and some co-workers who were keeping in touch with me. And they started to step back on the requirements for disclosing vaccination status and wearing masks. In the end, I was terminated and lost my career and now, it's like nothing ever happened. Now, it's like the pandemic never happened. People don't have to declare their vaccination status, to my knowledge. I don't think they wear masks anymore.

Geneviève Eliany
So let's back up a little bit. It's clear that you didn't want to be vaccinated. You were terminated because of your non-compliance but the way you were treated was different than perhaps others. My understanding is that the company or OPG found out that you were involved in freedom efforts. Is that fair to say?

Jason Kurz
It's fair to say that, yes.

Geneviève Eliany
And you feel that you were singled out because of their knowledge?

Jason Kurz
I do. I do feel singled out. When I started the role, I had one particular section manager whose name began with an L. He took me into the office. At this time, they were starting to integrate the workforce back onto site. We were working onsite 50 per cent of the time and 50 per cent from home. And he took me into his office with a union representative and he stated that I had been spotted on television at a freedom rally,

[00:10:00]

and that I was not social distancing, and that I was a potential superspreader, and essentially directed me to no longer attend these types of events.

I told my section manager at that time that while I was on site, working in the industry and on the job, I would maintain the utmost professionalism as a nuclear professional. But when I was outside of work, I would conduct myself as I see fit. And I felt that the Freedom Movement was very important for our children because I didn't want to place my children in a situation where an employer is allowed to dictate to them that they must undergo any type of medical procedure. So I was very involved in the Freedom Movement. I was spotted on the news. And then from that meeting, I was directed to work from home 100 per cent of the time until further notice.

Geneviève Eliany
But despite your ability to work from home, your employer was still unwilling to make any COVID accommodations for you?

Jason Kurz
That is correct, yeah. They refused to accommodate in any way. And even when there was a bit of a wave with the way that the corporation had treated the supposed pandemic— There was a time where they brought the workforce back, and then when Omicron came out, they started sending people home again. And at that time, there was one gentleman from the union, Joe, who had sent an email to the upper echelons of management stating that since OPG saw fit to send remote workers back home to work remotely again, why don't we let Jason come back and continue performing the role that he had been providing previously? No response.

Geneviève Eliany
Let's discuss your termination letter [Exhibit TO-20]. It's an unusual termination letter. I am a criminal lawyer but it still strikes me as unusual. Of course, you were terminated. And OPG, as you indicated, wasn't willing to have you back. But the letter also states that you're now ineligible to perform work either directly with OPG or indirectly through any contractor that carries out work for OPG.

Tell us about the impact on your career given this paragraph.

Jason Kurz
It's hard to quantify the impact on my career. I've been in the workforce since I was 16 and worked very hard to get where I am, where I was, constantly seeking self-improvement and development. And I had finally landed the job that I truly felt I was built for. I was helping in a meaningful way. The projects that I was helping to navigate through the scheduling

system that's in place in that nuclear station: people have to understand that every one of these projects was in response essentially to the disaster that happened in Fukushima. And they were all highly vetted, multi-million-dollar projects, extremely important for public safety, plant safety, equipment safety. I felt like I was doing something that I was built for.

I was an award-winning employee and then the only thing I refused to do was concede my medical autonomy over to the company. And when I got fired and they put that letter out, they essentially stated in black and white—and they put it in writing—that their intention is to sabotage my entire career in the nuclear industry by stating that no longer would I be allowed to enter any OPG site or property. But they also said I would not be, as you read, eligible for employment by any vendor or subcontractor that provides work for Ontario Power Generation.

And I wonder what gives them the authority to tell Black & McDonald or Ken Adam or BWXT or Cameco or any of these other wonderful companies that I cannot be hired by them when I have almost 16 years of CANDU nuclear experience. And I've been a single point of contact during outages in the OCC, you know.

Sorry, I'm getting emotional.

Geneviève Eliany
That's okay. You'll have to get some legal advice on it. But another point in the termination letter is that you've also been given a trespass notice. You can't even attend the building, can you?

Jason Kurz
That's correct.

Geneviève Eliany
Do you know anyone else who is terminated in the same way from OPG?

Jason Kurz
To my knowledge, I am the only person who is terminated by Ontario Power Generation under the circumstances of refusing to recognize the authority of their COVID policy.

Geneviève Eliany
Let's touch on the financial impacts on your family.

[00:15:00]

Jason Kurz
The thing that made the people concede and give up— In the beginning, there was a fight. In the beginning there was a lot of people— There were hundreds of people that belonged to a group and we would discuss and share ideas and share our own legal research with each other. And in the end, the company has a pretty big carrot to dangle. The position that I held, just like almost any other position with Ontario Power Generation, was very well-paying. It included one of the best benefits packages that you could get in Canada. The

pension was top-notch. It's basically a dream job, especially for somebody such as myself who came from blue-collar construction trades and was just seeking a way to develop myself. And so because the people around who worked for that corporation saw what happened to me when I dug in my heels and I said that OPG does not have the authority to mandate a medical procedure as a condition of employment, a lot of people conceded—some quickly and some not so quickly. But in the end, they've got that: they'll take away your lifestyle.

You asked me about the financial implications. I went from making a certain amount of money that my family had grown accustomed to and lived accordingly with. And I'm not going to cry the blues about that. But I will say that now, here I am two weeks away from turning 50 years old, I am back on the tools as an electrician. I am making less than one third of the money that I used to make. I have no vacation. Every penny that we spend is hard fought for, strictly counted, and impactful on our family's finances. And no pension and no benefits.

Geneviève Eliany
I understand that your children wanted to follow in your footsteps. How are they thinking of their future now with respect to employment?

Jason Kurz
My kids were always inspired by the career that I had developed and the lifestyle that my wife and I were able to provide. And so they trusted me to direct them and help them navigate and make life choices that would set them up for success. So their intention was to essentially follow in my footsteps as intelligent young women. They were both considering entering the nuclear industry as nuclear instrumentation and control technicians.

My oldest daughter actually started the first year of college for that course. And during that time, COVID was in full swing. And my children were not interested in learning the trade from the kitchen table. It's not something you can learn from a kitchen table. You know, they've been sending kids home and they're trying to teach them this stuff off of a computer. And it's sort of like learning how to be an automotive mechanic over the computer at your kitchen. So she placed her college on hold until the restrictions had let up. And then shortly after that time, my children and my wife got to witness how OPG treats employees that fail to concede their medical autonomy over to the company.

Geneviève Eliany
And one final question: I understand that you've had some contact with former colleagues. And what did they report back to you about how your role or position has been filled?

Jason Kurz
When I was in that role as a work control team leader, I absolutely loved that job. I just felt like I had meaning. The job had meaning. And it was a lot—and I took on more than I should have. In addition to the responsibilities that I was doing, I also was asked to speak at senior work management meetings to present the status of the projects that were on the plan. This is a nuclear station. I mean, these things are planned out 52 weeks in advance. Every penny is accounted for. Every document has to be signed on time. Every single one of these milestones, it was my job to make sure that they were all being met. And when they weren't being met, we had to make sure that they were going to be met, and that there

were forms to go along with that. It was a lot to keep track of. It was very high pressure. It was very, very stressful for some people, but I was built for it, and I loved it.

And since I have left, I've heard that they've not recovered, but I can't say that that's a fact. I've heard that things are certainly worse off than they were when I was doing all the things that were expected from me, plus the extra things I was doing that were asked of me.

Geneviève Eliany
Thank you. I'll see if the commissioners have any questions. No questions from the commissioners.

Thank you so much on behalf of the National Citizens Inquiry for your testimony today.

Jason Kurz
Thank you.

[00:20:28]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Moderator Statements: Shawn Buckley (Parts I and II)
Full Day 3 Timestamps: 05:33:53–05:38:50/05:59:20–06:09:23
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

PART I

[00:00:00]

Shawn Buckley
Commissioner, as best I can answer that question for you, I am aware that the NCI has sent out summonses. So if you examine the rules, the Council Administrator, who is the Honourable Ches Crosbie, has the right to issue summonses to witnesses. Now, because we are not a government inquiry, we are not a creature of statute, we cannot compel witnesses to attend. A regular inquiry can issue summonses and if witnesses don't attend, they can be arrested and brought. We don't have the ability to do that. So we've modified a regular summons so it indicates that they are being summonsed. But we have to be fair to the witnesses and indicate that there are no civil or criminal liabilities if they fail to attend.

Now, my understanding is that both the Maritime ministers of health and public health officers and those for Ontario have been sent summonses: I believe the Nova Scotia or the Maritime ones by registered mail and email where we had emails. I believe also by registered mail for Ontario. I can't say for the rest of Canada, but we're not there yet. I can say that the summonses also are very flexible. So it's not like we're inviting them to attend for three days in Nova Scotia or these three days in Toronto. We make it very clear that we are going across the country for two months and that they're free to attend virtually at any of the hearings. And the summons also indicates that we can schedule just a time for them to have a virtual attendance, in front of the commissioners virtually.

To my understanding, we have not received a single response.

Now, the NCI has tried to get the mainstream media to cover us. And we actually have had at least two mainstream media pieces attacking two of the three people that are identifiable as involved with the National Citizens Inquiry, because they are named directors for the non-profit that handles our funds. But there's no such thing as bad publicity because that signals to the governments, both provincial governments and the federal government, that we exist. And we know that they know. I am aware that the Council Administrator has been in contact with several politicians federally and provincially to discuss us.

I also know that slightly before the Truro hearings and since, we have exploded on social media. And we are being throttled on TikTok and hampered on Facebook. And I think YouTube took us down. But my understanding is, and I could be corrected: I know that right after the Truro hearings, for the four weeks prior to that, we had 1.18 million hits on Twitter. And I think in the last 10 to 14 days, we've had a million hits on Twitter. So surely to goodness the governments are aware of us, the public health officers are aware of us, and the ministers of health are aware of us. And so Commissioner, I sincerely apologize that we have failed to secure the attendance of a single public official, but it's not for want of trying. And we do intend on publishing on our website the summonses, or a list of who summonses have been sent to, so that the public can be aware that we are doing our best to be an open and fair inquiry where all sides can be heard. Because our object is to get to the truth.

And that's the only way I can answer that, Commissioners: I apologize.

Commissioner Drysdale
I would like to request from the Commission to make those lists available and submitted of the people that we have approached and asked to attend, to make them available to the commissioners and to be entered into the testimony.

Shawn Buckley
I will ask those that would be tasked with that, which would be the Council Administrator, to ensure that that occurs. And perhaps maybe what we'll try to do is, maybe on a two-week or monthly basis, update that list as part of the record.

Commissioner Drysdale
Thank you very much, Mr. Buckley.

[00:04:57]

PART II

[00:00:00]

Shawn Buckley
Commissioners, before we start with the next witness, I've been advised that the question that you asked me prior to this witness—because we had this power outage—was not being recorded properly. So I've been requested, just so that we have a record of your question and answer, and that people that are viewing online understand that a question and answer was asked. I'd ask if you could re-ask the question, and I will attempt to answer it in a similar fashion.

Commissioner Drysdale
The commissioners and I have had a number of concerns and we just wanted to recap what that was. And that is that the NCI, the National Citizens Inquiry, has scheduled to hold nine hearings across Canada, which are located from coast to coast. And in each one of those

hearings, as it has been this week in Toronto, there's three days of testimony. We've completed the initial hearing in Truro, Nova Scotia a few weeks ago. And now we're in Toronto on the third day of the hearings. And we've heard extraordinary Canadians telling us their incredible stories. And we've heard from a wide variety of Canadians from across the spectrum: from doctors, lawyers, working people, working fathers, mothers, grandmothers, nurses. But the one group that we have not heard anything—

[loud microphone noise]

Shawn Buckley
Sorry. I was turning that off, by the way.

Commissioner Drysdale
As I said— You know, there's one group that we have not yet heard from. And that is a group of people who actually planned, formulated, carried out these directives and mandates that have affected every single aspect of Canadian society.

And my question is, Mr. Buckley, what efforts have the National Citizens Inquiry taken in order to bring these people here and testify in front of Canadians?

Shawn Buckley
Commissioners, I'll do my best to answer that question. My understanding is, first of all, the National Citizens Inquiry has done its utmost to try and become visible to Canadians and to the government and to basically all of the political parties by holding press conferences and the like. We modelled the rules of this Commission. We hired a lawyer, an independent lawyer, to draft the rules, which were modelled on the rules of other commissions that are statutory-based commissions, where the government basically creates a commission. And those commissions have the power to force witnesses to attend. And there can be criminal and civil sanctions if witnesses don't attend. So by law, they have to.

We are not a government inquiry. We are a citizen's initiative and we lack the ability to compel witnesses to attend. So we have amended our summons so that it's clear that there is no civil or criminal liability to the person who we send a summons to, to attend.

My understanding is that for the Maritime provinces, for the Truro hearings, we sent summonses out to the public health officers and the ministers of health for the Maritime provinces by way of registered mail. And I believe, where we have e-mail contacts, we try to do that and that the same has occurred for Ontario. I cannot speak for the rest of Canada because this Commission is marching across— I can say that there had been an internal discussion. There was a concern that if we sent a summons, let's say, to a health official to attend in Truro or Toronto and we only have three days of hearings, that they might not attend and say that we did not give them enough notice, that they have busy schedules. So our summons is specifically drafted to inform every recipient that we are marching across the country until the end of May and that they are free to attend virtually at any of our hearings. And also, that we would make accommodation just to basically set up a virtual time for them to attend in front of you, if that was necessary. So those efforts have been undertaken.

[00:05:00]

My understanding is that there have been discussions with various volunteers within the NCI and different politicians or political parties. My understanding is that a major federal political party has basically unofficially told their members not to have anything to do with us, which tells us that we are at the attention of elected officials. And although the mainstream media is not favourably covering, or covering at all, things like our press conferences or these hearings— Which I'll just editorially add is quite fantastic. Because I don't know of any other time, in any other country, where citizens got together, banded together to have such a comprehensive inquiry or an inquiry at all, anything like this. Even the fact that this is happening should be a major story, let alone the witnesses that are being called.

But the mainstream media has run two hit pieces on two of the three individuals that are publicly identifiable as involved with the NCI because they're directors of the non-profit company that handles finances for the NCI.

So from a social media perspective, we've been really hurt with Facebook censoring us and YouTube, and throttled on TikTok and the like. But Twitter isn't censoring groups like this right now. I know after the Truro hearings, on the Monday following, there was an internal meeting. And it was reported back to us by our social media team that in the 30 days prior, we had had 1.18 million interactions on Twitter. My understanding is in the last, I think it is, 14 days, we've had a million interactions on Twitter.

We're doing absolutely everything we can to be in the government's awareness. And we're doing that because we don't want this to be a biased inquiry. We want to hear both sides. We want them to attend. And I apologize that we have not been successful in getting any public officials to attend.

Commissioner Drysdale
But just so that I'm clear, we're holding 27 days of hearings in Canada, from coast to coast. And we've offered these officials that we've invited to attend an opportunity to attend on any one of those 27 days. Is that correct? In any one of the locations across Canada, virtually or in person?

Shawn Buckley
Yes, definitely. The summons is part of the rules. Anyone can go online. Our rules are public. My memory is that we make it clear that we're marching across the country, that they can attend virtually at any of the hearings. But in addition, that we would be open to scheduling a time available to them where we don't have a scheduled hearing, where you would also be attending virtually. So the object is to make it as easy as possible for a public official to attend because we recognize the importance to the commissioners.

Commissioner Drysdale
The commissioners would like to request that the list of those folks who have been invited to attend be entered into the public record.

Shawn Buckley
What I can do— Although I am a volunteer at the NCI, I can't say they do this or do that. But I will make efforts to try and have a list of people whom summonses have been sent to

entered as part of the record, perhaps every two weeks. If that would be agreeable to the commissioners.

And then my understanding also is, for the public—first of all, everything is entered as an exhibit unless it is confidential. So for example, if a witness is going to submit an autopsy report for a child, they might not want the public reading that. So it would be listed that we have it as an exhibit but that would be for the commissioners only to see. But providing something isn't marked "in camera," the public is free to access all of the exhibits we refer to. And so that would form part of the exhibits. And our intention in any event was to publish on the website the names of people to whom we have sent summonses.

Commissioner Drysdale
Thank you, Mr. Buckley.

[00:09:55]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, August 16, 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.

For further information on the transcription process, method, and team, see the NCI website: https://nationalcitizensinquiry.ca/about-these-transcripts/

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 7: Scarlett Martyn
Full Day 3 Timestamp: 06:09:23–06:37:14
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
The next witness is Scarlett Martyn, and I will indicate that Scarlett is a person that has done some volunteering at the NCI. And I just bring that up because we don't want anyone indicating bias, and so we want that out in the open that she has done some volunteering.

What she's going to testify about today, she has testified in the past, which is videoed and available online before the NCI even existed, so I'm not concerned about her not being truthful in any way. And she's testifying about her personal experience and we're confident that the commissioners will find this to be helpful. Now, Scarlett, before we begin, can I ask you to state your full name for the record, spelling your first and last name.

Scarlett Martyn
Yes, it's Scarlett Martyn, S-C-A-R-L-E-T-T M-A-R-T-Y-N.

Shawn Buckley
And Scarlett, you promise to tell the truth, the whole truth, and nothing but the truth, so help you God.

Scarlett Martyn
I do.

Shawn Buckley
Now, you had—and I'm using the past tense—but up till the COVID adventure, you had worked for 24 years as a paramedic.

Scarlett Martyn
That's correct.

Shawn Buckley
And for part of that time, you worked as an advanced care paramedic, which enables you to deal with more critical procedures than a regular paramedic.

Scarlett Martyn
Yes.

Shawn Buckley
And in fact, advanced care paramedics are rare. I mean, a generous figure would be 10 per cent of the paramedics.

Scarlett Martyn
Yes.

Shawn Buckley
And so if there's a 911 call involving something like a cardiac arrest, something very serious, they will try and have somebody like you attend instead of a regular paramedic.

Scarlett Martyn
That's correct.

Shawn Buckley
And you were also on a special roster for dealing with disasters in the Greater Toronto Area. So if a big building collapsed or something like that, you were on a list to be called in.

Scarlett Martyn
Yes, I was on a heavy urban search and rescue team.

Shawn Buckley
And then when COVID hit, Orange asked if some advanced care paramedics would be willing to join their critical care paramedics to do high-level transfers, including COVID patient transfers.

Scarlett Martyn
Yes, as part of their surge capacity.

Shawn Buckley
And you volunteered for that.

Scarlett Martyn
Yes.

Shawn Buckley
And then there was a volunteer program where frontline responders were asked to participate in what was called CORSIP [COVID-10 Occupational Risks, Seroprevalance and Immunity among Paramedics], where your blood is taken on regular intervals to basically test for exposure to COVID.

Scarlett Martyn
Yes, I entered that study.

Shawn Buckley
And through that, you learned that you had natural immunity to COVID.

Scarlett Martyn
Correct.

Shawn Buckley
Which meant that you had caught COVID, and you had recovered from COVID, and you had antibodies to COVID.

Scarlett Martyn
Correct.

Shawn Buckley
Okay, and I'm going to stop leading you in a second. So you eventually got suspended for eight weeks, and then that was extended to ten weeks, and then a termination came. And I want, if you can share with the Commission, the reasons for your termination and also the process of your termination.

Scarlett Martyn
Sure. The reason for my termination was willful misconduct and for jeopardizing workplace health and safety. Previous to that, I had wrote a letter expressing my concerns to my commander, the city manager and the mayor, just expressing my reluctance to be vaccinated when I had concerns. Those concerns were met just with a couple-sentence reply, "Follow the policy." I was suspended and then terminated.

The termination was just done through the mail. My suspension was in person and the process was quite humiliating. At one minute, you're a valued resource, volunteering and working, volunteering to step up into a role. And the next minute, you're being terminated. And the letter was quite vicious. I didn't understand how it was insubordination and misconduct to ask questions, and I just wanted an accommodation. I offered to do testing or whatever it was to satisfy the safety needs. And this was at a time that we understood that vaccinated or unvaccinated could carry COVID, and I expressed my concerns.

In that meeting, I was suspended. My ambulance keys that I had drove to the meeting with were taken. My Ministry of Health ID was taken and I was drove back to the station by a supervisor to collect my belongings.

[00:05:00]

Shawn Buckley
And I just want to make sure that I understand. Because I expect that you would have shared with them that their own testing of you showed that you had natural immunity to COVID.

Scarlett Martyn
Well, it wasn't their testing. Paramedics were offered a lot of inter-medical studies or this or that, so it wasn't their own. But yes, I had expressed that it wasn't unsafe for me to work, and it wasn't protective to me with natural immunity.

Shawn Buckley
So notwithstanding that you had natural immunity you were terminated for not taking the vaccine for which you already were immune.

Scarlett Martyn
Correct.

Shawn Buckley
Now, I'm wondering if you can share with us what the culture was within the healthcare system at the beginning of the pandemic. So we would be talking about early 2020 and onwards.

Scarlett Martyn
At the very beginning of the pandemic— And I feel that I can really speak to this because paramedics don't just go to one hospital, we go to many. And then I was on a team that was going to hospitals kind of all over southern Ontario. At the very beginning of the pandemic, when it was announced, the hospitals were empty. Nobody was going to the hospital; they were all too scared. That's how people had time to do TikTok videos and such, because we weren't working.

I was doing call after call of sudden death, which is normal for my profession. But the stories were heart-wrenching because they were people that had chest pain or stroke-like symptoms or something serious for days but they were too afraid to go to the hospital for treatment because of the pandemic. I really feel, if these patients had've went for treatment that they might be alive today. The public was so scared they did not want to call an ambulance.

Shawn Buckley
Right. What was the attitude within the healthcare system at the beginning, so before the vaccine is out, about whether or not it was necessary to take the vaccine? Because we all heard it was coming.

Scarlett Martyn
Yeah, it was really socially acceptable at that time in my profession to say, "Oh, I don't think I'm going to take anything that's rushed to market," because we see a lot of medication recalls that were once safe, then pulled, once safe, then pulled. So yeah, it was completely within our culture accepted to say, "Oh, I don't think I'll take it. I don't think I need it. I'm low-risk. I'm not in the age bracket."

Shawn Buckley
Now, once the vaccine was rolled out, did that culture within the healthcare system change?

Scarlett Martyn
Yes. It was like a switch and it wasn't gradual. It was just like somebody flipped a switch. All of a sudden people were jockeying in line to get vaccinated. It wasn't acceptable anymore to say, "Well, I think I'll wait. I don't think this is a good idea." As healthcare workers, we could get it before everybody else, especially those working in the frontlines, and people flooded to do so. It was hard to find people that were still reluctant to get vaccinated.

Shawn Buckley
And did you observe any change within the healthcare system after the vaccines were rolled out towards patients?

Scarlett Martyn
The changes I saw were so profound that it's disturbing to talk to about. But I think people need to understand. I saw colleagues that I respected, that are brilliant, turn into bullies. I worked up in the ICU transferring patients. And I would hear the chatter about, "Get this one out of here. I heard they were at a rally. So look at them now. I guess it serves them right. Maybe they'll die." And I heard these things day in and day out. I heard them talk about— We're in every area of the hospital, right? So there's the acute setting and all the different settings. I would know who in those 10 beds wasn't vaccinated because they would be sitting talking about it.

And the care they received, the part that is most disturbing is not tangible. When you care about somebody, the way you interact with them, you put your hand on their shoulder, you move them gently. When you have hostility towards them, your chart still looks fine. You've still given them all the things you were supposed to do. But the way they were handled was different. It was rougher. You could feel the aggression.

[00:10:00]

And it was completely acceptable for them to sit around and talk about the anti-vaxxers that should just all die. "I don't want anti-vaxxers getting health care." "Why would the anti-vaxxers come up to the ICU?" "If the anti-vaxxers don't want to take the vaccine, maybe we shouldn't give them morphine for their broken leg." It just went on and on. I witnessed my own colleagues on 911 calls badgering elderly patients that weren't vaccinated. It had nothing to do with why we were there.

We're called on people's worst moments in their life, so we have to be mindful of that. But I've seen them standing there instead of treating what was needed to be treated— And not

always life threatening, they just needed something. They would say, "Well, what do you mean you're not vaccinated? It's been available. What would your reason be for not being vaccinated?" And if we can picture a towering person in a uniform in a position of authority talking this way to an 86-year-old lady lying on her couch with her stomach hurting, badgering her, it was absolutely appalling.

Shawn Buckley
You had given me an example when we were talking about a call that seemed to you to be a vaccine adverse reaction, where a lady had a shot and then she developed tachycardia and chest pain. Can you tell us about that call? Because I think it speaks to the change in culture.

Scarlett Martyn
Absolutely. I don't know if I remember that specific one but there's many. So in the field our job is to report what you tell us and then ask you more questions if we need to know them. Take a medical history. So it's not our job to judge what we really think you're telling the truth on. We just report it. When we would take these patients to the hospital and I would talk to the triage nurse for intake and I'd say, "This patient had chest pain after the vaccination. They're quite worried that it's a reaction. They're tachycardic," which is high heart rate, and being high as in 140 beats a minute—like, not just a little elevated with chest pain. The nurses would roll their eyes and huff and puff and go, "Oh great, we got another one," you know, "Great, yeah, add that to the list."

I can watch them because I stand behind where they're reporting. It never gets typed in. What we say never got typed in for those patients. I never saw a single one say, "following vaccination." And these patients were wrote off many times with anxiety. Sadly, as paramedics, because of the health protection laws, we don't have an ability to follow patients beyond the emerge. So if they get admitted up to a medicine floor, we can't call them up and go up and see them. So I don't know the long-term outcome of these patients.

Shawn Buckley
Now, you were telling us earlier that when the pandemic started, it was slower. Can you give us some more details about that?

Scarlett Martyn
Yeah. I've worked in a busy city, so we don't get a lot of downtime. It's rare to have a lunch break. We do a lot of end-to-shift overtime. So it's really, really rare for us to spend time in our station socializing or cooking. But at the pandemic, that was right at the beginning, it was just like everything got shut off. We were in the stations; we were watching movies; we were hardly doing any calls. And sadly, when we did get called out, it was usually a person that really should have called much earlier.

I remember feeling embarrassed when you'd get a knock on the ambulance door and it would be a restaurant owner delivering food to the health care heroes. And at seven o'clock at night in Toronto, people would come out and bang pots and pans. And we're not heroes, right? We signed up to do a job. And pandemics are always part of health care. We're all trained in it, right? We have PPE.

Shawn Buckley
Right. And you're describing to us—in any event at the beginning, it was slower than usual.

Scarlett Martyn
So much slower. Like, I was watching movies at work—series of movies.

Shawn Buckley
And had that ever happened before?

Scarlett Martyn
It had happened once before. With SARS. That was the only other time. And that only lasted—

[00:15:00]

The call-volume drop didn't last long.

Shawn Buckley
Now, I want to switch to a different topic. Because my understanding is, at the beginning of the pandemic, when we're all for the first time seeing all these numbers on TV of how many cases we have, that actually these cases at the beginning were not being based on things like PCR tests – in large part because they just weren't available yet. The system was having to gear up and get testing kits to the hospital. So can you share with us basically how would they classify somebody as a COVID case at the beginning?

Scarlett Martyn
Yeah. At the very beginning there wasn't the ability to do a swab, send it, have it back. There was no rapid tests readily available. So we would do a screening on a patient, which was just a sheet with 10 or 15 checkboxes. And those would be the inclusion criteria for suspected COVID—so just suspected. And these things would be like, abdominal pain, recent travel, and they changed almost every day. So you would have a checkbox: Have they traveled recently? Do they have vomiting, diarrhea, fever? Do they feel more tired than usual? Do they have pink eye? Many, many, many. And the list kept getting longer.

It's hard to find a patient that isn't more tired than usual, doesn't have any of this long list, so they would fail. So the fail would put them in a suspected COVID positive category. One patient I had had been in an assault and he had been whacked over the head with, I think, a bottle. Well, he had a headache naturally. We brought him in for assessment for a headache, and the nurse was filling it out. Once they screen positive, they have to try to find isolation. And I said, "We don't need isolation for this. This guy's headache started from the hit on the head." "Well, I know, but we can't override it." There's no professional opinion, so they couldn't override. So you had massive amounts of patients being categorized as probable COVID patients.

Shawn Buckley
And those patients then would also end up in COVID wards, which would be reported as full.

Scarlett Martyn
Some of them were just in-and-out emerge. patients and we lack the ability to really follow where they went.

Shawn Buckley
So just so I understand, let's say somebody's at the bar and they get in a fight and they get hit in the head. And they go to the hospital and say their head hurts. The screening nurse or person would have no discretion; that person would be listed as a suspected COVID case.

Scarlett Martyn
Yeah, because it's not on pen and paper anymore. It's an input into a computer. And I argued—well, not rudely—but I said, "This is silly. Like, this is—how could we possibly? Like, he didn't have a headache before; the headache started now. He's well. He has no other symptoms." "No, I know, but it won't let me check. And there's no field to add in professional opinion." So they just got all filtered.

I mean, it was really hard to find a patient that called an ambulance that would pass a screening.

Shawn Buckley
So are you saying that early on in the pandemic then, before they had rapid testing, almost every single patient brought in by ambulance likely would be screened as a potential positive?

Scarlett Martyn
Oh, yeah. It was a joke that maybe you could stub your toe and pass. If you only called for a stubbed toe, you could maybe pass the screening.

Shawn Buckley
Now you had a troubling experience where an inmate was admitted because of a headache. Can you share with us that story?

Scarlett Martyn
Yeah. All of these new procedures caused massive delays in patient care. And sometimes these delays cost people their life. Every hospital had a slightly different procedure for screening. I remember transferring a young gentleman and he had an arterial brain bleed. Time is never as valuable as it is when you're bleeding inside your brain from an artery and we were rushing him to one of the neurosurgery centers.

His condition started to deteriorate before we arrived, so the emerge. had sedated him and intubated him for transport. This was a gentleman that walked into the hospital with a severe headache. He passed the screening at the hospital, that would have been before a headache was added. So these screenings changed constantly, right? They would add in.

[00:20:00]

So he passed the hospital screening. And at the receiving hospital where he was to get treatment, he didn't pass the screening anymore because he couldn't answer questions.

Shawn Buckley
So I'm just going to stop you so people aren't confused. He goes to hospital number one with a headache. He's admitted at hospital number one, they determine that he's bleeding in his brain.

Scarlett Martyn
Yeah.

Shawn Buckley
And that's a life and death emergency surgery situation.

Scarlett Martyn
Yes.

Shawn Buckley
But that hospital doesn't do that emergency surgery, so it's arranged for you guys to transport him quickly to hospital number two.

Scarlett Martyn
Yes.

Shawn Buckley
But because time is so sensitive, hospital number one sedates him and intubates him so that the second hospital doesn't have to waste time doing that. It's an emergency.

Scarlett Martyn
Yeah, it is that. It's hard for us to do in the field. We can, but he was deteriorating so it was for airway protection if he deteriorates. Yeah.

Shawn Buckley
So now he's sedated by hospital number one and can't answer questions. And he arrives at hospital number two. And tell us again, what happened in hospital number two?

Scarlett Martyn
We have his screening from hospital number one in the charts. We have all the information we need and they stop us because, well, he fails the screening. And they're not really sure what to do now because they had him as a "passed screening" and now he fails. You know how things work: Nobody knows. Calls are made. Calls go up the chain, down the chain. We need another room. We need this. We need that.

And the clock is running and we're desperately trying to advocate for this patient to just go in. Let's just get the show on the road! And that delay continued on for a half an hour if not 40 minutes.

Shawn Buckley
And in your experience, what is the likely prognosis following a delay at screening for up to 40 minutes when somebody's brain is bleeding?

Scarlett Martyn
It's a very poor prognosis. It's not likely survivable with any quality of life.

Shawn Buckley
And do you think it's possible that could have then also been classed as a COVID death?

Scarlett Martyn
We did witness in the field strange things with classifications of COVID death, so it absolutely would not surprise me.

Shawn Buckley
Can you share with us some types of things that you saw being classed as COVID deaths?

Scarlett Martyn
Yes, I'll try to keep it— We were doing shift change one morning, so the night crew goes off, the day crew comes on. We take a report from the night crew. They had just come from a jumper and we said, "Well, we'll help you clean things up." It was just around the corner. It was from an eight-story building and they had told us about the call. There really wasn't anything left to transport.

Later that day, my partner and I received a call from Public Health that the patient, early that morning from that address, had been swabbed for COVID and tested positive. We looked back and I said, "Oh, that was the night crew that had the jumper." And I said, "I don't understand. What would you swab? Like, did you bring a spatula? This doesn't make any sense. That patient wasn't in a condition to swab." But they assured me that that was a COVID-positive case. You certainly don't have to have medical training to understand the cause of death from jumping out an eight-story building.

Shawn Buckley
Now, switching the gears again. After your experience of being terminated, you helped form a group called the United Health Care Workers of Ontario?

Scarlett Martyn
Yes.

Shawn Buckley
And my understanding is that group has over 3,000 healthcare workers as members.

Scarlett Martyn
Yes, just in Ontario.

Shawn Buckley
Oh, I guess it is the Healthcare Workers of Ontario. Do you have members from other provinces?

Scarlett Martyn
No.

Shawn Buckley
Okay. So you guys had taken various initiatives with the provincial government. But I'm wanting to share with us an initiative that was taken by the United Health Care Workers of Ontario concerning the federal government. You guys sent a letter to the Minister of Health.

Scarlett Martyn
Yes, we did.

Shawn Buckley
Can you just share with us why you guys sent that and what happened in response to that?

[00:25:00]

Scarlett Martyn
We had concerns on the frontlines with many, many things. One of our issues, biggest concerns, were around informed consent. And we believed that the public wasn't getting informed consent. They weren't getting informed consent about the risk of the COVID virus. We think that there is misrepresented data. We believe that there is a lot of fear, which led to people rushing out to get vaccinated and not understanding the new platform, the mRNA platform. We don't believe that anybody sat down and talked about the risk–benefits. And every medical procedure given is always, 100 per cent of the time, based on risk–benefit. And this was just a very one-size-all approach.

We approached them in our letter. And we had several questions, specific questions, that we wanted answered. And we even petitioned them in a letter. We had some of the top scientists across Canada help us form a vaccine safety-risk statement. So just like with any new pharmaceutical, a risk statement: "Might cause this, might cause that. We don't know about mutagenicity." Because there's nothing like that currently on the COVID vaccination. And we felt that that was important, not just for health cares, but for all Canadians to understand.

Shawn Buckley
And is it fair to say that you thought that such a letter and a safety-risk statement written by professionals and backed by 3,000 healthcare providers would warrant a response from the federal Minister of Health and Ms. Tam?

Scarlett Martyn
Absolutely. And we also got signatories of other public interest groups, so that we could present it. This isn't a small group of Canadians that want these answers. This isn't just healthcare. This is Canadians.

Shawn Buckley
And did you get a response?

Scarlett Martyn
No.

Shawn Buckley
And Commissioners, I'll advise you that that letter will be entered as an exhibit and available to you for your consideration [Exhibit TO-21]. And Ms. Martyn, I'll just ask the commissioners now if they have any questions for you.

No questions. Scarlett, on behalf of the National Citizens Inquiry, I'd like to thank you sincerely for testifying today.

Scarlett Martyn
Thank you.

[00:27:51]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 8: Dan Hartman
Full Day 3 Timestamp: 06:37:35–06:46:35
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Allan Rouben
Afternoon, can we get your full name please?

Dan Hartman
Dan Hartman, D-A-N H-A-R-T-M-A-N.

Allan Rouben
And you swear that the evidence you will be giving will be the truth, the whole truth and nothing but the truth, so help you God?

Dan Hartman
I can't hear you very well.

Allan Rouben
Do you swear that the evidence you'll be giving will be the truth, the whole truth, and nothing but the truth, so help you God?

Dan Hartman
Yes.

Allan Rouben
So tell us a little bit about yourself.

Dan Hartman
My son Sean played hockey his whole life. It was his love, it was his passion, it was his favorite thing in the world. And to continue to play hockey in 2021, he had to be vaccinated.

Sean's biggest fear in the world was needles. He was terrified of them. It was his biggest fear. But he wanted to play the game he loved, so he took the vaccine. Four days after that he went to the hospital, to emergency. He had brown circles around his eyes. He was vomiting. He had a rash and an extremely sore shoulder opposite to his injection shoulder.

The doctor failed to do any blood work, he didn't do a D-dimer, he didn't do a troponin test. He gave him Advil and sent him home. On September 26, 2021, Sean went to play hockey that night, and everything seemed okay. He came home and went to bed. And on the morning of September 27, Sean was found dead on the floor beside his bed.

Allan Rouben
How old was he?

Dan Hartman
He was 17.

Allan Rouben
Tell us a little bit about your son.

Dan Hartman
The most beautiful boy I ever met, not just because he was my son. He was very polite. He was very respectable. He never back-talked me once. I never heard him swear once. He never had a drop of alcohol in his life, never had a cigarette. He loved watching movies. He loved music. He used to love wrestling so much when he was a little kid. He was just such a great kid, almost like an angel that's how special he was.

Allan Rouben
Did he have some idea as to what he wanted to do?

Dan Hartman
Well, he wanted to make the NHL hopefully someday, but he also knew that's a long shot. So he actually considered being an NHL referee just so he could be around the game.

Allan Rouben
What happened after he passed away?

Dan Hartman
I had to wait three long months for autopsy results. They did a complete autopsy with genetic testing and toxicology. And the cause of death is unascertained. They can't tell me why he died. They have no explanation why he died.

Allan Rouben
And what did you do next? What did you do next after that in that regard?

Dan Hartman
What did I do next?

Allan Rouben
Yeah, insofar as that conclusion was concerned.

Dan Hartman
I started a Twitter page to get support because I was completely lost and didn't know where to turn. And I've met some of the nicest people I've ever met in my life who support me and help me get through this. It's really hard though, every day is so hard. The hardest part for me is sleeping. I wake up every hour. I cry multiple times a day. I'm a truck driver, so I'm alone with my thoughts all day and I think about Sean so much. I can't listen to songs on the radio anymore. There's a whole list of songs I can't hear. And I'm taking anti-depressants and I'm in grief counselling now with other parents who have lost their children.

I will never do Christmas ever again. Christmas means nothing to me now. I will never see Sean get married. I will never meet what would have been his beautiful wife. I won't have any grandkids, ever. I can't live with the cause of death being unascertained because, in my opinion, the vaccine killed my son.

[00:05:00]

There's no other logical explanation. He was a perfectly healthy boy with no underlying conditions. And now I have to live without the most important person of my life. And every day is pure hell. Every hour, the only time I'm not in pain is when I go to sleep.

Allan Rouben
Tell us a little bit about the community of other parents that you have joined up with.

Dan Hartman
I speak with five other sets of parents around the world, who all lost their child after this vaccine. And all have cause of death unascertained, same as me. And some people think we're lying and they don't believe us and they think it can't be the vaccine.

Well, Dr. Ryan Cole from America has agreed to help me. He has Sean's tissue samples and he's one of only a handful of pathologists in this world who can prove vaccine death. And he's going to prove it for me. And I can't wait to tell all the people who doubted me that I was right. My gut feeling about Sean is right. I know it is.

Allan Rouben
And how did you get introduced to Dr. Cole?

Dan Hartman
Through my Twitter page. That's what led me to him. And I was watching so many videos of him explaining— It's very strange that Canadian pathologists aren't doing tests to determine vaccine death. To do that, you have to stain slides and you have to look for spike

protein. Dr. Cole has even told me he's offered to teach our pathologists how to do it, they just have to get in touch with him. It's a complex procedure but he knows how to do it. And I am quite confident that he's going to tell me that Sean died from the vaccine.

Allan Rouben
And you're awaiting his results as we sit here today.

Dan Hartman
Sorry, what was that?

Allan Rouben
You're awaiting his results as we sit here today.

Dan Hartman
Yes. He said it won't be too long because he's already done some initial testing. I can't discuss what has been found yet, but when the time comes, I will.

Allan Rouben
Thank you. Are there any questions from the commissioners? Just to wrap up, is there anything else you want to tell us about your son and your situation?

Dan Hartman
He was the reason I woke up every morning. He was the reason I went to work. I've been a truck driver for 18 years and I used to love my job. And now I hate going. I don't even care anymore. Sean was so special. It's so hard to describe. He wasn't like other kids. He was a shy boy, but such a good heart. He wouldn't have hurt anybody. And he was my only son and he was my reason, my love. And now he's gone. I believe they took him from me. I believe my son was murdered.

Allan Rouben
We're very sorry for your loss.

Dan Hartman
Sorry?

Allan Rouben
We're very sorry for your loss.

Dan Hartman
Thank you.

Allan Rouben
You're welcome.

[00:09:00]

Final Review and Approval: *Jodi Bruhn, August 16, 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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 9: Dr. Irvin Studin
Full Day 3 Timestamp: 06:47:50–07:35:02
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Allan Rouben
Can we get your full name, please?

Dr. Irvin Studin
Irvin Studin.

Allan Rouben
How do you spell that?

Dr. Irvin Studin
I-R-V-I-N S-T-U-D-I-N.

Allan Rouben
And do you swear that the evidence you will give today will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Irvin Studin
I do.

Allan Rouben
Tell us a little bit about your work and educational background [Exhibit TO-4].

Dr. Irvin Studin
Thank you for having me first of all. And it's difficult to go after such powerful testimony. I've been following that story very carefully. My sincere condolences to the family.

I'm Irvin Studin. I chair the Worldwide Commission to Educate All Kids (Post-Pandemic), which was created in January of 2021 to address what I think is the major catastrophe of the pandemic period, amongst many catastrophes. And that's what happened to the young people, particularly in respect to education: the collapse of education across Canada in general, in particular in Ontario. I also preside the Institute for 21st Century Questions, which is a major think tank in Canada, and edit a magazine called *Global Brief*.

Allan Rouben
And before you got involved with that, give us some examples of the type of work you were doing.

Dr. Irvin Studin
I call myself a policy expert across a variety of fields, domestic and international alike. I worked for many years at the Privy Council Office, the Prime Minister's department in Ottawa. I was on secondment in the Prime Minister's department in Canberra and Australia at the start of my career. I was a professor at multiple universities, U of T, York, Singapore, Eastern Europe, so I have a variety of hats.

Allan Rouben
And your educational background, just what was the highest level of education that you had?

Dr. Irvin Studin
I have a PhD in constitutional law at Osgoode Hall, graduated in 2014. I have two degrees from the U.K., one from Oxford, one from the London School of Economics. I was a Rhodes Scholar. And before that my undergraduate was at the Schulich School of Business at York University.

Allan Rouben
In terms of the subject matter that brings you here today, how did you get interested in that?

Dr. Irvin Studin
I began to see children out of school from the late summer, early fall of 2020. And it took me several months to understand what I was seeing, and then on inspection of a larger hypothesis, to really be able to appreciate the extent of the catastrophe at our feet. Because I'm going to quote from some 19th century writers that had a felt appreciation of this catastrophe—but this was completely foreign to our Canadian understanding. That is, in a very advanced country, that degree of collapse for children and childhoods and education is completely foreign.

So I began to see them at my feet. There were three or four instances where it was very personal in my own networks. Then I began to inspect it across the country. And then we brought about 60 countries together. And we discovered a phenomenon that I'll explain when I get into the guts of my testimony, what we came to call "third bucket kids." That is, kids who were neither in physical school, classical school, the one all of us appreciated growing up. They were not in virtual online school. They were in no school at all. I'm

talking about zero school. I'm not talking about homeschooling, pod-schooling—none of these fetishes. I'm talking about the Dickensian condition of no school.

And I might surprise people by saying that, before the pandemic, 500 million children—who were after the school closed, out of school—were normal children enjoying regular schooling. After the pandemic, after the school closed, there were at least 500 million children around the world, the size of the European Union, ejected from schooling. And a lot in our own country. And then I'll go into that as we proceed, I'm sure.

Allan Rouben
All right. So you've talked about the buckets. What is the first bucket?

Dr. Irvin Studin
The reason I talk about buckets, colleagues, you might imagine three glasses like this. The first glass is physical school, the one that we all appreciated as common school—largely public school, but some private school—across the country until March of 2020. Physical school. The second bucket is virtual school, the one we imagined everyone pivoted to as soon as we shuttered the schools physically: the second bucket.

[00:05:00]

And there's a third bucket, which we didn't see, didn't appreciate, and still don't feel. And that is, I repeat, zero school. And this can happen at any age. It can happen at age seven and it certainly happens at older ages. And this is a phenomenon I'll explain, but these children are in no education or in deep under-education. And they never returned. They have not returned once the schools reopened or renormalized, for reasons I'll explain.

But the reason we talk about the buckets is because if I say "no school" to our Canadian mentality, it's lost. "What do you mean no school? You must be a critic of the education system. You must be talking about homeschooling, or the child is taking a break." I repeat, colleagues, fellow Canadians, fellow Ontarians, fellow humans: No. School. The kids were ejected from the first bucket to the third bucket, or from the second to the third bucket, through all sorts of very paradoxical phenomena that I'll explain.

It took us a while to study this. When we brought the 60 countries together, we realized that this is a phenomenon that is as common in India as it is in the United States, in Canada, in Britain, and so we had to divine this terminology to get it through our heads. Third bucket, no school. First bucket, school. Second bucket, virtual school. But the transition from the first bucket to the third bucket is very, very rapid. And third bucket is misery. **Third bucket is misery, because nobody's going to want—no matter what we tell ourselves online, no matter the delusions we recount to ourselves—no one is going to speak to a child who has a grade 7, 8, 9, 10 education five years from now when he or she is an adult, undereducated or not educated at all, in a post-pandemic world that is much more fastidious, much more cruel. And we've done this to these children.**

Allan Rouben
How did the children land up in the third bucket?

Dr. Irvin Studin

Yeah. Let me just quote quickly—I don't have the right glasses on—*Great Expectations* by Charles Dickens. Charles Dickens was, as you'll know, a famous 19th century writer who serialized books on the misery of children in Victorian England. And in *Great Expectations*, Pip, a miserable child, talks to Joe. He says:

> **"Why didn't you ever go to school, Joe, when you were as little as me?"**
> **"Well, Pip," said Joe, taking up the poker, and settling himself to his usual occupation when he was thoughtful, of slowly raking the fire between the lower bars: "I'll tell you. My father, Pip, he were given to drink, and when he were overtook with drink, he hammered away at my mother, most onmerciful. It were a'most the only hammering he did, indeed, 'xcepting at myself. And he hammered at me with a wigour only to be equalled by the wigour with which he** didn't hammer at his anwil.—You're a listening and understanding, Pip?" "Yes, Joe."
>
> "'Consequence, my mother and me we ran away from my father several times; and then my mother she'd go out to work, and she'd say, 'Joe,' she'd say, 'now, please God, you shall have some schooling, child,' and she'd put me to school. But my father were that good in his hart that he couldn't abear to be without us. So he'd come with a most tremenjous crowd and make such a row at the doors of the houses where we was, that they used to be obligated to have no more to do with us and to give us to him. And then he took us home and hammered us. Which, you see, Pip," said Joe, pausing in his meditative raking of the fire, and looking at me, "were a drawback on my learning."

So what happened as soon as we shuttered the schools in March of 2020?

Let me just tell you the extent to which we shuttered the schools. Ontario was the most catastrophic: March 17, 2020 to June 30, 2020. January 7, 2021 to February 10, 2021. April 19, 2021 to June 30, 2021. And the first two weeks of 2022. And in between, hundreds of ad hoc bespoke school closures, mostly dictated by Public Health. These were general school closures that I recounted, dictated by the Premier and the Minister of Education. The longest in North America.

As soon as we closed the schools, we said we're going online. But immediately, you have a contingent of children and families who have no internet access and no mobile access.

[00:10:00]

They're between 1 and 6 per cent of the population on Statistics Canada numbers.

Very well. That's your baseline ouster to the third bucket. That may grow over time as resources become more scarce. But what happens within the home when we imagine a child to be remote-learning? What if you're in an abusive home, like Joe recounts? You were a star mathematics pupil and that was your saving grace. You went to school. Now you're at home in an abusive home. And very well, you may be heroic for two weeks. But on the periods I described, that are catastrophically long, you're in the third bucket before long. And you're abused for two years in your home while everyone imagines that you're virtual learning.

Very well. You don't speak English or French. You're from a new immigrant home. Two years online, you're in the third bucket. You have a physical or intellectual learning disability. You're in the third bucket. Your family has no resources. You run out of money

during the pandemic. Or someone's got sick, you're off to work at 13, 14 years old. You're in the third bucket.

The most catastrophic category, colleagues, friends, fellow Canadians, Ontarians, is that of teenagers: middle schoolers and high schoolers who were in the second bucket for a while—that is, online learning—but realized that school began to lose its meaning. There were no walls. There were no boyfriends, no girlfriends, no sports, no spirit, no standards, nothing for which to compete. Nothing physical. Everything was virtual. And I'm a teenager. The cost of exiting the second bucket and going to the catastrophic third bucket is a matter of clicking off the Zoom call and I'm out. Nobody's aware I'm out. Few people are taking attendance and they're not taking attendance fastidiously. And nobody's looking for me.

At the very moment when my juvenile narcissism requires you to look for me— Because you'll recall when you and I were all in school, we knew of some kids who wanted to drop out, they'd announce it a month beforehand, "I'm dropping out." And you'd get five people crowding that person saying, "Don't leave, don't leave." Then the teacher would come. The boyfriend, the girlfriend would come, the friends. You'd get a hug at the door, the family would be notified, and someone would come and bring you back, most of the times.

This never happened. The cost of leaving the second bucket to the third bucket were zero, and the time period in which you're in the third bucket very, very long—especially in the teenage mind, when a month is infinitely long. Now, I wish to say clearly and I'm going to be undiplomatic, but in my world it's diplomatic: If I can forgive the initial school closures—because the entire world was improvising from March 2020 until about the spring, the northern spring, let's say even the summer of 2020—we can forgive those policy mistakes. And they were policy mistakes.

After that they became policy crimes. Because we closed when I and colleagues already were articulating, and then shouting from the skies, and then making personal calls and emails and interventions and media interventions: "Do not close the schools." This third bucket is catastrophically large. I put it to you that at the nadir of the closures, it was 200,000 kids across the country on a global student population of 5 million. Tens of thousands across Ontario. Because again, in a very degenerate way—and I repeat, I'm being diplomatic—intellectually degenerate way, we close the schools, and we close them, and we close them, and we close them.

In April of 2021, I'll never forget: the Premier said that the schools will be closed indefinitely. And my stomach plummeted. Because indefinite to us is understandable but for the teenager I describe, that has a zero-cost proposition to exit to the third bucket, indefinite means forever. There is no return proposition. Premier never said, "Hold your horses. Everyone's coming back in a couple of weeks and we want to educate you." We said, **"No education in Ontario."**

Allan Rouben
There was no hope.

Dr. Irvin Studin
There was no hope. There was no message and nobody was aware of the scale and the catastrophe, by the way, that awaited us and that now is befalling us. Because let me just put two signals—two key signals that any intelligent society would have understood—to not go down that path of deep school closures.

One, the third bucket kids will live miserably.

[00:15:00]

As a rule. There will be some exceptions. They will live miserably because they're undereducated, or uneducated in a world that is far more cruel and that needs, in many cases, over preparation. We've underprepared them and then we feed them to the wolves in this society that is post-pandemic. That is our fault. That is a crime of policy. What have we done? And now, as a collective, what have we done to the country? What kind of society and country? An intelligent country, one in which I'm proud to be a citizen, which I adored in my childhood, and one that I thought was the best place to inhabit as a child. I have a family of three children. What awaits is huge destabilization because these third bucket kids will become adults five, ten years from now.

And how will we live? We'll have a huge contingent of people who are uneducated, undereducated and will hit us upside the head and we'll say, "Oh my God, what have we done?" And they will in turn ask, "Why did you do that?" And I do not accept that these are bad kids or marginalized kids or they're from certain minorities. Not at all. I repeat: the child in Mumbai in India who could have been a physics star when the school closed could have gone and been married off. And that happened in huge numbers in India. But the same child here who was a soccer star or a bright light in English or mathematics that went home to an abusive home and for whom school lost all meaning—and there are plenty such stories—is also a third bucket child.

And they will look back and say, "I was on my way and you collapsed my childhood. And then you collapsed your future."

I'm here to deliver the message to say, this is what happened. It happened in huge quanta. It happened in one of the most civilized countries in the world. We owe a debt to these young people to find them and bring them back to school. I repeat, find them and bring them back to school and educate them properly. And the second is to never again, for the rest of the century, repeat that degenerate mistake of public policy. Never.

Those are the key to-dos, imperatives, that I wish to impart on this distinguished inquiry. And I thank you for putting it together.

Allan Rouben
Thank you for coming. Let me ask you, in terms of collection of the data for this third bucket, explain to us how you go about that.

Dr. Irvin Studin
Well, there are two ways. And the data are completely unofficial because they are not collected. And if they were collected, it would redound to the huge embarrassment of government, naturally. "What do you mean, we failed to educate?" "Ontario had no education in particular." "Come to Ontario, we promise not to educate your child."

The number is based on first of all, an indigenous—that is not "Aboriginal" indigenous—an indigenous calculation for Canada on the number of possibly-ousted children as soon as schools go online. Add to that different coefficients on abusive homes, on disabilities, on houses without English or French—and then we quickly get across the global student population of Canada, where Ontario has 2 million of the 5 million total student body of the

country, to a number of 200,000 in about January of 2021. It would have reduced as the schools began to open. But I maintain, it still is in the tens of thousands because our American colleagues had it in the millions. And on a 10 to 1 ratio, we then could triangulate. The U.K. had very similar numbers to us in terms of basic ouster but their school closures were not as long, so they're slightly smaller than us. And other countries without internet access, as soon as you went into the second bucket, had huge numbers. I'm talking about South Asia, parts of Africa, parts of Latin America.

But I wish to say, colleagues: I have First World colleagues on this commission who look at us in Canada as if we're Martian. "What do you mean you have failed to educate your children during the pandemic?" I say, "How many kids have you got in the third bucket?" They say, "Zero."

[00:20:00]

"How about you guys?" "Well, we have tens of thousands." How did this happen?

Well, first of all, we closed the schools for catastrophically long periods. Secondly, the norm of compulsory schooling and attendance collapsed. As soon as we went online, all those norms went out the window. And by the way, they are out the window in many cases still. Because within the second bucket—and I wish to address that quickly as well—within the virtual schooling world, the attendance norms were very, very variable.

And the final thing is that intelligent decision-makers understood that as soon as they closed the schools, there would be leakage from the school system. And you've got to plug that leakage quickly. And we didn't understand that. We were tweeting, tweeting, tweeting, and the school-closers—particularly the medical officers who were closing schools like it was going out of style—became online sensations. They were apparently saving our children and they were saving us.

And when we go back in time, when we go back and look on it, I wish for us to look at school-closers as a shameful category of decision-maker. You're a school-closer. You send children to misery. The schools should remain open always. Always, always, always, unless there's a foreign army at the gates. It's that central. We now understand it's that central, not just to the well-being of the child but to the functioning and survival of the society.

There are other countries that continued to educate their children, or even over-educate their children, during the pandemic. Their children will meet our children in life 10 years from now. And who will do better? And who will deserve to do better?

The second bucket: huge under-education for everyone else who stayed in the schooling **system, who didn't collapse to the third bucket. Collapse of ambition, collapse of spirit, collapse of social interaction, socialization. You could be a child of wealth or of poverty in Ontario and Canada and go to any school and by and large, the final product is predictable: undereducation. Then you open the schools and the undereducation continues because we open the schools with low energy.**

My final to-do is that within the schooling system that we've reopened, outside of the third bucket, for everyone who's remained: energy, energy, energy. We must overeducate the kids for all the learning that was lost on our watch. Because again, we're preparing them for something or we're not, or we're failing to prepare them. We're in a low-energy state right now. The schools are low-energy. The standards are low. We need to overcompensate. So that's the third to-do and that's a leadership question at the principal level, at the board

level, at the level of minister and deputy minister. Go, go, go. That's how a smart society behaves in reaction to the regress of the last two or three years.

Allan Rouben
You said that you and some of your colleagues were sounding the alarm. Tell us a little bit about that. And what does it say that that wasn't front and center in media and public discussion during that time period?

Dr. Irvin Studin
Can I be blunt? It means that the Canada that loved its children in my childhood is not such under pressure. Canada does not love its children under pressure. A captain of a ship— My wife gave me this example during the pandemic when, to my horror, I started appreciating the scale of this catastrophe. She said a captain, a leader, in the context of catastrophe puts his passengers and the young people to safety. He doesn't allow them to wallow in misery or allow them to feel his or her tension.

We did the opposite. We immersed the children in misery, in our own fears and our anxieties. We didn't save them. And in failing to save them, we haven't secured our future. So the message is: if we really want to be a country that loves its children, as I do—I love young people, I work with young people, not just my own children—we have to take the lessons of this period to heart for the rest of the century, if we make it that long. And we have to do right by those we've harmed in the last two or three years.

[00:25:00]

So I don't accept that this is a lost generation at all. That's Twitter-speak.

If we're a serious country, we say we made a mistake. The answer to a mistake in my world is remedy: immediate remedy. Find these kids. They're easily findable. They're on the attendance rosters across the schools and all the boards across the country. Find them, get them back to school, educate them, get them caught up, and some of them will be Nobel Prize winners. Failing which, we only have ourselves to blame. Many of them will end miserably and their misery will redound to the collective misery.

In terms of the leadership class: unfortunately, the pandemic proved that we have by and large, an accidental leadership class. Canada operates at all levels, across all parties, in all jurisdictions, with a transactional leadership class that presides over a system that's been built over a century and a half. A beautiful system. And when it collapsed, we didn't have the talent and the energy to resuscitate it.

That leadership class is still in place. Nothing's happened. No one's resigned. No one's gone to jail. There's no *mea culpa*. I've heard not a single speech, not a single speech by any leader across Canada saying, "Here are the major lessons of the pandemic, including in education." There is some revolutionary work happening in Alberta, but that's a separate point.

Allan Rouben
Have you heard any acknowledgement from any public official that acknowledges the consequences that you talk about?

Dr. Irvin Studin
There's been no public articulation of this tragedy. Because renormalization was a matter of simply opening the schools. We just opened the schools, so everything's back to normal. Imagine that every child with his or her lunch is back to school. They were just watching Netflix, I guess, for two years. But remember, a childhood is a limited period. So what you and I appreciate is two years of difficulty, for the child, is an irreversible passage of time. You're either educated in that period or you're not. And if your education collapses and life passes you by, you can't get caught up. That's the other thing we don't realize.

A child— I'll put a very concrete example to you. We get a call from British Columbia on the commission, earliest days. A grandmother says, "I have two brilliant children. They're stuck in the basement playing video games because the parents are in a COVID panic. They don't want them to leave. Everyone's going to die." And for two years, they were in the basement not being educated. And I didn't know the age of the children, let's say the child was 13 years old. And the world opens up and he or she is 15 or 16 years old, but with a 13-year-old education. And now scale that across the thousands, tens of thousands.

How does the system react to that? It's not reacting at all. We just said, "The schools are open," with low energy. "Everybody wear a mask, be safe, be vaccinated, zombie about." Not, "Let's go—we got a national mission to catch up." Not that. We're in defensive posture. So the child either never gets caught up, doesn't go back to school, or the general misery continues. And those stories are legion. Those stories are legion.

Allan Rouben
You obviously have a very high profile. You've been in the government, highly educated. What was the reaction from policy-makers when you were bringing this to their attention, when all this was going on?

Dr. Irvin Studin
I'm not going to impart educational lessons from my own story. I will impart sports stories because I was a good student but I was a very good athlete too—notwithstanding my present composition. I was a good soccer player. And I always say: in elite sport, there are nice people and then there are people you want to have on your team when the going gets tough. I think everyone understands that analogy. They're nice people when the going is generally good. Not on a rainy day.

[00:30:00]

And Canada is full of them. And in the leadership class, we're full of them. Too many were pretenders when the proverbial thing hit the fan. And I got to understand that personally because I was speaking to many of them. I said, "Where's the reaction?" The only responsible reaction from anyone overseeing any decision-making part of the education system—or the children's welfare system, or the childhoods of our young people—the only responsible reaction would have been, "Oh my God, reverse this mistake. Don't repeat it." Ours were the exact opposite.

I got stories from top decision-makers saying, "Irvin, I can't do this. I'm too busy with my own family. I've got to help my kids." These are top decision-makers. "Irvin, we have to close the schools. Full stop. There are other things at play that are more important, symbolic, medical issues. Twitter." Twitter fame is a big one. And the third category was complete intellectual incomprehension. We just could not go there. We couldn't imagine

what happens to our own children when we close the schools. We still cannot go there. We cannot accept that this has happened or we've done this. It's foreign.

That's why I say, of the 60 countries or so on the commission I chair, countries like India, Argentina, Jamaica, they get it. They live more at the cold face of life and death, even their children. But more advanced countries—U.K., Canada in particular—we can't go there. What I described in Dickens in the discussion between Pip and Joe is foreign but we've consigned many of our kids to the Dickensian condition. We've done it. These are acts of omission or commission, repeated, repeated, at length.

Allan Rouben
I have to say that the failure of leadership that you're describing is extremely discouraging.

Dr. Irvin Studin
I think that's diplomatic. I think that's diplomatic. I think we'll look back and say, "There were policy crimes that were committed." And that's a category that I— This is not under criminal law. These are policy crimes because first, they were problems of understanding, then problems of competence and, in the end, conspicuous acts that redounded to the harm of our children. And in all catastrophes, usually in wars over the centuries, you go back and say, "Well, what are the major lessons learned?" So the Geneva Conventions would have been born in the late 19th, 20th century, responding to things like chemical weapons and civil population rights. Those are lessons learned over the catastrophe of war.

Well, what's the lesson of the pandemic? The number one lesson: Never close the bloody schools, ever, never. I'm against closing them now on a snow day. Do not close them. People die as soon as you do. You don't believe it. They die. We must stop looking at our children as little munchkins, cute munchkins with lunchboxes that we're babying and worshipping in their cutest years. We owe them a duty of preparation. Beyond that worship of their beauty, we owe them a duty of preparation for tomorrow. I had that. I profited from that in Canada. I'm educated in the public schools of Canada—proudly. And I look back and say, "How could this have happened?" We destroyed something in an instant that was a huge achievement, a huge achievement. We regularized beautiful childhoods across Canada over many decades—with many exceptions, granted—but that was a regular system. And now we've regularized misery.

Allan Rouben
I'm going to ask the commissioners if they have any questions for you.

Commissioner Kaikkonen
Thank you for your testimony. I have a couple of questions.

[00:35:00]

I know that many of the school boards in Ontario have said, or at least suggested, that the reason they've abdicated their responsibility to the students is because they were dictated to by the health orders that came down from their particularly local health officers, and then by default the Minister and Ministry of Education, and then further, Doug Ford. What would you say to that?

Dr. Irvin Studin
Yes and no. In my earliest— I have a trilogy of calls for resignation in a number of articles publicly. My first one was for the resignation of all of the officers of medical health across Ontario for the reason of the school closures. There are other reasons, but that's for other testimony. But who was resisting? There were many protests. There were many attempts at public interventions. And I'm not talking about social media. I'm talking about physical protests, calling en masse. I cannot think of a single school board that heroically went against this, what I call "mania," this mania of closures.

It was a mania in the end. It wasn't conscious wisdom or anything like conscientious wisdom. Name me one school board where there was a strong voice saying, "We keep our schools open." Everyone fell into line or colluded with the mania. A mania, by the way, which was completely foreign. It was a mania. But this was a period of mania that was not foreign, it's not foreign to other societies. Ours had a different look, but it was very much a mania. All of them fell into line with that energy.

The school boards are just as guilty of a failure of leadership or duty vis-a-vis the children as are the medical officers of health, for sure. The only reason I would say that the school boards have a conspicuous responsibility is that they know something about the education system. Whereas all of the medical officers of health—I've spoken with many of them, I've lambasted many of them, I spoke with many of them on the phone, I corresponded—were people of average intellect who were completely accidental, who knew nothing about the education systems they were closing. At all. And wanted to know nothing about the consequences because it was complete abstraction.

This was a matter of a button. "We close the schools." Tens of thousands of applause: dah, dah, dah, dah. "And I'm closing my schools here." "And I'm closing my schools in Peel," "And I'm closing my schools in York." Who's next? And I'm just looking at the horror because I'm counting, first of all, the number of third buckets that result from that, the general undereducation, and the ease with which we put kids in a position of conspicuous misery.

Commissioner Kaikkonen
Thank you. My second question is about the move by school boards to go to the standardized tests that are post-COVID and use that as their standard for going forward in education. Do you have any thoughts on that?

Dr. Irvin Studin
I have no view on the standardized testing. I don't think it will get us anywhere one way or the other. My brief is for high energy.

You imagine that Canada was here before the pandemic across the systems in education, in business, in the social sector, national unity, internationally. And then we collapsed to here, okay? And when we reopened, we stayed here. We're here. We imagine intellectually we're here [highest], but the reality is we're here [lowest]. The only way we can get back up here is energy, energy, energy. That's the gap and you feel it around. People are driving more slowly, thinking more slowly. The news is more sombre. The politicians are less energetic.

And, of course, with the kids: The kids are less sharp. They're more depressed. They're less knowledgeable by far than we were in our generation. By far. I deal with them all the time, some of the bright ones. The only way to get back is not through one standardized test. It's energy, energy, energy. Educate them to the nines, for the next several years.

The only small brief I've added is that we should, where possible, add an additional year of schooling. Because they haven't had enough time to incubate before they go to post-secondary, or the work world, or vocational school. So the Grade 13 would have been an obvious thing—something they did in Jamaica. We could easily do that, but we don't think that way. We just open it up and it's status quo but it's status quo at a low energy. So we're graduating low energy people to a world that requires that much more. The gap is a gap of misery.

[00:40:00]

So energy, energy, energy. That's my only brief.

Commissioner Kaikkonen
Have you sent any of this information to or contacted them with your concerns—either the education minister, Lecce, or the school boards independently in this province?

Dr. Irvin Studin
Yes.

Commissioner Kaikkonen
And have you received a response from anyone?

Dr. Irvin Studin
In deeds, no. In deeds, no. In explicit terms, no. But implicitly there's an appreciation. It's just the gap between the appreciation and the action is huge because it's a mammoth task. We would have to go out and find these kids and then we'd have to educate everyone energetically. That's much more difficult than throwing $200 million—I don't know, $20 million to $100 million—and saying, "That's our catch-up budget." It's very modest, I don't remember: a few hundred bucks per family for tutoring. Right? So that is the failure again in adult responsibility.

Let me just also refine a point. In January of 2022, it was one of the darkest professional periods of my life, where I was at a protest against school closures. The schools were closed once again, January 2022. They were closed again and we were at Queen's Park and five people showed up. And I swear at that point the Premier could have said, "Ontario doesn't do education, we're just cancelling that," and no one would have blinked.

There was no resistance. Because we were in a manic mode. It's a completely foreign intellectual condition, psychological condition. I don't believe that the right to education is enough. We have a duty; there's an adult duty. And why do I say that? I believe in rights first and foremost, but the rights are of the child. The child has a right to education. But if you take it away, is it for the child to litigate his or her rights? Who takes away the right to educate? The adult. Well, what's the role of the adult? The adult has a duty.

So the duty to educate is first and foremost. It's primary. And it falls on the adults. The right is for the child. Those two things live side by side but the duty is primary because we're adults. We failed our adult duty. So we failed. Very well. The adult responsibility, the adult reaction, a non-pretender reaction, is: "Oh my God, mistake! Let's fix it." And that's the only

way I think we can acceptably move on as a society that's not lying to itself. I'm for that path.

Commissioner Kaikkonen
And my final question is about individual assessments for students. When students are declared special needs, they're given an IEP [individual education plan]. And I'm just wondering, going back into the system now, do you see an increasing number of children, students at whatever age group it is, that will be labeled as special needs as a consequence of the two years of education they've lost?

Dr. Irvin Studin
I don't have that data.

Commissioner Kaikkonen
It's good data to look up.

Dr. Irvin Studin
I don't have that data. What I want to say is this: I presume, on the logic that there are all sorts of conditions that would have obtained and occurred over the course of those two or three years of second bucket, third bucket, undereducation, no education. Huge. And I imagine mental health is an important part of the Inquiry. But as I said, with duty being prior to rights: education is prior to mental health.

Do not give a child who has no education or undereducation mental health services or therapy. Give him or her an education. The mental health will come with an education. But a child who has no education is not looking for mental health services. Let us stop fetishizing that. He or she is looking for an education. The mental health part comes with an advanced society's services. We're not here to pooh-pooh our children and say, "Are you feeling okay as you come back to school?" Educate, educate, educate. They're resilient with an education, but they're not resilient without an education. So let's get that logic right as well.

Commissioner Kaikkonen
I agree, thank you.

[00:45:00]

Allan Rouben
Are there any final thoughts that you want to leave us with?

Dr. Irvin Studin
I still love this country. I still love this province. And I'm very grateful for having been raised here. Canada gave me a beautiful childhood. And I really struggled in accepting—starting with my own children, for other children—that we could have devastated beautiful childhoods with such levity. And my last two or three years, with many other colleagues,

have been spent fighting for what I think is the best look of Canada and a proper childhood in Canada. Not wealthy, not poor, just a proper childhood that prepares you.

I want to reinstate that. Canada is a beautiful place in which to be a child, in which to have a childhood, in which to move if you're from out of Canada, to raise children. But that requires work. We cannot tell ourselves stories. So we have a huge burden. But I want to say that if we put that work in—and it is work—we can bring light again to the children of the country. Because right now the picture can be very dark. And it offends me. And that's part of my— I'm not very sentimental but it offended me that we could have brought such darkness to otherwise regular children so quickly. And again, to open up the darkness is work, work, work. Work on the back of honesty. That's it.

Allan Rouben
Thank you very much.

[00:47:12]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 10: Dr. Mark Trozzi
Full Day 3 Timestamp: 07:44:41–08:43:16
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. Our next witness is going to be Dr. Trozzi, who's joining us virtually. And Dr. Trozzi, thank you for joining us.

Dr. Mark Trozzi
Thanks for having me.

Shawn Buckley
I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

Dr. Mark Trozzi
Sure, my full name is Mark Raymond Trozzi, M-A-R-K and T-R-O-Z-Z-I.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Mark Trozzi
Yes, I do.

Shawn Buckley
Now, can you just briefly share for the commissioners your background? So just explain your credentials and who you are.

Dr. Mark Trozzi
Yes, certainly. So I'm a Canadian born and I've lived in Ontario my entire life. I graduated from University of Western Ontario Medical School in 1990. I've been practising predominantly emergency medicine since that time. I've also taught at several Ontario universities. I have a special interest in critical resuscitation and I've taught various forms of critical resuscitation and trauma medicine. That was my career up until the era of COVID.

I was, of course, a frontline emergency doctor when COVID was launched. And I continued working in the Emergency Department in multiple—including one which was designated as a specific COVID site. I continued that till the end of 2020. I maintained my oaths and my ethics throughout the entire time. I have never participated in nor promoted the injections and I continue to be very open and honest with my colleagues as well as my patients.

By the end of 2020, it became very obvious that the penetration of our medical system was so profound that I would have to actually do what I did, which is I resigned all my working positions, forfeited my income, sold our family home, and committed myself to what I would describe as continuing to be a real doctor, like I know others have. I have just committed myself to making sure that Canadians had access to the truth and to doing everything I can to help right what is wrong and return basic ethics, human rights, and the rule of law to Canada and other places around the world. That has been failing, in my opinion, since COVID began.

Shawn Buckley
Well, thank you. Now, my understanding is that you're here today to help explain to us your thoughts on the mRNA vaccines, that you've spent some time analyzing the Pfizer data and you have some thoughts on that. And I'm wondering if you can share with us your thoughts on the COVID-19— I'll call them "vaccines," but my understanding is you wouldn't necessarily call them that.

Dr. Mark Trozzi
No, I wouldn't. If I could share my screen, I've prepared a significant amount of material. And I want to go through it fairly quickly so that I can get everything in. And I'm going to start on some other issues before I lead up to putting the bulk of my time into the discussion of these injections. So if I may share my screen.

Shawn Buckley
It should be set up now so that you can share screen. We are seeing your screen now.

Dr. Mark Trozzi
Okay, great. So again, thanks for having me. I want to go a little bit into some of the foundational material. Because in my opinion— And I think just for the safety because we know that the truth-tellers are trolled and persecuted in the country, so everything I'm going to say is in my opinion— However, my opinion is very well-founded. I've been studying this for two years. I've become a steering committee of a global organization. I've worked with scientists and doctors from all continents. And I've been the lead now of a health and science committee, the World Council for Health, so I have done my homework.

So first of all, the question of pandemic. Because that's how this all started: we were told there was a pandemic. So what is a pandemic? I think that all of us, in our lay knowledge—

and this is a thing where I think we're all learning to use common sense again—I think we all know that a pandemic is supposed to mean a disease that spreads far and wide and kills a lot of people. Everyone catching a cold does not qualify, for instance, as a pandemic.

Now, we need to look a little bit at the organization, the World Health Organization, which is really the conduit of control that has been used by the perpetrators of the COVID crimes to impose this global agenda throughout the world. Which, no surprise, we see the same agenda in almost every country.

[00:05:00]

Now, back in 2009, the WHO declared a swine flu H1N1 pandemic. One of the results of this was that there were massive pre-orders of new vaccines for swine flu across many countries, with governments accepting liability for the damages of course because there was a pandemic. However, when the pandemic officially ended in August of 2010, it had caused only 18,500 deaths globally. Now, if you look at the definition, this is the definition of "pandemic" and the WHO also recognized the real meaning of words up until 2010.

As you can see, for something to be a pandemic, it requires that it has heavy mortality with orders of magnitude more death than a bad seasonal influenza. A bad seasonal influenza involves about 250,000 deaths. So orders of magnitude—meaning generally orders of 10—would be 2.5 million. However, when they declared the end of that swine flu "pandemic," there was only 18,500 deaths. So by no means did it qualify as a pandemic. At that time, the Parliamentary Assembly of the Council of Europe launched an investigation into the undue influence of Big Pharma and the WHO for falsifying a pandemic to create a lucrative vaccine market for their partners in Big Pharma.

The WHO's response to this was to change its definition. They did not change my definition. I recommend people don't accept people just changing the definition of words like "pandemic" or "vaccine." But they changed the definition. They just eliminated the part where it required that it was highly fatal and took many lives. And this basically paved the way for a new lucrative power-grab enterprise like the COVID-19 pandemic. In addition, we saw modelling that millions of people were set to die, and Neil Ferguson was the main author they used for these models. Neil Ferguson was used previously to do a similar sort of thing, which was to create models that weren't true.

One moment, just switching slides.

And then that brings us to the issue of PCR and "cases." Of course, millions of people were swabbed and told they had COVID, even though they felt fine. Now, I'm going to be very brief on this: the PCR test, or PCR procedure, involves taking a sample which may have—**like many things would, including some scraps off the floor –a bit of genetic material in it. And that genetic material is multiplied in orders of two. So when you run one cycle of a PCR, if you had one fragment, you would end up with two; and if you run a second cycle you would end up with four, and then you would go to eight, and sixteen, and thirty-two, and sixty-four, one-hundred-twenty-eight, et cetera. Anyone who knows what that curve looks like, every time you do another cycle, you double the sample. And so it becomes actually quite ridiculous at some point.**

Now, the PCR was never meant as a test. The inventor of the test himself stood up quite strongly back in 2020 in this regard. But even if it were to be used as an augmenting device for diagnosing or suspecting a particular condition—be that, for instance, a coronavirus infection—25 cycles is about the limit. Countries like Canada were using 40 to 45 cycles.

And what that means is— For instance, one of the African leaders took one of the swabs and swabbed a papaya, a goat, and a quail, all of which came back as having COVID. So when we were told that there were tons of cases, and when many people were sent home to destroy their businesses, well, Amazon and the like did very well. This was a deception, in my very strong opinion.

And that led to the concept of "asymptomatic spreaders." That people were walking around and, though they felt completely fine, they could actually spread this deadly disease and kill you. And we were all convinced of that. But when you look at death statistics, Canada was like really the rest of the world. If you looked at total death, you saw that in 2020, the same amount of people was dying approximately that had always been dying. There's no spike there in total deaths. And yet we were told many people were dying of COVID. And I would call that the "death diagnosis deception program." What that meant was, let's say someone died of a heart attack or advanced cancer or maybe even crashed a motorcycle in some cases, and their nose was swabbed in the course of events.

[00:10:00]

And 45 cycles later: oh, my goodness, they had COVID. And there again, you had someone who died with COVID. So it wasn't that we cured every other disease and that people only died of COVID. What happened was people dying from all sorts of causes were categorized as dying from COVID and that kept the agenda going.

Before we get to the injections, I want to touch on a few more things. The masks simply made no sense. First of all, the virus was much smaller than the pores in the mask and it would be like using chicken wire to catch sand. Secondly, having a moist, essentially cloth matter over your face as a facial barrier for long periods and rebreathing your own air and moisture, rebreathing your own microbes, is clearly something that should be suspected as not being good for us. We know, for instance, Chris Schaefer—one of the really good Canadians who stood up early, a mask expert—did tests. And it was very easy to see that people were ending up with lower oxygen levels and higher carbon dioxide levels, meaning that gas exchange in the body was compromised.

Dental disease was on the rise. In fact, the American Dental Association recognized that and made a statement of that when they first started seeing people again, when people were allowed to go back to them. Of course, this is what all of us in the Emergency Department had: these chronic facial rashes from wearing these facial barriers on a daily basis for long periods. And we must keep in mind the severe disruption of human social interaction, which I would say was an intentional thing because our facial expressions are a big part of how we communicate. For instance, looking at these people is a lot different when you can see their facial expression. And this was especially terrible for children.

That brings us to what I would more appropriately like to call "antisocial distancing" and "lockdowns." Lockdowns is not a medical term. Lockdowns is a prison term. Antisocial distancing and lockdowns were very destructive socially. They were destructive economically. And they were terrible immunologically, both for individuals and in terms of herd immunity. This was clearly demonstrated when you look at a study in Wuhan that looked at more than 10 million people three months after they ended their brief lockdown. What they found, essentially, was there was almost zero COVID disease. In the 10 million or so people, there were 300 people that tested as positive for COVID on a nucleic acid screening program and there was zero indication that any of their contacts had contracted the disease from them.

In particular, children were at zero risk. Now, I'd love to go into this in some detail, but I'll show the heading of an article that's on my site that people can go to. There are many physiologic reasons that children had zero significant risk of serious disease or death. And in reality, they needed to encounter this infection for their own health, for the development of their own immune system—and not only for COVID, but for many things. And this is one of the reasons why we saw last year a 700 per cent increase in RSV [respiratory syncytial virus] hospitalizations of children in the countries that were heavily injected.

So when you look at the dynamics of herd immunity—which is, how it is that a cold goes around and then it's gone away and not everyone caught it?—the key really is you want healthy people to carry on with their lives. That includes children. Of course, they will contract the infection. They may show no symptoms or have a very mild disease. They develop immunity. And when enough of the healthy people are immune, the people who were at risk, whom you did protect—I wouldn't lock them up as we did to our grandparents—but that you do protect, they're then safe.

So really, the way for children to protect granny wasn't to stop hugging her. Their way to protect granny was to go out, play, continue their life, have a healthy immune system, help our society develop herd immunity, and then get on with things like you could see they clearly were able to do in Wuhan three months after the lockdowns had ended. And this is why my good friend Dr. Paul Alexander and myself published this back in 2021, "Why Children Should Be Free and Never COVID-Injected." And I'd recommend people interested in the subject to have a look at that. You can find that on my website, drtrozzi.org.

I want to skip through a few other quick things before we get to the injections themselves.

[00:15:00]

Suppression is, one of the reasons is we were all being herded towards these injections. And if you have a safe and effective treatment for a disease, it's really no longer a great emergency. And one of my friends, someone I had the honour of getting to know, Dr. Zev Zelenko was one of the first people in North America to be treating it. His use of hydroxychloroquine and zinc along with the azithromycin was by no means random. He was a smart man. He did his research. He did his homework. And you can find details on my website of why hydroxychloroquine and zinc work together to suppress the replicase enzyme that a coronavirus relies on in order to infect our cells and make us sick.

Of course, as it would turn out—and we would learn in terms of the antiviral part of treating COVID—ivermectin was even better. It's very safe, it's cheap, and we had pre-existing laboratory evidence of its profound action against many messenger RNA category viruses, which includes coronaviruses. And the studies were very extensive and so many **studies have been done since this time. And in addition to that, many clinicians around the world in countries where the government did not impose this violation of patients' rights and doctors' rights to do their job— I've spoken with many of them. And the description of how well ivermectin works early in the treatment of coronavirus and how people can just start feeling better quickly—I've experienced it myself—rather than spiraling downward, until eventually they're admitted to hospital and still denied proper treatment.**

There were so many cases around the world. One classic one was in Uttar Pradesh, one of the regions in India. In Uttar Pradesh, when they liberated the use of ivermectin, the hospitals went from full to empty in about two days. As well, this was no secret. And we have many examples of government communications recognizing ivermectin as a great antiviral for coronavirus infections. This one in particular comes from Major Murphy of

DARPA [Defense Advanced Research Projects Agency]. You can see that he is recognizing how effective, in this case hydroxychloroquine, but it was the same with ivermectin. And people that want to look deep into that can look into the work of, for instance, Project Veritas, James O'Keefe, Dr. David Martin, and others.

So ivermectin was really a great drug. It is a great drug. It's very safe, it's very effective. It doesn't have a patent, it's an old drug, and I think that's one of the reasons that it has been suppressed. And that's generally been the case. And we've seen over the last few years the suppression of good science and the promotion of fraudulent science. And particularly, anything that promoted safe, effective, cheap treatment of COVID infection with multi-sequential drug therapies was suppressed.

Case in point: A large group of us—I was honoured to be one of the co-authors working with Dr. Peter McCullough—published a detailed paper on early treatment of COVID in children. We did this not so much because we thought children needed it, because really, they generally don't, but we were trying to provide a path for parents to know, "Hey, if your kid were to get really sick, we could help, or here's a medical treatment to help." And believe it or not, though Peter McCullough pre-COVID was the most published scientist in the history of his field, that paper was ultimately rejected with no explanation.

And meanwhile, we had such ridiculous papers as— One paper published in a major journal said that the cause of heart attacks in the people who had been injected with the so-called vaccines was because people that were against the vaccines may have been afraid, and that made their arteries spasm. So we've just seen a plethora of garbage science in what used to be considered legitimate scientific foundations.

So in the context of all this, people were deceived and coerced or in my opinion, forced—whether to keep their homes or thinking that they were doing the right thing—into these injections which were misrepresented as safe, effective vaccines. And as I will show you, all three of those words are a lie: They are not safe. They are not effective. And they are not vaccines, in my well-founded opinion.

Regarding coronavirus infections, here's some important pre-knowledge that we had. There's a phenomenon called "antibody-dependent enhancement." And when you look at prior study in attempts to make even actual coronavirus vaccines (not genetic injections being misrepresented but even efforts to make vaccines against coronaviruses): because of the coronavirus' ability to modify its spike protein and evolve at a fairly rapid pace, you end up with a situation where you look at many different animals were studied.

[00:20:00]

And you could get to the point, phase 3, where you could test the animals' blood and say, "Oh excellent, they have produced antibodies to the virus." But when you went to phase 4 and you actually exposed them to the infection, what you found was a dramatically increased rate of death. In other words, the antibodies produced in response to vaccines against coronaviruses do not protect the person; they enhance the disease.

And another very important thing that we knew is a basic Golden Rule. This is a picture of Geert Vanden Bossche, PhD. And as he pointed out at the beginning, "What on earth are you doing? You never vaccinate your way out of a pandemic." And the reason this Golden Rule of vaccinology exists—even in the case where we didn't, in my opinion, have a true pandemic but even just an active infection—when you vaccinate into an active circulating

infection, what you do is drive the evolution of the virus. So you create many variants. And that is exactly what we have seen.

So what is a real vaccine? Let's talk about that. A vaccine involves taking the virus or pathogen that you're trying to vaccinate against. You generally weaken or fragment it and you inject a small amount, somewhere in the order of a hundred or a few hundred particles of that, into a person's muscle. And then that is carried to the local lymph nodes, where B-cells of the immune system produce antibodies and prepare the body. So in the future, were that to present again, they can produce the antibodies in a rapid fashion. Now, that's the science of it. How well it works is a bigger question. I think there's actually a lot of debate about pre-existing actual vaccines.

But what are these injections? And as I said, these are not vaccines. Now, again, just like the WHO changed their definition of "pandemic," the perpetrators of the COVID crimes against humanity think they have the authority to change the definitions of things. I think that's very dishonest, especially when you're in the middle of something.

So these injections—you could look at them—arise with genetic experiments. If you studied them enough and looked at the background enough, I think you would call them bioweapons. We know some of the ingredients because we could read the ingredients, for instance, on the authorization applications to the FDA, et cetera. But we've also come to learn that some of the ingredients they didn't just tell us because they say it's a trade secret. And they have a right to inject us with something that we don't even know all of what's in it. I personally think that is criminal.

What these injections are, are essentially two different main forms of Trojan horses. And by saying "Trojan horse," I mean something that can get into human cells but deliver a payload. In this case, the payload is artificial coronavirus genetic material. So when you look at the two different forms—of course Pfizer and Moderna, which most people have been injected with—what you see is something like this: these are tiny little pegylated nanoparticles. So "peg" means polyethylene glycol, that's those little curly tails you see all around it. And then you see that outer kind of orange membrane with its inward tail, those are lipid particles. And then within it is a payload of a patented messenger RNA, which has been modified in a variety of ways that make it hyper persistent and hyper toxic, creating a hypertoxic version of the SARS-CoV-2 spike protein as it was in the original man-made virus that we know as SARS-CoV-2.

Now, AstraZeneca and Johnson & Johnson, these guys took a slightly different approach. They also delivered genetic payload into human cells, but they used a virus to deliver it. They used a modified monkey adenovirus. And in it they put a payload of DNA, which is very unusual. Because what happens in this case is the DNA hijacks the cellular machinery, **which our cells use to make our messenger RNA, and makes messenger RNA, which then uses our cellular mechanisms to produce—instead of the parts of our cell that they should produce—this hypertoxic version of the SARS-CoV-2 spike protein. And that's that thing you see in all the pictures of the SARS virus with the spikes sticking out. And that's a toxin, and it's also how the virus adheres to human cells to gain entry and begin an infective process.**

So when you look at this, you can understand why I laid down my income, my home, and I refused to take a role in the COVID crimes against humanity. And I chose, as have many others, rather to fight against it. And you can see why this was the first thing I published in January 2021: "This is Not a Vaccine."

[00:25:00]

Shawn Buckley
Dr. Trozzi, can I just interject for a second? You were also going to later on speak about what you called basically a cover-up in Canada. We've got a limited amount of time today, so I'm just alerting you to focus.

Dr. Mark Trozzi
Okay, sure. I prepared for 40 minutes and we're getting through pretty quick. That's why I'm speeding through. How much time do I have left?

Shawn Buckley
Well, we're a little flexible, but we're showing about 15 minutes and 11 seconds.

Dr. Mark Trozzi
So far, or left?

Shawn Buckley
But we can go beyond that.

Dr. Mark Trozzi
I'm pretty quick. Thanks for making me aware.

Okay. So why did we know this wouldn't work? As I said, antibody-dependent enhancement: attempts to vaccinate against coronaviruses results in antibodies that help the virus, not the person. And as I mentioned earlier, antibody-mediated selection. That's the process where doing something stupid like this results in the injection victims being a place where coronavirus variants evolve. And that's what we've seen. And those variants are particularly dangerous to the injection victims.

There's more reasons we knew this would be harmful. The first is that the spike protein is a poison. That's not a secret. That was well-known, there's studies that go back. Just exposing a hamster to a little inhaled bit of spike protein will give them lung disease. And I mentioned ACE2 receptors: that's where the virus adheres. And when the spike protein is produced through cells throughout the body—and by the way, when I say throughout the body, I mean very much throughout the body—we were deceived and told they thought it would just stay in the arm and the local lymph nodes. That's a complete lie. And the reason that is my opinion is that pegylated nanoparticles, by design, are meant to penetrate all tissue. They've been used experimentally in the past for treatments for brain cancer and things like that, to deliver chemotherapeutic drugs.

So they used the delivery system that penetrates everything. By everything, I mean the blood-brain barrier, I mean the placental barrier, I mean the ovarian and testicular barrier, I mean into the unborn child, and even into the unborn child's brain. And after the spike protein has poisoned the tissue—whether by being produced there or travelling there in the blood stream and adhering to many tissues that have a lot of ACE2 receptors, like the hearts of young people, et cetera—then the immune system attacks it.

So now a person's immune system spends a lot of its energy attacking their own tissue. And that's what we see when we look at autopsies from around the world, where they're done. And by the way, in Canada, no one is doing proper autopsies, which involve immune-fluorescence-staining for spike protein, which reveals the harm.

Now, there's so much we could go into. I've made long documentaries on this but just quickly, there are other pathophysiologic pathways. Here's a few of them. Prion diseases: That's how these spike proteins can result in misfolding of proteins and lead to degenerative diseases similar to mad cow disease or Jakob-Creutzfeldt, so a long, slow neurologic deterioration.

We also knew there were specific reproductive proteins that resembled the spike so that the antibody that was generated against the spike could be generated against reproductive tissue. And this is probably one of the reasons we see such dramatic fall in fertility nine months after the injections rolled out and so many abortions, although there are other reasons.

Reverse transcriptase is a very serious concern. The body has a capacity—and we now know from studies on human cells that this happens—that some of this messenger RNA can actually be transcribed backwards into DNA and incorporated in the human genome, which makes us concerned about how hard it's going to be to get this out of some people, particularly for whom this is a predominant factor.

And then we have vaccine-induced AIDS: vaccine-induced acquired immunodeficiency syndrome. This is not HIV AIDS—that's caused by the HIV virus. This is caused by these injections. So very quickly, I want to explain this. In response to the massive production of spike protein by the cells of the victim throughout their entire body, the immune system produces massive quantities of adaptive antibodies against it as it existed in the original virus. These antibodies fail to prevent COVID and rather enhance infection. They place evolutionary stress on the virus, so that the variants evolve that are literally dangerous for the people, and they cause this quasi-autoimmune attack that I described. This mass production of bad antibodies and the quasi-autoimmune disease diverts so much energy of the immune system from being available to do other things that it's supposed to do. And that weakens the immune system for fighting all kinds of infections and cancer.

[00:30:00]

In particular, certain T-cells called CD4 cells, their levels plummet post-injection. And these are essential to preventing and fighting cancer. And that's why we see the massive rise in cancer. That's why we see people who may have been 10 years in remission suddenly come back with cancer. And it's severe and very hard to fight and people are often dead quite quickly. We've got a new term in this area called "turbo cancers," and I've spoke with surgeons from around the world who've described some very bizarre tumors that they've never seen before, including breast tumors in young women and all sorts of things.

So These misrepresented injections increase the risk of COVID disease. They enhance COVID infection. They drive the evolution of endless variants. They disrupt immune function leading to cancers and all sorts of other infections. They poison tissues with spike protein. And they trigger a quasi-autoimmune disease process which causes a plethora of different death and disease presentations, from heart attacks to blood clots, myocarditis in young people, abortions, infertility, organ failures, and much more. And unfortunately, even for an emergency doctor looking at the science back in 2020, this was really predictable.

And that is why, in June 2021, I published this detailed analysis of the dangers we're facing. At that point the injections in the U.S. data had already been associated with more death than the previous 13 years of all vaccines for all diseases, all combined, and all years combined.

Shawn Buckley
Dr. Trozzi, if I can get you to move on to the cover-up issue. Because we're particularly interested in in that.

Dr. Mark Trozzi
Sure. Okay. And we're really at that point. Pfizer's three-month clinical trial results were available at the end of February 2021. And they showed a high death rate. They showed massive abortions in pregnant women. Canadian COVID Care Alliance did a great job analyzing this. So all officials in this country—especially people running medical regulators, health boards—had a responsibility to know that. And you would think, like 1976, that they would have. When 12 people died of heart attacks in the U.S., that '76 swine flu vaccine was immediately halted.

The U.S. data shows 45,000 deaths so far, and we know it's much higher than that. And yet we're still being told, "safe and effective vaccines." And there's that VAERS data showing just a massive spike: like, more death from these vaccines, multiples more deaths than with all vaccines for all diseases for 30 years. And you see the same in other countries, Canada is no exception. Here's Germany. As soon as they roll out the injections, deaths double two to three times and remain like that.

So what about Canada and its organized cover-up? There's elements to this organized cover-up. One of them is defining people as quote "unvaccinated" until two weeks after their second shot. So think about that. We know that COVID infection spikes in the first week after injection. We know that one of the high times for bad vaccine adverse events is very shortly following the injections, although people continue to get sick and die well past the year, based on German autopsies. So when someone goes into hospital in Canada and they said, "Oh, what's your vaccine status"? If they said, "Yeah, I had my second shot 10 days ago," they were marked off as unvaccinated. And that skewed the statistics.

Also what was shocking was, yes, in Canada, in theory, we have an adverse event reporting system for vaccines. But it's been completely suppressed. And on that note, I'm bringing it to the example of really one of the finest physicians in our country, Dr. Patrick Phillips, who just stayed on the job and did everything right—everything right. Including, when people came in a few days after one of these injections, he attempted to file an adverse event **report. What happened? His reports were rejected, universally. Patients were sometimes called by the public health officer and told, "No, you didn't have an adverse event. That doctor was wrong." And the College of Physicians and Surgeons [of Ontario], who are deeply embedded in this crime: they launched an investigation for every single time that Dr. Phillips reported an adverse event.**

So you can imagine: the result of that and other things is that ethical doctors have been excluded from health care in Canada, and the doctors are—

Shawn Buckley
Dr. Trozzi, can I just slow you down, because you're really hitting some important things. I just want to make sure that everyone understands. Your first point is: somebody could get their first shot. And how much time, typically, between the first and second shot?

Dr. Mark Trozzi
Several months.

Shawn Buckley
Okay, so somebody could get their first shot. And you're telling us that that there's a window after a shot where they could get COVID but that's going to be counted as unvaccinated until a full 14 days after their second shot.

Dr. Mark Trozzi
Yes, that's my understanding.

[00:35:00]

Shawn Buckley
Okay. And we actually had Dr. Phillips attend at the Truro hearings and share with what he's seen. It's just interesting that he's a Maritime doctor and you are familiar with him as an Ontario doctor. Did that story kind of resonate widely among medical circles?

Dr. Mark Trozzi
Yes. And one of the things that people need to understand about Dr. Phillips is Dr. Phillips is very scientifically astute as well as ethically astute. And so doctors around the country who were on the ball were following his work and were learning from him. So you know, him being the main sort of whipping boy for the College of Physician and Surgeons in Ontario is a very perverse thing. He's actually an excellent doctor. And a lot of us admire him and he's admired around the world too.

Shawn Buckley
But it served as an example to other doctors that they would be punished if they submitted adverse reaction reports.

Dr. Mark Trozzi
Yes. And so no one reports it who's still in the system. Anyone who has too much ethical backbone to go along with that is no longer in the system. They've been suspended, licensed revoked, investigated. There's lots of us like this. It's got to be a thousand-plus across the country. It's not a normal situation.

Shawn Buckley
But isn't it the law that doctors are supposed to submit adverse reaction reports concerning vaccines?

Dr. Mark Trozzi
Yes. The crimes involved in what's going on are extensive. And the College of Physicians and Surgeons in Ontario and other places are guilty of multiple crimes, and not the least is of violating even their own rules.

Shawn Buckley
Okay. And I'm sorry for interrupting. I'll let you continue. It was just that those were such valuable points you were making, I just wanted to emphasize them.

Dr. Mark Trozzi
Oh, I appreciate it. Thanks so much.

So there you have a little bit about why nobody reports adverse events. And Canada can generate some statistics that there haven't been much deaths associated with these injections.

Now, Alberta really became famous for this one. This province, of course, keeps statistics of death. People die, that's part of life. And in 2021, the number one cause of death in Alberta, according to the Ministry—which I can't blame on anyone, particularly in the current administration of the government—was "ill-defined and unknown cause." Now, if you look in the books of Alberta, that popped up as a new, strange, minor cause of death in, I believe, 2019.

So suddenly, the number one cause of death in Alberta is, "uh, we don't know." And that's when the injections are rolled out? And this got attention of comedians around the world as well. I came to realize that we were living in the age of the Sudden-Invented-Syndrome syndrome, where anything but the shots is the cause of death.

Shawn Buckley
And can I just ask: Did you say that what became the leading cause of death in Alberta didn't even have that classification until 2019?

Dr. Mark Trozzi
Yes. In 2019 it showed up as the cause of death of a few hundred. And then, by 2021, the new leading cause of death is mystery disease.

Shawn Buckley
So the leading cause of death in 2021, it was a new category basically invented in 2019?

Dr. Mark Trozzi
Yeah.

Shawn Buckley
Okay. Thank you.

Dr. Mark Trozzi
"Ill-defined and unknown."

Shawn Buckley
That's quite interesting.

Dr. Mark Trozzi
Yeah. So I'm getting really near the end of everything. But in addition to covering up the death and harms from the COVID injections—which at this point, I mean, it's very hard for us to calculate how many exactly, but definitely I think we're into millions of dead around the world. Twenty million is a pretty reasonable estimate, I don't have time to go into how that calculation and estimate was made. And more than 2 billion adverse events on the planet so far. Those are good guesses, calculations.

But what else is interesting is covering up the fact that, as I said, you're more likely to get sick with COVID if you've had these injections. And this is data from February to May of 2022. And if you look on the left, there is your case rate for people who've had none of the injections: two and a half times higher case rate for people who've had two injections and more than three times the case rate for people who've been boosted as well.

Now, again, what should the natural response to that have been? An emergency call for the halt of these injections. Instead, Canada stopped reporting vaccination status along with the statistics. So when they saw this going on they said, "No, no. No more reporting for vaccination status. We'll just report the cases." Now that is extremely perverse, because what that could mean is that these cases could be used to deceive more people into going and getting the injections.

[00:40:00]

And not realizing that you're way more likely to get sick with COVID if you've had the injections.

So if I could take another minute and a half, I'd just like to make a few somewhat closing statements.

Shawn Buckley
Yeah, please go ahead.

Dr. Mark Trozzi
So mistakes were not made. This was all by design. Question that, as you should. I refer you to a few things.

First of all, revelations that come from thousands of pages of Pfizer's submission to the FDA [Food and Drug Administration] for Emergency Use Authorization. Though they were approved in 108 days, Pfizer stood against a FOIA request and did not want to release those in total for 75 years. Now luckily that didn't happen. And there's an excellent organization called Daily Clout, spelt "daily" and then C-L-O-U-T, dot I-O. There's thousands of volunteers analyzing this mountain of documents, which are very deceptive, but do reveal a lot of what I'm saying.

Also, people should look at the work of the global intellectual property expert and researcher, Dr. David Martin. And he's exposed nearly, for instance, 100 patents on SARS-CoV-2 products that were produced over more than a decade prior to the launch of the COVID agenda; as well as revelations by James O'Keefe, Project Veritas, Karen Kingston, and others regarding communication and contracts within the DOD [United States Department of Defense], the NIH [National Institutes of Health], Anthony Fauci, Bill Gates, Eco Health, World Economic Forum, the notorious WHO director Tedros. And interestingly, you'll find that two Canadian names that come up an awful lot are Justin Trudeau and Chrystia Freeland. For that again, I refer you to those other sources.

Last thing I want to mention is the imminent crisis we face right now. The World Health Organization functions as a conduit for WEF, Bill Gates, Pharma. And the details of how that works: People are welcome to come to my site and spend some time on it but the WHO functions to manipulate and harm us on their behalf. And I cannot emphasize enough the need to defund, exit, investigate, and prosecute the WHO.

They currently have two fast-developing programs which will super-enhance their economic and political power. These are the International Health Regulations Amendment and the Pandemic Preparedness Treaty. So if anyone thinks the last three years have been awful— That's what they did with the preparation I showed, like redefining "pandemic." If they pass these amendments then they put themselves in a position to do far worse to us.

So that's everything I have to present today. I'm grateful for the opportunity and I'm completely open to questions.

Shawn Buckley
Great. I'll ask the commissioners if they have any questions. And they do have questions.

Commissioner Massie
Thank you very much, Dr. Trozzi, for your excellent presentation. There's a lot of information there. But I would like to ask you: in your best estimate—you've done a lot of research—how many doctors and scientists in Canada would be in agreement with what you're proposing, to ban these vaccines moving forward?

Dr. Mark Trozzi
Well, when I think of my colleagues in medicine in Canada, I can divide them into a few groups. I think a lot of doctors were brainwashed. And people have to remember: even smart sheep are sheep. There are quite a few of us who did our own study—you probably are familiar and have probably heard from quite a few of them—and who made it an active role to stand against this and to make the sacrifices against them. You have doctors that quietly tried to work under the radar and eventually left their work. You have thousands who left their hospitals when they were eventually mandated to take the injections. So I am certain that there are thousands of doctors that would agree with me.

Unfortunately, a lot of doctors in our country need to realize what's at stake. And they need to realize that protecting your career— I valued my career too. I valued my income, I valued my home, I had a good life. But when you look at where this goes, when you look at the agenda and recognize what it's part of—Agenda 2030, et cetera—everyone will lose everything in terms of freedom, human rights, and property.

I think a lot of doctors who— I've heard this story so often: people go to the doctor and say, "Hey, what do you think about the injections?" And the kind of honest ones say, "Ah, I can't talk about it. I can't tell you." Which is, of course, a violation of Hippocratic Oath, which is to use your own judgment.

[00:45:00]

So the violations of Hippocratic Oath have been massive.

Knowing what doctors really think is a little bit tricky because doctors have been given the carrot and the stick. If you went along with this, you made a lot of money. There were great billing codes, these injections paid phenomenally. And if you stood against it, you basically kissed your income and your old-style career goodbye. So that's the best I can give you to share insights in that. But I mean, for instance, the Canada COVID Care Alliance has over 600 doctor members. So there's thousands of us for sure.

Commissioner Massie
And worldwide, would you say that the number of doctors and scientists that would support a ban for the vaccine is much larger proportionally than what we find in Canada? In other words, do we have movement outside Canada that seems to be more active in that space?

Dr. Mark Trozzi
Oh, yes. For instance, there's petitions. One I'm involved in, 17,000 PhDs and MDs signed that. A group of us are being invited to speak to the European Parliament. This wave is cresting big time.

But unfortunately, the perpetrators are very well-embedded in government. Governments, for me, have pretty much lost their legitimacy for continuing with this because the science is very clear. You know, there's a reason Paul Alexander and others including myself have invited—on multiple occasions—these ministers of health to sit down and have a public debate with us. They will not show up. There is no debate. There's just an agenda that they're pushing. And I really think there needs to be arrests made on this.

Commissioner Massie
Thank you.

Shawn Buckley
There are some more questions, Dr. Trozzi. And then when the commissioners are done, I've got a question for you too.

Dr. Mark Trozzi
Thank you.

Commissioner DiGregorio
Thank you, Dr. Trozzi, for giving us your testimony today. I just have a few clarification questions on some of the information you presented. I believe just one of the last few slides

you showed us was data from the Canada Health website in February of 2022. Showing, I think, a number of cases broken out by vax status with three classifications—one being unvaccinated, the second one being two shots, and the third one being three shots.

Dr. Mark Trozzi
Yes.

Commissioner DiGregorio
And I'm just wondering whether those numbers—were those absolute numbers of cases by vax status or were those by thousand people?

Dr. Mark Trozzi
Those were case rates. It was the rate of infection per number in the group. So it really did reflect the relationship between your risk and the injections.

Commissioner DiGregorio
So it's not just the case that the lower number for unvaccinated is because there are a lower number of unvaccinated people, it's averaged out by thousand.

Dr. Mark Trozzi
Yeah, it was per thousand. It was a rate.

Commissioner DiGregorio
Thank you.

And then the other question I had had to do with— I've heard this before from others and yourself, about this definition of unvaccinated people as being people who are two weeks post their second injection. And I'm just wondering where that came from?

Dr. Mark Trozzi
For me, the source was checking with multiple nurses involved in triaging patients. So that became standard triaging procedure as I understand it, when people came into hospital. So people go into hospital, they see a triage nurse, she takes some notes and fills some things. One of the things she fills out is vaccinated versus unvaccinated. And people who were less than two weeks from their second injection were quote "unvaccinated." And so at least in some of the databases, counted as such.

Commissioner DiGregorio
Sorry, maybe I wasn't clear enough in the way I asked the question. And I'm sure that's entirely on me. Where would this definition have come from? Like, who has come up with this notion that that is what is "unvaccinated," that it's two weeks past the second shot?

Dr. Mark Trozzi
Well, that program was carried out in most Western injected nations. So I don't have the exact answer. I think that ultimately you would find that probably came from the WHO, but I can't confirm that at this point. But that practice has been reported in many countries from other scientists and doctors I've been working with.

Commissioner DiGregorio
Okay, thank you.

Dr. Mark Trozzi
Pleasure.

Shawn Buckley
There's further questions.

Commissioner Kaikkonen
I have a question. I'm just wondering, for the parents who are outside watching this or online, just wondering if you have any suggestions or counter-recommendations that you could give to them.

[00:50:00]

For preventing or countering the potential respiratory repercussions from masking? Maybe that didn't make sense, my brain's not working yet. But anyway, just: Do you have any recommendations that would possibly help parents?

Dr. Mark Trozzi
Yes. I'm not sure if you're asking specifically with regard to the masks. As you can see, my thoughts are that there's no significant advantage to having a piece of cloth burying your face all the time. It makes no sense. So a) I wouldn't mask my children, I consider it child abuse. In terms of keeping kids healthy? Well first of all I would avoid letting them be injected with any of this stuff whatsoever. It should be pulled from the market.

And then in general, keeping a healthy immune system. A healthy immune system is built. And it's funny, you know? If we had a legitimate health care institution at the beginning of this, this is the sort of advice we would have got, which is to stay physically active; to get lots of fresh air; to get exposure to sunshine or take vitamin D; to eat a healthy diet which involves lots of produce, organic produce, fruits, vegetables.

And then in the case of children—and I'd really love people to look at that—I presented, "Why Children Should Be Free and Never COVID Injected." And also, I've written articles and videos on the immune system and talked about what's called "original antigenic sin." So children need to be exposed to microbes. But microbes are evolving and humans are evolving, and we evolve together. When a child interacts with their environment—sticking dirt in their mouth and kissing the other kids and all the stuff they do—that actually allows their immune system to initialize itself at the point in history where it exists and to become compatible with the existing microbes. And then following that, the immune system, as we grow, can do a pretty good job of keeping up. As the microbes evolve, we evolve.

So removing kids from the environment, removing kids from each other, doing this sort of state-mandated, germophobic behavior is very dangerous. I think most of us are aware of the old stories where the kid whose mom bleached all the counters and wouldn't let him touch anything and washed his hands four hundred times a day, that was the kid with all kinds of allergies and all kinds of sicknesses, whereas the kids that rolled around the dirt were healthy. And that's just the way the immune system works. I mean, we live in a world swarming with microbes. And we're meant to and we need to do that in a natural way.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Dr. Trozzi, I had one final question for you. My understanding is that the vaccination uptake now in Canada has dropped significantly. And so we wouldn't anticipate seeing adverse reactions that follow quickly from vaccination.

Going forward, what do you think the prognosis is for Canada and Canadians that have been vaccinated? Would you anticipate that they would be getting better or worse? Or is it just unknown at this time because of the nature of the vaccines?

Dr. Mark Trozzi
Well, that's a good question. So there's a few caveats to that.

We've looked at variations in adverse event rates with different lots and different injections. And you know, this is a clinical trial: we're excluded from a lot of the knowledge. So some people, we believe, got a shot of saline; some people didn't get injected with the stuff. We've also learned that one of the things that causes certain lots to have much higher adverse events and death is the quality of manufacturing. If those little pegylated—those little polyethylene glycol chains around the sphere—if they're very equal in size, that stabilizes the nanoparticle. It makes the nanoparticle more effective at delivering its payload. And therefore, the higher quality injection you get, the worse off you are.

As well, these injections were delicate and had to be handled properly: I mean, stirring, temperature, all these things. And if you got lucky yours wasn't handled well. And instead of getting a full-functioning—as I would I think appropriately called bioweapon—injection, you might have got just some sludge that had fallen apart. So those are some of the perks that can happen.

When you get beyond that, when you look at, for instance Dr. Arne Burkhardt, Dr. Ryan Cole and others, the few pathologists in the world doing the right thing. Unfortunately, for instance in Dr. Burkhardt's case, more than a year ago he had 15 families come to him and say, "Listen, we have had a family member die. They were healthy before. We think the injection killed them, but we had an autopsy done by the government, the public health autopsy, and it said there was no relationship."

[00:55:00]

Now, those autopsies did not include immunofluorescence staining for spike protein. So you know, if you don't look for something, you won't see it. Dr. Burkhardt took those 15 cases as an initial case. His team analyzed their tissue and what they found was that there

was clear evidence that cause of death, in 14 out of the 15, was the injections. And that included people that died as much as a year after the injections. So for instance, when you look at the prion disease, that's a very slow-developing thing.

Now, the other thing though on people's side is: the scientists and doctors who stood against this, while we may not have the resources that we had before—we're no longer running the university labs; we're no longer running the hospitals for the time being—but we're working very hard on developing solutions. So for instance if one goes to the FLCCC, you can look at their protocols and advice for detoxifying from the spike protein and the injections. At the World Council for Health, we've also generated a spike protein detox guide.

Those guides are working very well. Interestingly, two of the most important things you can do: one is intermittent fasting. That increases the rate of what's called autophagy, or getting rid of bad old cell debris. The sooner we can get these poison cells out of the body, the better off we are. Ivermectin, the same drug that works for treating COVID infections, also has sequestered this poisonous spike protein, which makes it less likely to interact with our tissue. Ivermectin also stands quite high on the list. But there's a lot of things that could be done. There's more that is being looked into. I've been talking with an excellent Dr. Goodnow using a nutrient called plasmalogens and I know others are working on this.

So I would recommend to people, if you've had the injection, think about getting one of those protocols rather than waiting until you have a problem. The other thing that we're working on—we have it now available in a couple of countries in Europe but we will try to get it available elsewhere—is a simple test. For instance, a urine test where you can test your urine and see if you're producing spike protein and see how much of that spike protein you're producing.

The doctors who stood against this: we're still in the game. How bad it's going to be is partly going to depend on how successful we are and how much people take advantage of that. And as well, the sooner that we see the system turned into something legitimate again and we see— Rather than agenda-promoters running the College of Physicians and Surgeons, in my opinion, in a very criminal fashion, I'd like to see someone like Patrick Phillips or Dr. Kilian or Dr. Luchkiw, or any of the doctors who sit up and do the right thing. These are the ones who should be running our healthcare. And then we'll do a very good job of treating the injuries from these injections.

Shawn Buckley
Thank you. I think those are all the questions we have for you, Dr. Trozzi. On behalf of the National Citizens Inquiry, we thank you. We're very grateful for you taking the time and sharing your insights with us.

Dr. Mark Trozzi
Well, thank you very much for doing this. I feel that this is the first sign of legitimate government in a long time in Canada, is the people coming together for the people. So I'm really grateful that you're doing this, to all of you. And I hope it continues to go well. We'll continue to support it.

Shawn Buckley
Thank you.

[00:58:35]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 11: Vincent Gircys
Full Day 3 Timestamp: 08:43:16–09:32:40
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Shawn Buckley
Our next witness today is Vincent Gircys. And Vincent, I'd like to start by having you state your full name for the record, spelling your first and last name.

Vincent Gircys
Vincent Gircys, G-I-R-C-Y-S.

Shawn Buckley
And Mr. Gircys, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Vincent Gircys
I do.

Shawn Buckley
Thank you. Now could you explain for the commissioners basically the experience you have as a police officer.

Vincent Gircys
Certainly. I am a retired member—a former member—of the Ontario Provincial Police [OPP]. I started my career with that organization in 1982 and I served this province in policing for a total of 32 years. I have 32 years of experience in policing—and that's different than some people, who have one year of experience repeated 32 times.

I have submitted my curriculum vitae here [Exhibit TO-26]. I believe it's with the group, and it's five pages long of courses that I've taken over the entirety of my career. I started my career in Toronto. Eventually, I became a member of the emergency response team for

the OPP, one of many. And at some point, I became involved in forensic investigations and forensic reconstruction. I did that for a number of years. And throughout the course of my career, there were a number of things that I had taken on. I never turned down any opportunities for training and I received a number of commendations throughout the course of my 32-year career and retired with the Police Exemplary Service Medal for my conduct.

I just want to say that there are many men and women in law enforcement. And the men and women of law enforcement are ordinary men and ordinary women just doing extraordinary things. And I'm extremely proud and happy to know that the men and women that I worked with within the service were what I believe to be the best of the best within policing services. And I've met many, many wonderful police officers over the course of my career that put themselves in harm's way and behaved very courageously.

So I'm very proud of the profession. But I see that a number of mistakes have been made over the last three years. Tremendous mistakes have been made. So I'm going to start off with a little bit more of an introduction into my background and then I'm going to tell my story. And then I'm going to get into the mistakes that were made.

Shawn Buckley
Thank you. Please proceed.

Vincent Gircys
"Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law." This is the first sentence in the Canadian Charter of Rights that was written and established in 1982, the same year that I started my career in policing. I was very familiar with the Canadian Charter of Rights. And I was issued, upon my probationary period when I first started with the organization, a Bible. I was issued a King James Bible. And the question needs to be asked: Why? Why was I issued a Bible? And that is something that I carried with me during my service and every time I testified.

And I have testified hundreds of times, actually thousands of times, in various courts. I became an expert witness in forensic reconstruction. And every time I testified, I did it by placing my hand on the Bible to swear an oath. I'm very familiar with the police oath that I've taken. And it is the same oath that all police officers in the province of Ontario take. The oath varies from province to province depending on the police services involved but, in Ontario it's the same oath. And my oath is to the Constitution in Ontario. I'm very familiar with it and I would hope that other police officers would be familiar with the oaths that they had taken.

It's very important, the first opening sentence of the Canadian Charter of Rights.

Shawn Buckley
And I know that you mean section 1. Or the part you just read, which is often omitted?

[00:05:00]

Vincent Gircys
The part that I just read because it is the foundational component. And that foundational component— People need to understand that our Constitution and our Charter is not a federal law; it is not a provincial law; it is national. It is agreed upon by the entire nation of this country. And it is our primary law. It is the most important law of the land.

My story started at the beginning of the pandemic, when I was present. A restaurant in Toronto serving brisket barbecue, known as Adamson's Barbecue, had been shuttered and shut down by 200 police officers and a team of horses that had come in to push back people and prevented that restaurant from staying open. I had already been following the science. I am very familiar and done my research regarding mask issues, regarding transmissibility and other issues, and I just could not comprehend what I was seeing with the amount of police deployment at that location. I've since became very active in speaking out against these types of measures that were taken against Canadians. Things continued to ramp up and get worse very, very quickly, as you well know. So I won't bother to get into those details.

I will say that over the last three years, I had two arrest warrants issued for me because I was in a park, outdoors, speaking to a group of people on two different occasions about the importance of our Constitution and the Canadian Charter of Rights and how they were being abused. These arrest warrants came just prior to, and just after, my attendance in Ottawa during the trucker Freedom Convoy that had arrived in Ottawa.

I attended there just to see what was going on. There seemed to be quite a bit of discussion about trucks arriving in Ottawa and it sounded exciting, so I attended. When I got there, I could see the level of deployment there that was taking place and I wanted to reach out and help in any way I could. So I took on various roles, one of them being a police liaison. I had received through the Ontario Provincial Police the Police Liaison Officer of the Year Award. I guess I did a pretty good job at it. And so I was also liaising with police services in Ottawa during the Trucker Convoy.

I did not go there by truck. I don't own a truck. I don't know how to drive a truck. But I was there strictly helping, acting in any helpful capacity that I could. The temperatures were very cold. Things were very disorganized, so I tried to offer some form of organization there. As a result, my bank accounts were frozen. And I eventually left at the end when things were dismantled. I was issued a fine for attending a church service and received a $10,000 fine for doing so.

Shawn Buckley
Ten thousand dollars?

Vincent Gircys
Yes, the prosecutor was asking for a ten thousand dollar fine for my involvement in attending a church service in Aylmer, Ontario. And that was issued by the Aylmer Police Service. That matter has since been resolved but that was the fine that the prosecutor was requesting.

I must say, I'm very proud of a number of members of the Aylmer Police Service—at least six of them. I'm very proud that they have made the decision to quit within a one-year period. That is approximately 50 per cent of the number of officers that are employed by that police service. The amount of tyranny I saw come out of that police service towards the

Church of God in that town was deplorable and in complete violation of our Constitution and the Charter. Many criminal offenses have taken place by the police against the church, because it is a criminal offense to interfere with church service. That essentially is my story and I'm going to now get into the other aspects.

I had been asked in April of 2021 by an international organization known as Police for Freedom if I would join that organization. And I did so under the condition that I would not be silenced. I had belonged to another organization of police officers in this province and I felt that I wasn't able to speak freely, so I've since moved on. And I wasn't about to be silenced in discussing what I felt was very important to discuss.

So I am now the Canadian representative of Police for Freedom International.

[00:10:00]

And there are quite a few police officers that I am in contact with. I would say over the course of the last three years, I've been in contact with hundreds, if not a thousand or more police officers across this province and internationally that think in the same purview that I do. We share the same conclusions. And I'm going to go through those.

Now, when I would conduct a forensic investigation—and it doesn't matter if it's forensic investigation or just an everyday investigation within policing services—there is protocol that we follow. There's procedure that we follow and it's very, very simple. It's not rocket science. In conducting investigations, we look at other people's perspectives, other people's statements. We want to know what happened in any investigation. And in order to find out the truth—and the truth is a hard thing to describe, if you ask somebody like Jordan Peterson, he'll probably give you a one-hour explanation of what truth is—basically, the truth is what happened. That's it. In policing, we want to know what happened and we need to know what happened so that we can decide whether criminal offences have been committed and by who, and how, and why. So we need to answer a lot of questions.

And when we conduct an investigation, the best way to come up with the truth is to acquire as many statements—and I'll call them perspectives, as many perspectives as possible. Anybody standing in front of me looking at me has a view of what I look like. If somebody's standing behind me and they're looking at me, they have a different perspective. So ultimately, the more perspectives you can get on anything, or person, or issue, the better equipped you'll be to understand what is really going on.

It's also about collecting information. It's about collecting physical evidence, documentary evidence, testimonial evidence. And then we come up with our conclusions, ultimately. The more information that is available, the more accurate of a decision we could make and the **better understanding we have of what is real, what is really true, and what really happened.**

It is my understanding that there's nobody here present from mainstream media. Is there anybody? If you are, can you put up your hand? CBC, CTV, Global? No, I didn't think so. So evidence is also the absence of something. So when mainstream media is not here, that is evidence of something.

Now, I've done a Google search recently—yesterday, as a matter of fact—on the National Citizens Inquiry. I've done it through a number of browsers. If I search the National Citizens Inquiry, it will come up. But if you click on the "news" tab associated to these browsers and search over the last 90 days, nothing comes up. That's evidence of something. That's very telling.

So the media not present brings me to the issue of COVID-19 and other issues that are in the media that have, what I would call, a single perspective. Some call it a narrative, that's just a flowing individual path. I call it a single perspective. So on the issue of lockdowns that we faced, there was only one perspective that had ever been in the media. On the issue of mask-wearing, one perspective. On the solutions to this problem and the way out, one perspective. Vaccine acceptance, one perspective. Vaccine hesitancy, one perspective. Vaccine safety, one perspective. Vaccine efficacy, one perspective. Vaccine injury, no perspective, no comment, no discussion. Vaccine death, no perspective, no comment. Died suddenly, no perspective, no discussion.

So we see a lot of contradictions. There's certainly available data—data that I was able to find. And if I'm able to find it, I think just about anybody's able to find it. And it's not about what people knew; it's about what people should have known. I've seen this numerous times in the Ontario Provincial Police when it came to officers' disciplinary measures. Somebody should have done something; somebody didn't do something. And it really comes down to, if you didn't know, you should have known. It would have been your responsibility to know.

[00:15:00]

And in this case, in the medical profession, in the healthcare profession, it's incumbent upon those individuals within the profession to do their research and to know. And to look at other perspectives because they are available, and they were available to probably just about everybody here in this room. Those perspectives were very readily available. The information that was coming out was very readily available if you just chose to look. And of course, there's a much higher threshold and level of responsibility that comes with your position within health services.

The term that was used as "safe and effective" probably should have been "use at own risk," would have been more accurate to describe this product that had come out: this product with no known long-term data, not knowing what the content within the product is yet being pushed as safe and effective. My own personal physician was trying to shove "safe and effective" down my throat when I spoke with him. Certainly, he was not aware of the information that I was aware of; unfortunately, he was not interested in being aware of that information. The one thing that we did agree upon was that our trust in health care services in this province was paramount—it was very important that we trust health care services—and that there was nothing worse than forcing a jab in someone's arm to lose that trust.

So I had mentioned that I'm a representative of Police for Freedom, which is this international organization and consists of many police officers in Canada as well. I can tell **you that we have incredible concern about the unfolding of these incidents. I fully concur with the comments made by Dr. Trozzi in his last testimony that he had just given. We are very much aware of the World Economic Forum, the World Health Organization, the CDC [Center for Disease Control and Prevention] working in conjunction with many other similar type organizations.**

And it appears that Publicis and McKinsey are companies that are advertising PR firms and consulting firms that seem to be integrated with those organizations. The Brighton Collaboration is often mentioned in health care services in Canada as a reference to the Brighton Collaboration. But the Brighton Group, I believe, no longer exists and is now known as the Task Force on Global Health. Task Force on Global Health seems to be

working in conjunction with and reporting to and having discussions with CEPI, the Consortium of Epidemic Preparedness Initiative.

People listening to this testimony I'm giving might want to look up those organizations and see who they are. See how they are actually comprised of the pharmaceutical industry, the World Bank, the Bill and Melinda Gates Foundation, and so on and so forth—some names that keep coming up. And you know, there's a very incestuous relationship that ties those organizations to the Government of Canada, with certain members specifically that have already been mentioned.

The World Economic Forum Canadian leadership members is of concern. We know that Klaus Schwab, the head of the World Economic Forum, had made a comment that we have penetrated over half of the cabinet. And he said that rather casually and he seemed quite happy about that. The comment had come up once in Parliament asking the question relative to this connection. And immediately there seemed to be what appeared to be a comment or an excuse to some microphone-related problem. That question has never since come up by any party in Canada. It is very concerning, because it appears that there are members possibly in other political parties as well relative to the World Economic Forum and those things that go on in the World Economic Forum.

I'm not going to comment specifically on what things go on. But I will say that criminal conspiracies do happen. You are not a nut for calling something a criminal conspiracy. I've investigated criminal conspiracies and they're real and they really happen. Organized crime is not some old Italian guy in a wife-beater shirt talking about the mafia

[00:20:00]

or somebody in a leather jacket riding a motorcycle. Organized crime now is very sophisticated. And generally, those people that are very, very wealthy with incredible power and access are positioned very well to be very effective criminally. Is there any evidence to suspect reasonable suspicion of the need to investigate potential criminal conspiracy? Yes, we believe that there is. Absolutely.

So I'll say what gives me grounds to say that. Just relative to the vaccination roll-out only, I'll say that there was the promotion of "safe and effective" with no known long-term data. The contents were unknown. There's also injury and mortality rate data that was available early on in this that either you could have known, you should have known, and if you're in the healthcare system, the onus would have been on you.

At some point the death and injury rate became unusually high. And that flag, everybody in the healthcare system should have been aware of it, whether they say they were or not. **There appears to be cognitive dissonance on that issue. People are sticking their head in the ground like ostriches and not wanting to know, but unfortunately the data can't be hidden. The truth is there.**

Then there's the continuous use of the rollout of the vaccine when the available data is still known. Health agencies fail to notify the public. Infant mortality is increasing. Fertility rates are dropping. Menstrual cycles were affected. The media remains silent. And the media and the government relationship appears very suspicious.

During the Emergency Measures Act hearing that took place several months ago—the Emergency Measures Act hearing in Ottawa—Superintendent Pat Morris of the Ontario Provincial Police, who is in charge of intelligence for the Province of Ontario, made a very,

very interesting comment. One that I found resonates well with me—because I had made the same comment as well. He said, "I know what the government is saying, I see what the government is saying." Essentially these were his words roughly: "I know what the government was saying, and I know what the media was saying, but the intel that was coming back to me"— This would be coming back to him from various sources on the ground, whether it is people reporting or interacting with other police agencies or whatever his format of intel was— He said, "My real intel was inconsistent with what they're saying."

So they know what they're seeing. They know what they're hearing by their sources, which is inconsistent with what the media is saying and with what the government is saying. We see that type of inconsistency over and over. So I do have a suit that has been launched with a number of other individuals against the Attorney General of Canada and the Ministry of Public Safety regarding my rights violations for having my accounts frozen in Ottawa. And I had indicated in my testimony there as well that when I was in Ottawa, I spent a lot of time walking the perimeter of what was going on and conversing among my colleagues there about what they're seeing and what's happening. And there were no concerns, no concerns of violence or these types of issues. But in the evening, when I would go back to my hotel room every night and turn on the TV and look at the CBC to see what their reporting was, I indicated that I was seeing an inversion of reality on television. And they didn't seem to understand what I meant by that. And I said, "What I'm seeing on television is completely opposite of what I'm actually seeing there. The news is lying. They're being deceptive."

Shawn Buckley
So Vincent, can we get you to describe what you were watching on television and what you were seeing? Just so that it's crystal clear for everyone listening to you what exactly what you are telling us.

Vincent Gircys
Right. So what I'm seeing are a bunch of happy people. Very happy. It's a very positive vibe. A very positive environment. Everybody was happy, hugging. I mean, I've hugged more people than you can hug at a Greek or Italian wedding. There's no doubt about the level of joy that people were displaying and having. I saw no violence and I saw nothing to be concerned about other than it was just a great time overall.

[00:25:00]

But what I'm hearing on the news, the reporting, was that there were acts of violence that were taking place. There was arson that was taking place. There was assaults and Nazis; **the people there were being labeled as Nazis and this type of thing. All of that reporting from the CBC was just completely false. It was just completely wrong.**

It didn't surprise me because I was already familiar with that type of reporting from the CBC and our mainstream media. And essentially, I find the media is a propaganda machine. They have been paid very handsomely by a number of organizations, including the Canadian government. They are spewing propaganda.

But even worse, they are suppressing information that people should really know. So it's a joint issue of propaganda being distributed, and censorship of the information that you should know, information being withheld.

So a number of lies that I found have been exposed in media over the last three years that are of most concern: The COVID-19 threat assessment, that COVID-19 was super, super dangerous and super scary, and you should all be locked up. That whole threat assessment and that whole narrative is a complete lie. That the mRNA gene therapy, the safety level of that, was a lie. That lock-down measures and the efficacy of the vaccine and the lockdown measures as well, separate categories there, was just a lie. Not required. And that there were no available therapeutics, as the media had stated, that was a lie as well.

In order to keep the lie going, I think it's important—it's critical to all those involved in what had taken place both in the medical profession and in government. In order to keep that lie going, it's an indication of a totalitarian regime, by definition. Clearly, we see if you can control the health care, if you're interested in firearms confiscation and you move in that direction, you censor people and control the media. You control the education and enable indoctrination. You control the currency with intended CBDCs, that's the central bank digital currency, controllable currency that appears is on the horizon. And if you control movement, fifteen-minute cities, that would be an ideal system for a totalitarian regime.

We know that the the initial lockdowns and the fear-driven mandates have resulted in, initially, a police state. And then it continued on to what we are becoming as a corporate, fascistic governance. There's no question. When the media works in collusion with the government and corporations, when they're all working together, that clearly is fascism at its best. And it appears that that is what is happening.

Now, I have what I would call a way out. And by no means am I suggesting that this is the answer, but it's the best I can think of. And this would be, in consultation with a number of other police officers in agreement, that establishing a national COVID-19 forensic task force that is completely independent of government interference, vetted by a judicial body with arrest warrant and search warrant authorization, would be a good start.

And I'll summarize what I find are the failings in the police community. They failed to adhere to established plans. In policing, we have a plan for everything. Our command staff is very well-organized and they plan for all worst-case scenarios. In the OPP, it's a common mantra to say, "Plan for the worst, hope for the best." We say that all the time and we believe in that. Plan for the worst, hope for the best.

And you can bet that there were pandemic plans in place already. Imagine spending a lot of time, money, and resources on planning for a pandemic: planning when things are calm, when heads are level, when you're not afraid, when you can liaise comfortably with the health agencies. You can liaise with all kinds of other agencies to come up with what you would say is the best plan you can possibly come up with. And then when a pandemic is introduced, let's throw that in the garbage.

[00:30:00]

And let's just wing it. While we're afraid and while we're scared, let's just forget about that plan we have.

No, we put that plan in place for a reason. It was the best thought-out plan and it was a very rational plan. Now, I'm not familiar with what the plan is but I do know that there are other people who are going to be testifying here as to the content and detail surrounding that.

The police failed to understand information. They accepted a single-sided narrative where additional counter-narrative information was available. How do I know it was available? Because I provided counter-information. And I did so by helping other people across the country that had compiled a number of reports, that appeared to be very concise and detailed with information.

A number of people across this country were distributing hundreds, if not thousands, of copies of actual information to police agencies, to health agencies, to government agencies. And they were documenting their service upon those agencies. And the police agencies failed to respond. They failed to understand their oath. They failed to understand section 52 of the Constitution and the ramifications. Section 52.1 of the Constitution essentially says, "Any law that is created, that is inconsistent with the Constitution, which includes the Charter, has no authority whatsoever."

Shawn Buckley
Vincent if I can help you out with that, I think the probably the exact quote is section 52(1): "The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the Constitution is, to the extent of the inconsistency, of no force or effect."

Vincent Gircys
Correct.

The police service essentially over this three-year period became the Praetorian Guard, following political pressure and interference. Let me make it very clear that— Our system and the way it's supposed to work, I will try to describe it for you. If you can imagine a horizontal line, a membrane if you will. And on the top of that membrane, up above, is politics, the political sphere within this country. And below this membrane is civil service. And there is a membrane that separates the two. Civil service includes police services like the Ontario Provincial Police, the RCMP, and all other police services. And I would say that those services are pretty high up near the membrane. They're pretty high up in priority and importance.

And it's important that that membrane stay in existence because we can't mix politics with policing agencies. We need to have independence of the two so that we don't have corruption. But it appears that, over the years, that membrane seems to have torn and disappeared. There doesn't seem to be any service, any dedicated agency in this country to be actively involved in looking into allegations of crime. There's nowhere to go. There's nowhere, seemingly, to report these problems.

Shawn Buckley
Vincent, can I just interject for a second? Just because you're in contact with so many police officers, are you aware of any police investigations concerning potential crimes in this COVID saga that have been allowed to proceed? Because I understand people have made complaints to the police alleging crimes but my understanding is that most of them are stopped by management. Are you aware of any that have been allowed to proceed?

Vincent Gircys
No. I am not aware of anything being investigated. Not that I should be. It wouldn't be in my purview. But I know that many people have provided information and the least that you

should be aware of is some kind of a response. Some kind of a response notifying that, "We have that information. We're looking into it." And usually the police services would get back to you and say, "We might need some more information. Can you help us? Guide us? Direct us? Give us some more." Nothing. No contact. I'm not aware of any of it.

So it's imperative that we do the right thing.

[00:35:00]

I'm going to say: Do not fear doing what you know to be right. Fear the consequences of the fruits of failing to do the right thing.

And that concludes my testimony, unless somebody has some questions.

Shawn Buckley
I'll ask the commissioners if they have any questions.

Commissioner Drysdale
Good afternoon, Mr. Gircys. Thank you for your service to our country and for coming here and testifying today. I have a few questions, probably more related to policing because of course you had 32 years of experience as a police officer.

Yesterday—I believe it was yesterday—we had Mr. Tom Marazzo here testifying with regard to the truckers' convoy. And he described and showed video of an incident in front of the war memorial where police officers pulled aside and injured a veteran: took him to the ground, kicked him multiple times. He showed the video. It's in evidence here. And one of the questions I asked Mr. Marazzo was, "Was there any security camera footage?" The only footage that we saw was from participants, amateur people, with phones filming it. But in our nation's capital, in front of the Parliament buildings on Wellington Street, between where the War Memorial is, I asked, "Were there not security camera footage that could have been referred to?" Because I hadn't seen any of it. And his response to me was that he believed the cameras were shut off.

Do you have any information about the security camera footage?

Vincent Gircys
No, I do not. And you know, when it comes to security cameras, I have a rather sensitive spot to that—understanding the level of surveillance mechanisms that we already have in place in this country. And I certainly wouldn't be asking for more surveillance equipment. To answer your question, I'm not familiar with that. And to the point on that, we have seen a lot of police violence and brutality in the final phases when police moved in very heavy-handed in Ottawa. And there's no doubt in my mind that the tactical officers, the emergency response team officers that were responding, were not only ill-informed; they were provided, I believe, false and misleading intelligence.

And I say that because I watched the behavior of those officers. And, you know, police officers are not generally stupid people. And I'm not suggesting they're stupid, but they're put into a situation where they believe they can be harmed. They believe they need their weapons out. They believe that there is a serious threat against them. And I have to ask: Where did they get that information? Because all of the intel that I was aware of, and I got

to know, I can't say I knew everybody in Ottawa; there were hundreds of thousands of people there. But all of my observation continuously being inconsistent with what the media was saying, the media operating in collusion with our government, there's no question that there was false or misleading intelligence that was provided to those officers that were shutting things down at the end. And that's also consistent with the evidence of the Commissioner of the OPP and the Superintendent, Pat Morris.

Those two individuals from the OPP giving testimony seemed inconsistent. Because the Commissioner is saying he believed—and I'm not going to repeat his exact words—but essentially, he believed that there was perceived violence. And the Superintendent of Intelligence is saying he had no concerns. So where did the concerns come from? And I don't believe we've ever gotten an explanation. The closest I came to getting an explanation was, I believe, that during a debrief— One of the Ottawa police officers had said at some point during a debrief, shortly after things had shut down, that information came from something he saw on the CBC.

Commissioner Drysdale
Well, that's an interesting response. Because unlike the horses that were used in Ottawa, which have blinders on so they can't see where the police officer is directing them, the police didn't have blinders on. And I refer you to your earlier testimony where you said that you saw with your own eyes, by walking through the crowd, that it was peaceful. I think you said there was more hugs than an Italian wedding, and I've been to a few of those.

[00:40:00]

How is it that you were able to visualize and see the reality on the ground and these officers, despite being briefed but being present and having their own eyes open, could not see what you saw?

Vincent Gircys
Well, the best explanation I have for that is that I was walking those grounds for over three weeks. I was there for quite a long time. And the atmosphere and the mood never changed until the end, when the police came in to shut things down. Then I did see violence. And the violence came on the part of the police officers. And it is possible— And it is a realistic possibility that— Because of the uniform difference, it appears that the frontline officers that were working at the function on a regular basis were pulled offline at those last two or three days. And that a whole new contingent of officers coming from other parts of the country and the province were brought in, kept to the rear, and then marched out.
And they never had the opportunity to see what was going on at the event but they were primed with various forms of intel that gave them the mindset that we're dealing with a lot of very crazy, violent people. And you know, I don't know what intel they were provided with. But they were certainly provided with some intel, I believe, that would have given them the mindset that they were dealing with a dangerous issue.

Commissioner Drysdale
So you're suggesting that they were just following orders?

Vincent Gircys
Yes, that's right. Absolutely.

And I need to finish with one final point. That these police officers— I've said at the beginning, they are ordinary men. They are ordinary men. In Germany, in 1942, there was a police battalion, PB101, and stories and books have been written about them. And it is called and they are referred to as the "Ordinary Men." It's ordinary men that can be provided with false information and misleading information, that can develop a very violent mindset against a group of people. And extreme, extreme horrific atrocities can occur and can be brought on, as example of Police Battalion 101, from ordinary men.

We all have that ability within us to do that if we're provided with extreme fear and false intelligence. And the greatest concern that I had over the last three years was, how far is this going to go? What are these individuals? What are these police officers going to be provided with? Which kind of information? How misleading is this going to go? How are we—the people who are concerned, pushing back, and protesting—how are we going to be treated if the lies continue, knowing that the police officers are ordinary men? And there's nothing in training that I've ever experienced to identify that problem and make police officers aware of what they could become.

Commissioner Drysdale
I'd like to know what is required in normal times for the police to initiate an investigation, a criminal investigation.

Vincent Gircys
That's a great question. I can tell you that, as a police officer, I cannot initiate an investigation without permission of my command staff when I was working. So you know, there are things you can do in policing. If you're given an area to police, you police it. You're given certain criteria of what the organization wants policed, then you police it. But for the most part, when it comes into something more extensive, you do need authorization from your organization, from your command staff.

Commissioner Drysdale
And I think you said earlier that to your knowledge—and of course you wouldn't have detailed knowledge of what's going on behind closed doors—but to your knowledge, the police have not instigated a criminal investigation concerning any issue with regard to the pandemic, mandates, and treatments.

Vincent Gircys
Again, I'm not aware of that. I haven't been provided with any information to believe that that would be the case.

Commissioner Drysdale
Just one question. Another question is:

[00:45:00]

You talked about the WEF. I personally had a meeting some time ago with a MP, Member of Parliament, Canadian Member of Parliament, who said to me the WEF is no different than the Lions Club. Do you believe that the WEF is no different than the Lions Club?

Vincent Gircys
No, sir. I believe that the WEF is an extremely powerful, influential, well-equipped, well-financed organization of the wealthiest, most elite people on this planet, working together with a number of other organizations and corporations. They are extremely well-organized and well-structured and well-positioned.

Commissioner Drysdale
You know, my last thing is: I'm sitting here and I've been listening to testimony for the last three days here. And I was in Truro prior to this and listening to testimony. And it shocks me to the core to hear people like yourself and other people making certain comparisons or analogies to what's going on in Canada, which include the *Schutzstaffel*, which is the SS, and other things in Germany.

We've heard that as a common theme: that people compare what's been going on in our country to that era. And it shocks me to death. I don't know if you have any other comment on that.

Vincent Gircys
My parents came from Eastern Europe. They lost their country. If they would have stayed, they would have been executed. They spent a year living in the forest in Western Germany fleeing from the Bolsheviks and fleeing from the Nazis. I understand what fascism and totalitarianism is.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
Mr. Gircys we are going to— I'm sorry, we have one more question.

Commissioner Kaikkonen
Thank you for your testimony. And I may be remembering wrong, but I do remember in 1982 when the Constitution was enacted, or the *Charter of Rights and Freedoms*, that all levels of government had three years at that time to bring their laws into alignment with the Charter.

If we fast-forward to where we are in terms of the Church of God, for example, in Aylmer, or **the church in Kitchener, who also suffered huge fines and losses and then they went into court and had to deal with it at the court level: Do you have any idea how we can convince the judges that were responsible for those decisions that the *Charter of Rights and Freedoms* still stands as under the supremacy of God and rule of law in this country, as the supreme law? So that decisions that go against the freedom of religion, for example, in this case, will not take away from the churches but actually show how much churches in a community enhance that community going forward.**

Vincent Gircys
Well, I think the only way to make a change at the judges' level is the judges are utilizing jurisprudence to make their decisions. That is, they are saying, "The pandemic was

extremely dangerous and we were all going to die. And you didn't do your part because we knew we were all going to die and you just weren't doing your part. And so there are limits to the Constitution and we don't think this was unreasonable."

I refer to that—and so do many others—as the Great Lie. And that great lie needs to be exposed and broken before we can see a change.

Commissioner Kaikkonen
Yes. I guess the irony in that mindset of the judges is that we're still all here and we're still all alive. Thank you.

Shawn Buckley
So Mr. Gircys, we will enter your CV as an exhibit with your permission [Exhibit TO-26].

Vincent Gircys
Yes.

Shawn Buckley
Thank you. And on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Vincent Gircys
Thank you.

[00:49:24]

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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.

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 12: Maureen Somers
Full Day 3 Timestamp: 09:42:26–09:48:18
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Geneviève Eliany
Good afternoon. Could you spell and state your name for the record, please?

Maureen Somers
Maureen Somers. S-O-M-E-R-S.

Geneviève Eliany
Do you promise to tell the truth today?

Maureen Somers
Yes, I do.

Geneviève Eliany
I understand that you're a descendant of Holocaust survivors. Can you tell us about some discussions you've had with family members?

Maureen Somers
Well, for starters, I never imagined in my lifetime that I would be witness to a fascist dictate on the nation. And from what I have learned in history and from relatives who not only survived the Hungarian occupation by the Nazis, they also survived the occupation by the Russians; and from everything that I have learned from them as well as from my days in my history class—I was always told by our history teacher, "If you don't study history, you'll never know what's coming." Well, never in my lifetime could I imagine that I would see a fascist dictate on our nation. And by that, I mean, from what my relatives have described—fascism—the unvaccinated and the elderly in this country were treated terribly. That's fascism. The unvaccinated particularly have been treated horribly. They were pitted against the vaccinated. That's fascism.

Geneviève Eliany
I understand you're concerned for your grandchildren. Can you tell us about their concerns and how they experienced the pandemic?

Maureen Somers
I'm a grandmother to eight grandchildren. To hear one of my grandchildren in utter terror that their parents could die from a virus that he might bring home—or they might bring home—and the absolute terror that if their parents died, the question to me was, "Grandma who will take care of me?" And as a grandma, I reassured my grandchild not to be afraid. However, my fear, my biggest fear— Not COVID, nothing else that has happened. My greatest fear is that I may outlive a few of my grandchildren that were unfortunately vaccinated.

Geneviève Eliany
I understand your husband was taken to the emergency room for excruciating abdominal pain during the pandemic. Can you tell us about his experience?

Maureen Somers
Back in October of 2022, my husband arrived by ambulance to the emergency ward of our local hospital in excruciating pain. He was left in the ER hallway on a cold gurney. And the attending doctor, the ER doctor at that time, the priority was whether he was vaccinated or not. When he was questioned by the doctor, "What is your vaccination status?" and my husband replied that he was not vaccinated, then the interrogation started. That was the doctor's priority. "Why aren't you vaccinated?" My husband's response was, "I don't want the vaccination." "Why don't you want the vaccination?" "I told you I don't want the vaccination."

My husband's in pain. And that was the doctor's priority. And her comment and reply to his insistence that he did not want the vaccine—particularly not right then and there. She said to my husband, "Mr. So-and-So if you don't take this vaccination right now, you're going to be dead in two years." My husband said at that time, "My wife is on her way. She is my power of attorney. You can speak to her."

Well, upon my arrival that doctor couldn't be found anywhere in the ER department. Even though I requested to speak with her twice through the nurse, the attending nurse, we were abandoned by that doctor. She never returned. The attending nurse who was looking after my husband told him he would have to wait until the ER shift change and there would be a new doctor who would attend to him.

[00:05:00]

We waited an hour and a half for this new doctor to show up. Luckily, this doctor couldn't care less about his vaccine status, ordered tests immediately, and determined that my husband needed emergency appendix surgery, ASAP.

Geneviève Eliany
Thank you. I don't have any further questions for you. Perhaps the commissioners do.

Maureen Somers
Oh, I'm happy to report my husband is healthy and alive.

Geneviève Eliany
Thank you very much for your testimony today.

Maureen Somers
Thank you very much.

[00:05:52]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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For further information on the transcription process, method, and team, see the NCI website: ***https://nationalcitizensinquiry.ca/about-these-transcripts/***

NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 13: Dianne Spaulding
Full Day 3 Timestamp: 09:48:19–10:01:44
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Geneviève Eliany
The next witness, I believe, is Dianne Spaulding. Could you state and spell your name for the record, please?

Dianne Spaulding
Yeah, it's Dianne Spaulding. D-I-A-N-N-E S-P-A-U-L-D-I-N-G.

Geneviève Eliany
Do you promise to tell the truth today?

Dianne Spaulding
I do.

Geneviève Eliany
I understand that you suffered a vaccine injury. Can you tell us what those injuries were?

Dianne Spaulding
I received the AstraZeneca vaccine on April 23rd, 2021. The next three days, I had just some fatigue, bone pain, and a fever. But on the fifth day, I had a bleed on my lower arm. Where the injection was, it had a lot of swelling and redness and a rash. After that, I started getting pins and needles in my hands and in my feet. And they were going up my arms and up my legs. I started getting blurry vision. I was sitting on the couch. This was around the fifth day after the vaccine. And I had this earthquake feeling in my head. That's the best I can describe it, it just felt like an earthquake in my head. That quickly followed by this intense dizziness and disassociation feeling. The best I can describe that is a drugged feeling. My head just felt drugged. Like, I was there, but I wasn't there, kind of thing, like disassociation. I started getting internal vibrations in my chest. Light and noise sensitivity. I

had to constantly turn down the volume of everything and close the blinds in the house. I couldn't take any light or noise. I started getting very fatigued. I actually spent two months in bed: I could not get out of bed. I'd go to bed and wake up and think, "Oh my gosh, I haven't slept." So I just stayed in bed. I started getting bruising all over my body, head-to-toe bruising and petechiae, which are little, small blood dots on my skin.

Geneviève Eliany
We have some photos, so we'll walk you through the photos [Exhibits TO-10b to TO-10h]. Just one moment.

Dianne Spaulding
So that was that was my arm.

Geneviève Eliany
And that was the injection site, correct?

Dianne Spaulding
That's correct.

Geneviève Eliany
Okay.

Dianne Spaulding
That was the bleed on my lower arm, where the injection was.

Geneviève Eliany
So this was the same arm as the injection arm?

Dianne Spaulding
That's correct.

Geneviève Eliany
Okay. These were the spots that you tried to describe a moment earlier.

Dianne Spaulding
Right, the petechiae.

Geneviève Eliany
Is this some bruising?

Dianne Spaulding
Yes.

Geneviève Eliany
And this looks like it's a—is it your arm or your leg?

Dianne Spaulding
It looks like my leg.

Geneviève Eliany
Okay.

Dianne Spaulding
That was my chest.

Geneviève Eliany
Another bruise on your chest.

Dianne Spaulding
They were everywhere.

Geneviève Eliany
Again, your arm. And this is obviously a finger. What happened to your finger?

Dianne Spaulding
My fingers just started peeling.

Geneviève Eliany
Was there pain that went with this bruising and peeling?

Dianne Spaulding
No, not really. No, I mean, I would just wake up in the morning and look at my body, and it would just be full of bruising.

Geneviève Eliany
Again, some bruising. And it looks like there's a raw patch there. Can you describe that for us?

Dianne Spaulding
Yeah, probably like an eczema or something, like, yeah.

[00:05:00]

Geneviève Eliany
Did you ever have bruising or eczema like this before the injections?

Dianne Spaulding
Not the bruising. All my life I've had asthma and allergies, so I have witnessed eczema before. Definitely not the bruising. Yeah, I don't know what that was. A rash.

Geneviève Eliany
Okay, thank you.

Now you have an unusual story with respect to your hospital visits. Let's start with the first visit. So what was the diagnosis?

Dianne Spaulding
The first visit was when I had the bleed on my lower arm. Of course, I had heard on the news about the AstraZeneca cases causing VITT [vaccine-induced immune thrombotic thrombocytopenia]. So I was quite concerned about that, thinking that I may have that. I went to the ER. And the first thing they said is, "Wow, you've had quite the response to the vaccine." You know, like that's a good thing. And that was about it for that first visit.

Geneviève Eliany
At what point were you diagnosed with anxiety?

Dianne Spaulding
That would have been my third visit. I had more symptoms after that. I ended up having a hand tremor, a leg tremor, and a head tremor. And these head tremors were like Parkinson's. I couldn't control the tremors in my head. So yeah, that's when I went back to the hospital again. That was the third visit, I believe. They diagnosed me with anxiety. And they referred me for a psych consult. That ultimately led me to see a psychiatrist and place me on anti-depressants.

Geneviève Eliany
The psychiatrist also referred you elsewhere. What kind of paperwork did she provide you with and what kind of referrals did she make for you?

Dianne Spaulding
So she wrote me a letter of exemption against the second vaccine and to be able to use the amenities at our condo, such as the pool and the gym, because she felt that would be good for me to do that. I had a referral to a neurologist, a hematologist, a rheumatologist. And the rheumatologist basically just asked me why I'm there. He didn't understand why I was sent there. The hematologist was actually a phone call, it wasn't an in-person visit. And he asked me, maybe I'm "just clumsy?" The neurologist, actually, he acknowledged my vaccine injury. He actually said, "I have seen some cases come through that are presenting with an essential tremor, and that's what you have."

Geneviève Eliany
So you saw all those specialists in summer 2021, correct?

Dianne Spaulding
That's correct.

Geneviève Eliany
Okay. And ultimately, you submitted an adverse event form.

Dianne Spaulding
Yes, I did.

Geneviève Eliany
Did you receive any responses to that?

Dianne Spaulding
I was told to go and get the second vaccine.

Geneviève Eliany
Despite the exemption that you received from the psychiatrist, was it?

Dianne Spaulding
That's correct. Toronto Public Health told me to—suggested that I—get the second vaccine.

Geneviève Eliany
Now what happened in January 2023? And this is what makes your story quite different. You received a call from Mount Sinai Hospital?

Dianne Spaulding
I did. I had complained to the human resources at Mount Sinai Hospital for the treatment that I had received for the anxiety diagnosis that ultimately put me on antidepressants. And I had to wean myself off them. So yeah, they actually called me—that was in the fall—so I actually got a call in January from them with an apology saying, "We apologize for the way that you were treated and the way we handled the situation." You know, given the anxiety diagnosis.

Geneviève Eliany
And I understand they also told you that they had a board meeting about you? Is that right?

Dianne Spaulding
That's what he said, yeah.

[00:10:00]

Geneviève Eliany
Did you get a sense of whether there were many cases discussed? Or he just mentioned that you were part of this or you were discussed in this board meeting?

Dianne Spaulding
No, he didn't mention anything about other people, just me.

Geneviève Eliany
Despite the apology, were you successful in getting helpful conventional care?

Dianne Spaulding
Not from them. I lost my family physician over this because when she received the report from the hospital saying I had anxiety, she yelled at me and said, "Dianne, you have anxiety," and she hung up. So I lost my family physician over that.

I mean, I went home, and I basically went online and researched for myself. I found a lot of Facebook support groups with thousands and thousands just like me with the same, similar symptoms. That's where I found the FLCCC. And I found a local doctor here in Toronto that prescribed me ivermectin. And that's when I finally—I finally turned a corner. I was able to get out of bed. My tremors went away. My internal vibrations went away. Yeah, so that was about the only successful care that I received.

Geneviève Eliany
I understand the bruising and the bleeding remains a problem, right?

Dianne Spaulding
That's correct. The bruising, the blood dots—they seem to come out after a busy day, like if I'm being active at all. And the disassociation in my head, the fogginess, the brain fog—it just never went away. It's still there.

Geneviève Eliany
Thank you, we'll see if the commissioners have any questions for you.

Dianne Spaulding
I would just like to end my testimony with a quote. Dr. Zelenko, he said that he wanted the epitome of truthful messaging, that he wanted the truth like a mantra propagated. That's why I'm here today. To be seen, to be heard, to be believed. You know, the gaslighting, it has to stop. It's been really difficult. Thank you.

Geneviève Eliany
Thank you on behalf of the National Citizens Inquiry.

[00:13:25]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

April 1, 2023

EVIDENCE

Witness 14: Jan Francey
Full Day 3 Timestamp: 10:01:58–10:11:27
Source URL: https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html

[00:00:00]

Geneviève Eliany
Could you turn your video on please, Jen? Thank you. Could you state and spell your name for the record, please?

Jan Francey
It's Jan Francey. And spell my last name? F-R-A-N-C-E-Y.

Geneviève Eliany
And spell your first name please.

Jan Francey
Oh, Jan. J-A-N.

Geneviève Eliany
I know it seems simple. Do you promise to tell the truth today?

Jan Francey
Yes, I do.

Geneviève Eliany
I understand that you were also vaccine-injured. But let's start with why you were reluctant to receive the vaccination in the first place.

Jan Francey
Yeah, when I was 18 months old, I was hospitalized with severe encephalitis, and they didn't have a cause for it. They said it must have been mosquitoes. This was in January in Canada. And I mean, it was severe enough that my prognosis was very bad. And that was if I lived. And so I've avoided— I've gotten my tetanus shots but I haven't gotten things like flu shots because I just don't want to mess with those things. So I didn't want to get that because of that.

Geneviève Eliany
Okay. And ultimately, what made you change your mind?

Jan Francey
The vaccine passport. Winter was coming, I live in a shoebox. The thought of an entire winter sitting inside was— I was afraid I wouldn't make it through the winter. I live alone.

Geneviève Eliany
When you say you live in a shoe box—

Jan Francey
I don't have any family here.

Geneviève Eliany
Sorry, I didn't mean to interrupt you. I didn't hear what you said.

Jan Francey
The apartment is very small: it's one room; there's no balcony; it's maybe 200 square feet.

Geneviève Eliany
So what happened after the first injection?

Jan Francey
After the first one, I woke up and I didn't feel well. I felt nauseous. I was throwing up. I kept throwing up. But I also had, like, a sensation in my hands that wasn't right. It was like they were vibrating but they were also kind of numb. But there's also pins and needles. And that just continued and the throwing up continued. And then it came time to get the second one, which I had to get because I still wasn't a person in Ontario.

After the second one, everything got really bad. When I woke up the day after the second one— Uh oh.

Geneviève Eliany
We can still see you.

Jan Francey
Okay. When I woke up the day after the second one, all my joints were stiff. Everything hurt. The numbness and the vibration had gotten worse. And then, over the course of a couple weeks, the vibration could continue all night but they were everywhere. I could feel it in my gut. Everything was vibrating. I could not sleep. I felt like I was moving all the time. And then, yeah, things just kept worsening.

I developed Raynaud's. But I also couldn't feel my hands. I couldn't detect heat. I could pull things out of the oven without an oven mitt. You don't think about it because you don't feel any heat. You've done it already when you realize you've done it. I couldn't feel my feet or my face either. That went on for months. I couldn't feel the shower.

And then as time went on, I started getting a lot of symptoms in my head: my eyes, my vision went bad, my hearing. I couldn't tolerate anything. I couldn't tolerate light. I couldn't tolerate sound. I couldn't tolerate vibration. People talking, that was just way too much. I couldn't handle people talking. And then my neck started to get stiff. And I started to feel like my sinuses were being pushed down. I just felt like my head was going to explode. The pain was so brutal.

Geneviève Eliany
What happened when you tried to get help at the hospital?

Jan Francey
I went to the hospital in June last year, or July—July 4th. I was plastered in hives and giant lumps. We don't even know what I reacted to. And I had tried telephone appointments, which is what I usually relied on. And I'd gotten Rupall and that didn't do anything. So we tried to go to the hospital. Well, I'm mask-exempt due to PTSD. It was a trauma from a violent crime.

[00:05:00]

So I get in there and I have to deal with the security guard, who's not too bad. But he's pretty persistent, he wants to put something on my head. Then I get into triage and I have to show him my letter for my mask exemption. And then my partner, who's with me, has to show him proof of vaccination. And then we finally get through there and get sent to the next waiting room, when a nurse decides that she's going to attack. And I was humiliated in front of the entire waiting room. She would not stop. And I ended up leaving. My partner wanted me to stay because I was an absolute mess. The hives and lumps were everywhere. I was on fire. But it's just too much. How am I going to trust somebody who just screamed at me and humiliated me? Where's the care in that?

Geneviève Eliany
So ultimately, you did have an appointment with an immunologist. And what happened at that stage?

Jan Francey
That was after the hives, which I ended up on prednisone for through a telephone appointment. So they had set me up with them to figure out what was going on. So I started explaining what was happening to him. And I said, I get these—when it happens, like, I get

this vibration in my neck. He didn't think that it had anything to do with that. He didn't know why or what I reacted to or what was going on. And he suggested that I needed to see a rheumatologist and a neurologist.

Geneviève Eliany
Were any of them able to help you?

Jan Francey
This was a telephone appointment with the immunologist and nothing ever happened after that. I don't know how you get yourself a telephone appointment, I mean, with a specialist. This appointment with the immunologist was set up by one of the other telephone doctors.

Geneviève Eliany
But did the immunologist not refer you to both a rheumatologist and a neurologist?

Jan Francey
I never got a call. No, nothing.

Geneviève Eliany
Okay, so you never received a follow-up, but that was his recommendation, right?

Jan Francey
Yeah.

Geneviève Eliany
Okay. How did this interfere with your ability to work?

Jan Francey
I was not working when it happened. So it didn't interfere.

Geneviève Eliany
Okay. Are you able to—

Jan Francey
But I couldn't work. There is no way that I could work now. I can't even stand up for 10 minutes without my heart— I have cardiac problems as well now. And I take a walk and my heart goes up to 140. So it's not a good feeling.

Geneviève Eliany
Did you have any success with the adverse events reporting system?

Jan Francey
Well, I got my first telephone appointment. Because I had my last shot November 11, 2021. And then in December, I called for an appointment. I had to wait till the 15th of January. And that doctor was terrified. As soon as I mentioned the vaccine, she started to stutter. I said, "I want to be exempted from more of this. I can't take any more of this." Because I was scared because they kept talking about more and more boosters. And I didn't want to not be a person, but I don't want to die either. So I asked her for an exemption. And she said, "No, no, no. No exemptions. The College said." Well, then I asked about reporting my injuries. She said, "There's no point in doing that because they just throw them away."

And she was right because I tried to self-report. Fast-forward eight months and Toronto Public Health just basically turned it into nothing. Sent the first doctor I talked to on the phone a letter saying, "You can decide if she's having another shot." And they also said that they don't write exemptions.

So then I wrote to the College of Physicians and basically demanded one and asked them who they thought they were. And I never heard back from them.

Geneviève Eliany
Thank you. I'll see if the commissioners have any questions for you.

No questions. Thank you so much for your testimony, on behalf of the National Citizens Inquiry.

Shawn Buckley
So that concludes the witnesses for today, and so we will adjourn the National Citizens Inquiry and reconvene in Winnipeg.

[00:09:29]

Final Review and Approval: *Jodi Bruhn, August 16, 2023.*

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