VOLUME THREE

Witness Transcripts

Part 3 of 9: **Winnipeg, Manitoba**

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
WINNIPEG HEARINGS

Winnipeg, Manitoba, Canada
April 13 to 15, 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.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Opening Statement: Shawn Buckley
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[00:00:00]

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[00:00:55]

Shawn Buckley
Thank you for joining us this morning with the National Citizens Inquiry as we begin our hearings in Winnipeg, Manitoba. For those of you that have been following us, we had three days of hearings in Truro, Nova Scotia. We've had three days of hearings in Toronto, Ontario. We are now in Winnipeg, Manitoba. We will be marching across Canada.

We're moving next week to Saskatoon, Saskatchewan; Red Deer, Alberta, the week following that; Vancouver, British Columbia, the week following that. We're then moving to Quebec City. And then we're concluding in our nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the NCI, we are a hundred per cent citizen-organized, -run, and -financed group that just realized that we had to have an inquiry march across Canada, giving Canadians the opportunity to share their stories so that we could find out basically what has happened, what we have experienced; that we can come up with positive recommendations as to how to do this better; and more importantly, as this process has started, so that we can come together, listen to each other, and heal.

Now, I would invite everyone out there to join in and support. When I say this is citizen-run and -funded, I mean, we're not kidding. We don't have a single donor. We depend on people like you to donate. I think each hearing costs us roughly about $30,000 to $35,000 to run, and so we would invite you to go to our website and donate. We'd also invite you to plug us on your social networks and to push us out to your friends and family, to anyone that isn't part of the conversation about what happened. The mainstream media is not here, and they've not been here. And we anticipate that they won't be here. But we are growing at just an incredible rate online because you, the citizens, are making this happen. And we invite you to continue to participate in every way that you can. If you're a business owner and you have a tire shop and you have a TV in the waiting room, livestream us. When we don't have live hearings on, just stream one of the hearings that we have recorded on our website. But get the word out; get people involved in this conversation.

The thing that I can promise you about the National Citizens Inquiry, and those of you participating online, and those of you in the room with us this morning, is you cannot go through a day of this experience and not have your life changed. I attended at the Toronto hearings, and I am a changed person.

One of the things that shocked me as I reflected on that experience, as I reflected on the stories that I heard, actually, was the hatred. And I'm going to speak to you a little bit this morning about hatred—that's such a sharp word. But I have to tell you that I'm also going to be speaking to myself. Often, when we see something that's troubling us, it's also inside of us. And so I'll ask everyone to have an open mind as I speak about this. You can go and watch the Toronto hearings. We have them posted at the NCI site for everyone to see. We've got them on our Rumble channel. We had Canadians telling their story. And story after story, experiences of hatred surfaced.

[00:05:00]

We had stories from unvaccinated people speaking about things like social shaming. Do you remember Tom Marazzo? He's working as a college professor. And the dean sends out an email to over two hundred of the faculty and staff saying, "We're bringing in mandatory vaccinations." And Mr. Marazzo emails back in a "reply all," saying, "Well, that's basically all fine and good. But there are some other things. There are some rights [at play]. And perhaps we should be having a dialogue about this." And then if you recall his testimony, somebody in a "reply all" said, "Please take me off your email list." And then somebody else, and then somebody else, and then somebody else. And then, somebody on that list who is clearly getting too many emails chimed in and said, "Can we not 'reply all' so that I don't have to go through hundreds of emails?" And then another person chimed in and said, "No, we need to publicly shame Mr. Marazzo. We need to stand together in shaming this person." And so, it was "reply all, reply all," all day long to deliberately shame him. Now that is hatred.

We heard testimony about unvaccinated people literally being treated as subhuman by medical workers. We heard that from patients.

I recall Mr. Mark Auger who testified. He shows up at the emergency ward and he's being treated fine. He needs to stay because he needs surgery the following day. They don't have a room, "So Mr. Auger, you're going to stay on the gurney in the hallway in Emergency." And there's a conversation, and they find out he's unvaxxed. And all of a sudden, he's in a room. They don't even take him off the gurney to the bed. He spends the night on the gurney even though he's in a room with a bed. He's hardly visited at all. And if you remember, the shaming when he had to get up to go to the bathroom, and he comes back, **and on the glass door is a sticky note with one word: "unvaccinated."**

If you recall the testimony of Scarlett Martin, who is a paramedic, about, basically, the hatred in both the ICU wards and in Emergency towards the unvaccinated. And comments within the medical system like, "Well, the unvaccinated, they deserved what they got when they got sick." And we've actually all heard comments like that when we were in the midst of this, that "those unvaccinated, they deserved what they got." Now that, that is real hatred. And we heard comments that the unvaccinated should be denied healthcare. And we all remember that in the midst of this crisis, in the midst of this fear, in the midst of this hysteria in Canada, we would be hearing publicly— It put out that perhaps the unvaccinated should not be entitled to healthcare. So it's somewhat ironic that vaccinated people that are now injured from the vaccine are telling this Commission that they are,

basically, in effect, being denied healthcare—that that's been turned around. This is real hatred.

Let's talk about the hatred towards the vaccinated. We had witnesses take the stand in Toronto to speak about tremendous injury. People that are totally disabled, their lives are ruined, where it was difficult for us listening to the testimony, not to tear up, not to choke up, not to feel tremendous empathy for the suffering that they're going through. And yet, they described to us that when they show up to the hospital with serious injury, that they're just discounted: "Oh, you have anxiety. Oh, this is all in your mind." And then that basically they have to fight to get treated. They're not succeeding. They're basically being treated as second class

[00:10:00]

within the healthcare system that will not admit, that for some reason, the doctors and nurses— We can't admit that we are having vaccine injuries. And the doctors and nurses are telling people that they can't admit that. But it's one thing to be cowed to do dishonourable things from your professional organization because you're scared. But it's another thing entirely to not treat a person with kindness just because you're being bullied. And so what we have here is real hatred.

I think the thing that is most despicable with not treating vaccine-injured people with respect, and a couple of them said it on the stand, "Basically, we took one for the team. We were told to take the vaccine to protect everyone." Some were reluctant to do it, but they took one for the team. And now that they're disabled, the team is discarding them. And that is despicable.

We're talking about hatred. And when I'm thinking about how awful it is—how we're treating people that are vaccine-injured—I couldn't help but think of that video that we watched in Toronto where we have veterans at the war memorial when the *Emergencies Act* is being introduced. And we have all these police officers looking like stormtroopers, they're so geared up. And that one wounded war veteran—so served Canada; is wounded; we couldn't see in the video, but his medals were on his chest—being dragged to the ground and kicked by the police officers. In Canada. One of our war veterans. A decorated war veteran who is disabled because of his service. That's hatred.

So we're experiencing real hatred. And the fact that we've now moved into treating vaxxed people like lepers in the healthcare system is just despicable.

So I have two things to say to our health care workers who deny vaccine-injured people kindness and respect because these health care workers are not willing to take personal **responsibility for their actions: The first thing I want to say to you is you should pray. You should pray that you are never treated the way you are treating these people that are vaccine-injured. And the second thing that I'd like to say to you is, may "you" always be treated with kindness and respect. May you "always" be treated with kindness and respect. Because the only way for us to move forward—the only way for us to move forward—is for all of us to treat everyone with kindness and respect. There's so much hatred in this country that every one of us has different ideas of how we would like this to play out: We want justice. We want vengeance. And none of that is going to work.**

I think it was on day one of the Toronto hearings, I tried to point out that the vaccinated and the unvaccinated really had the same experience. And that the hatred that we have for each other has come out of a place of fear. And just to quickly recap. Understand that a

large number of the unvaccinated people believed that the vaccine was dangerous, believed that literally it could kill them or cause serious disablement to either them or their loved ones, like their kids. And the difficulty that they faced was, you have the government trying to force this on them and their family. And the vaccinated people participated in this social pressure. And the employers imposed these mandates, which they didn't have to, et cetera, et cetera. The vaccinated, in the minds of the unvaccinated, actually became a real threat to both themselves and their family. And when you feel fear, you become resentful, and then you hate. There is a lot of hatred

[00:15:00]

from unvaccinated people over what happened.

And the vaccinated had the exact same experience. They believed that COVID-19 presented a serious threat to themselves and their family—that literally they or their loved ones, like their children, could die or be disabled—and there was a solution. They believed the vaccine was the solution, and it would work. It would take away the threat if "only," if "only" those unvaccinated people would play along and get vaccinated. And so, understand that to them you unvaccinated people were a threat. You were a real threat. And then the resentment came, and then the hatred came. And there was real hatred.

And so, we had two groups that started hating each other all out of fear, all having the same experience. But we have to forgive each other. Even if the other side doesn't owe us an apology, we have to forgive. And we have to stop hating. There is no other way.

You know, it's funny. We took a week off for Easter. The Easter story is all about forgiveness. And as I was preparing last night—I don't decide what I'm going to say in the morning until the night before or the morning of—I'm asking myself, "How the heck do I explain that we need forgiveness ourselves and we also have to forgive others? How do I explain that to people?" And then it came to me, of course, the parable of the master, the lord. And I'll just share it with you just because I couldn't come up with a better way of explaining the concept.

So for those of you who aren't familiar with the parable, I think it was Peter who goes to Jesus and says, "Jesus, how many times do we have to forgive our brother who sins against us? Up to seven times?" And you have to understand, when Peter's asking that question, he's thinking the idea that you would have to forgive someone up to seven times is really bizarre. Surely after three times we can kick that person loose and have nothing to do with them. So he's stretching it: he's saying up to seven times. And Jesus responds to him, and he wasn't expecting this. And He says, "No, no. You forgive them seventy times seven times." Now Jesus wasn't meaning that after somebody's wronged you 490 times, you can stop **forgiving them. Jesus was just making the point— There's actually no cut-off point where you stop forgiving people.**

And then He tells this parable and listen carefully to this parable because it applies to Canada; it applies to our need to forgive each other. And He says, "There was this lord that decided to settle his accounts with his servants." And I'll just use Canadian dollar figures. "He has this servant brought before him and says, 'Listen, I've lent you $150,000. And I want you to pay me back now. We're settling our accounts. I want you to pay back the money that I've lent you.' And the servant can't. And the master says, 'Well, that's fine. We're going to sell all your possessions, and we're going to throw you and your family in debtors' prison.'

"And the servant is realizing that his life is ending. He and his family are going to be thrown into prison, and they're never going to recover from this. It's done. So the servant does the only thing the servant can. He falls on his knees and starts weeping and begging and saying, 'Lord, don't, please have mercy.' And the lord is moved with compassion and says, 'Okay, I'll forgive you. I'll forgive you your debt. Off you go.'

"And this very same servant then comes across another servant that he had lent 1,500 bucks to and says, 'Hey buddy, you owe me that 1,500 bucks, and I want it back.'" This guy's just felt challenged about money. "And the other servant doesn't have the money to pay him back. And so, the one servant says, 'Well, I'm going to have you and your family thrown into debtor prison.' And this other servant, she realizes her life and her family's life is ending now.

[00:20:00]

"So she does the only thing she can do. She falls on her knees and starts begging for mercy. And this servant doesn't grant it and says, 'No. Off to debtors' prison.'

"Now, some of the lord's servants had seen this happen and reported back to the lord, who had forgiven this servant $150,000, and has the servant brought back. And basically says, 'I forgave you a large amount, and yet you wouldn't forgive a little, so off you go to debtors' prison.'"

And what this parable explains to us—I hope it helps us understand—we have wronged other people. And in this COVID experience, no matter where you are on the conversation, you have wronged other people and you have decided to hate. Most of us have decided to hate. And I'm speaking to myself.

But the second more important thing is others have wronged us—or we think others have wronged us—and we have to forgive them. This is the whole point. We are the only ones that can get rid of our hatred by forgiving them. We— We can stop hating. And we learned in Toronto that we have to, the amount of hatred that we have seen. We— We can choose to act with kindness because that's what Canadians used to be about. We used to treat each other with respect and kindness. And so, I would like to announce to you today that "we" are free to be Canadians again. And by participating in this process, I hope that we will keep an open mind and an open heart and start treating each other like we used to before.

So those are my opening remarks, Commissioners. For the record, my name is Buckley, initial S. I'm attending this morning to assist with the Commission Administrator, the Honourable Mr. Ches Crosbie, who is present to help guide these proceedings today, and who I hope will be giving us a closing summary at the end of the day.

[00:22:32]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 1: Dr. Jessica Rose
Full Day 1 Timestamp: 02:06:11–03:30:40
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Shawn Buckley
And our first witness that we have attending virtually is Dr. Jessica Rose. And so, Jessica, can you hear us?

Dr. Jessica Rose
I sure can. Can you hear me?

Shawn Buckley
We can hear you very well. I just wanted to start by asking if you could state your full name for the record, spelling your first and last name.

Dr. Jessica Rose
My name is Jessica Rose. J-E-S-S-I-C-A R-O-S-E.

Shawn Buckley
Jessica, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Jessica Rose
I do.

Shawn Buckley
Now, my understanding is that you are a Canadian researcher. You've got a bachelor's degree in Applied Mathematics and a master's degree in Immunology from Memorial University of Newfoundland; you also hold a PhD in Computational Biology from Bar-Ilan University. And following your PhD, you have done two post-doctorate degrees: one in

Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion–Israel Institute of Technology. Is that correct?

Dr. Jessica Rose
That's correct.

Shawn Buckley
And my understanding is you were also accepted for a two-month program as a senior researcher at the Weizmann Institute prior to the completion of your last post-doctorate degree.

Dr. Jessica Rose
Correct.

Shawn Buckley
And your most recent research efforts are aimed at, basically, what we call a descriptive analysis of the Vaccine Adverse Event Reporting System (VAERS). And you've analyzed this in efforts to make this data accessible to the public.

Dr. Jessica Rose
Yes.

Shawn Buckley
Now, you have sent us a CV, which I've had marked as an Exhibit WI-4. Is it fair to say that the CV you sent us is an accurate description of your experience in education?

Dr. Jessica Rose
If it's the one that I sent, then, yes.

Shawn Buckley
Okay, yeah. No, no, I promise you I didn't change it. So you've researched the effect of the vaccines. And you've done a whole bunch of research on the VAERS system. And we're inviting you to tell the Commission about your findings. So I just invite you to start presenting your findings.

Dr. Jessica Rose
Sure. I'm going to share my screen and so if you can just let me know if you can see my PowerPoint presentation [Exhibit WI-4g]. Can you see that?

Shawn Buckley
We can. We've got up there, "What dinosaurs would look like according to Neil Ferguson's models."
Dr. Jessica Rose

So first of all, I want to thank you for inviting me to provide testimony. Anytime I'm invited to speak or given any kind of platform to disseminate information is taken upon me, I always like to start out with jokes, just to lighten the mood because, yeah, we not only need to forgive each other, we need to forgive ourselves, and laughter is medicine.

I saw this on Flickr the other day, and it made me laugh so hard. For those of you who don't know, Neil Ferguson is the modeller for which his models basically were used as the justification to impose lockdowns on all of us. And if you read the articles that I've listed here at the bottom right, you'll see very clearly that he's kind of notorious for making bad predictions with his models. So it's kind of interesting that the policymakers went to this person in order to justify the lockdowns, isn't it? I thought this was hilarious, that this is what dinosaurs would look like according to his models.

And I needed to add this point as well: It's not really about the virus or anything. But it's relevant to what we've been going through in the past three years. It was very shortly, less than a day after you guys, the National Citizens Inquiry, posted that I would be presenting testimony here that somebody posted a Reuters fact check, which was basically a hit piece written on me with the claim that I was making false claims of death using VAERS data because I had not understood the data and that I was misrepresenting it. So whenever this kind of thing happens, sadly, I'm not a stranger to this kind of treatment at this point.

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But it usually means that you're over the target. So well done to you guys. And I leave it to everybody listening to this live and afterwards to make up their own mind as to whether or not I'm misinterpreting any data here because usually what I do is I present it in its raw form.

So this is my background. I'm not going to dwell on this. I do have a few degrees. But the most important thing that people should know is that data analysis has always been a critical component in each of these fields and/or disciplines that I've participated in. Doing your experiments isn't enough. You have to be able to present them and analyze the data in a clear way to your colleagues. So this is very important.

I really need to reinforce the fact that we're dealing with products, in terms of the COVID-19 products, especially the mRNA, that were rushed through clinical trial testing. Normally, a conventional vaccine takes approximately 10 years to get to market, and we reduced this time frame down to less than a year. And these trials are basically the foundations upon which all the decisions were made and the mantra that we've been hearing for three years, "safe and effective," are based on. Not only that, but these are kind of the springboard upon which all subsequent trials were based on. And these trials are exceedingly bad. And they **not only do not provide evidence of safety and efficacy, they actually provide the opposite, in my opinion. I've gotten pretty deep into this data. The exclusion criteria list for the Phase III trial were huge. Basically, only people who were healthy and of a certain age requirement were allowed to participate. And so it's very difficult for me to understand how anybody could make claims of safety and/or efficacy when there simply wasn't enough time. Genuine safety testing was impossible. That is a fact.**

And furthermore, instead of a two-year follow-up, what happened in the case of the Pfizer clinical trial, number here [NCT04368728], is that the placebo participants were unblinded and injected with the product. So the placebo group was intentionally lost. And if you don't know what that means, it basically means that if you had any kind of trial or experimental data that was being collected, at some point, it's lost, at this point. Without a placebo group,

you have no comparison. So at this point, the whole thing should have been called off, if you ask me. There are so many stopgaps within the last three years.

I'm going to play this video and hopefully you can hear. This is Rachel Zhang.

[Played video clip of Rachel Zhang, MD, Team Leader, Clinical Review Staff, FDA]

[Video transcript]
"I'm not quite sure I'm going to address your question. But I guess it was the study P203, as I mentioned, because of the availability of an alternate COVID-19 vaccine, after a certain period of time, after basically end of May, we have lost the placebo groups. So we cannot really say anything about the duration [of the efficacy] because there's no more efficacy data, basically."

So exactly what she said is correct. If you heard what she said, she confirmed the fact that the placebo group was lost and that we can't say anything about efficacy after that. But what she missed out on saying is that we can't say anything about safety either.

So the biological products being rushed like this is absolutely unprecedented, and I'm talking about conventional vaccines when I say these words. It hasn't been done like this before. And the effects of doing this, this Operation Warp Speed rush-clinical-trial-thing in the context of novel transfection technologies is absolutely unknown. This is a fact. We don't know the effects. We should have done studies for years, perhaps even decades, to see if this was going to become a problem from a genomic point of view.

And just a really quick word on transfection for people who don't know: this is as opposed to exposure to foreign proteins, which is what conventional vaccines traditionally do. We either kill a virus or we send in proteins in a package, and the idea is to get the immune system to mount a response against these proteins. But that's very different from this, and I'm going to get a bit deeper on this.

This is deliberate introduction of nucleic acids that form, say, a modified mRNA, which is foreign, into the eukaryotic cells of the human

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for translation by the human cells, by the host cells. This is completely different from anything we've done before. And if we have time at the end, you should ask me about this last step.

And my question here for anybody listening comes down to informed consent. I really would like to know how many people of the billions who are injected with these products knew that they were being injected with something that wasn't a traditional vaccine. I'd really like to know because I can pretty much guarantee that most people didn't. I don't even think people know today. A lot of even medical professionals, they don't know this because they're turning a blind ear to it when it's suggested to them because it's been made out to be some kind of conspiracy theory.

A very important point. And I will provide some background on VAERS, but I want to throw this up here. It's very important. We had enough of a safety signal from VAERS to stop the rollout of these products from a safety signal perspective in January. I'm talking like the first month after the rollout started in December 17th. So on the left here, these are absolute numbers, which I chose to show here because I want to reinforce that these are

people, not data points. We had almost 90,000 entries into VAERS spread across many age groups and almost 700 deaths. Now, the last time, to my knowledge, a product went onto the market and killed more than 50 people, that product was pulled. VAERS has functioned and does function as a pharmacovigilance tool in that when a safety signal is detected— Such as was the case in 1999 when a handful of intussusception cases was detected in VAERS, causality assessment was done, and the rotavirus vaccine was subsequently pulled.

So my question here—this isn't intussusception, this is death—what's the cut-off for the number of people who are considered allowed to die or become disabled or have neurological conditions or, et cetera, et cetera, before the product is pulled? An even better question might be: Why aren't we even asking questions? Why aren't the CDC, the HHS, and the FDA, the owners of this data, asking questions? Why aren't they doing the assessments that they always have been doing in the past, such as causality assessments or Bayesian analyses or PRR [proportional reporting ratio] studies? Why?

So I propose something here, if I may. Because VAERS was introduced 30 years ago as a trade-off for immunity from liability from pharmaceutical companies: We got VAERS. And they got immunity from liability. So if they are not, since they are not using VAERS as a pharmacovigilance tool now—they've waived this tool—then I propose that the immunity from liability also be waived. It only seems fair, does it not?

So VAERS is a pharmacovigilance tool. All this means is that the safety signals that might originate from VAERS are used in causality assessments or any kind of assessment in order to determine whether or not these safety signals comprise a danger to human health in the context of a product.

Now, one of the main problems with VAERS, contrary to what you might have heard, is underreporting. There have been studies done that actually claim that only one per cent of reports are ever filed to VAERS. That means for every 100 people who are suffering, only 1 of them might report. Now, I don't know if that's accurate in the COVID context, but you get the drift. There's only a percentage of people who are ever going to file a report to VAERS.

Now, this is a chart that demonstrates one of the things that I don't think you can confuse with interpretation. This is the raw data. I'm showing on the left the change, for some reason, in 2021 of the file size in VAERS. VAERS is a database that's very easy to access. You can just download CSV files, and they're of a certain size every week. Every week it's updated in megabyte format. So for the last 10 years, if you look at the file size and plot it like this on a two-dimensional plot—pretty simple—it's gone up a little bit over the last 10 years. And that makes sense

[00:15:00]

because there are more products on the market and there are more shots going out. So there's a proportional increase in the number of reports. Normal, right?

This, that you see in 2021, is not normal. Something is strange there. Something is different. Something is atypical. And there's no way to misinterpret this. This is just what it is. This is the signal that you just can't look away from once you see it. It has to be addressed in some way. And on the right are the number of VAERS IDs and, naturally— This is just for 2021 domestic data, by the way. It's far worse than this. You see the same, which isn't a surprise. So we have a 1,400 per cent increase in file size and 1,300 per cent increase in the number of reports in the domestic set. There's no interpretation required here.

This is the same data, up to date as of April 7th, distributed by age group. This is according to CDC age grouping. On the left, you can see the absolute counts. And, again, I like to show this because these aren't simply data points. These are people who have submitted reports of injury and/or suffering in the context of a biological product that was meant to be prophylactic for a virus that has a near-zero infection fatality rate.

And on the right is the normalized data. I think that's important to show so that you can see, within each age group, how many people per 100,000 doses, for example, were reporting. And I can tell you that the 0 to 4 age group, the reporting rate is going up faster than I saw it go up for all these other age groups. So something is going on there as well, which, again, needs to be addressed by the owners of the data. So there's no age group that is immune from damages and/or reporting.

So why are we seeing these adverse events in association with these particular shots? So a good question to ask is— What's in them? So the Pfizer and the Moderna products both have modified mRNA. They're modified in specific ways, which I'll explain very quickly and briefly. And basically, they're useless without these lipid nanoparticle envelopes. So this is a very important secondary technology that's novel in this context.

Moderna and Pfizer both have their own recipes for the lipid nanoparticles. They comprise four lipids each: two of which include the stealth PEG, polyethylene glycol molecules, which coat the surface, hopefully, homogeneously, so that it can distribute efficiently, and cationic lipids, which are notoriously toxic. It's been the bane of the existence of this industry to design cationic lipids for use in humans that aren't hypertoxic. So magically, just about the same time when we needed them, both of these companies developed ionizable cationic lipids—which they only become active at certain pH, that's the so-called magic—at exactly the same time, that are allegedly safe for use in humans.

Now, the thing about this is in all of my research, I couldn't find safety data sheets that actually explicitly state that either of these have a version that's safe for use in humans. I'm looking for those documents if anybody has them. These safety data sheets both explicitly state that these two products are not safe for use in humans or for veterinary use. So that's a big question mark for me. And I'm always an Occam's razor person. And PEG does have a well-documented allergenic profile in humans: it induces anaphylaxis. And cationic lipids have a well-documented toxicity profile. So, for me, that makes me ask more questions than just to become docile and accept that it's safe.

The modified mRNA is modified in very specific ways, like I said. And I don't want to dwell on this, but what everybody really needs to know is that these things are very stable and stealthy. There are many papers that have been published to date that show that these things are very durable and long-lasting in the human. They're optimized for maximum **protein expression using codon optimization. They have long poly(A) tails and five-prime caps to optimize protein synthesis and durability. They also, you've heard this before, they have had their uridines swapped out for pseudouridines. And what this does, essentially, is allow these mRNAs to evade immune detection by evading toll-like receptors, which are these little molecules that detect danger signals.**

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So the bottom line here, without dwelling on this, is that these things were designed to be very stable and very durable and long-lasting.

And the by-product is this spike protein and a couple more modifications that included a couple of proline substitutions, which apparently made this version of the spike protein that was in the closed conformation— I guess they did this to ensure stability, again, durability, and so that maybe it didn't bind to ACE2? I'm not sure.

And again, I'm not going to dwell on this because I don't have time in this short presentation, but there are many insertions, let's call them, that raise question marks, such as the furin cleavage site, which makes this much more infectious. It also isn't found in the original version of SARS, which is one of the biggest question marks of all. It's surrounded by cutting sites, et cetera.

Oh, and by the way, I should mention that this has also been identified as a nuclear location site [NLS], which means that it allows for the translocation of this thing to the nucleus. And there's another published paper that shows that the presence of full-length spike protein in the nucleus prevents double-stranded DNA repair break.

So all of these papers, I think, that I've put here that you should all read. There are a number of different things that are questionable about this spike protein from the original Wuhan strain, upon which the spike in the shots have been mimicked after. So it raises serious questions about the way that spike is doing damage. And I'm going to get to a few of these if I have time.

Now, Laura Braden has shown you the figure on the right. We all know that the pharmacokinetic studies have been FOIA-requested that tested where these lipid nanoparticles and the PEG from the Pfizer shots go— And if they go these places, where they go and how they accumulate. So, shockingly, they do traffic to the ovaries and accumulate there. I'm not going to dwell on that. I've given many talks about the potential dangers associated with this. For the sake of time, I'm going to the left here and focusing on the liver. Because the liver is one of the organs where these things are found at the highest concentrations. I think second only to the injection site itself. And this is problematic.

And the reason it's problematic, it's for two big reasons I can think of off the top of my head. What you're looking at here are two systems that are in the human body that control blood pressure, electrolyte levels: in the case of the one on the left, which is the renin-angiotensin-aldosterone system [RAAS], and on the right is the coagulation pathway. So the liver is the source of many, many, many molecules and proteins that are absolutely essential to the closed loop functioning of both of these systems. My point here is if you happen to throw a wrench in either of these works, you're going to have clinical effects. That's a fact.

So the reason it's interesting—and I made a video about this you could watch on YouTube **about the RAAS on the left—is that one of the mediators, one of the molecules, which is essential to this closed loop system is ACE-II. It binds angiotensin II, which is another mediator, which converts to something called angiotensin-1-7. All you need to know about that is this ebb and flow of vascular constriction and dilation is regulated by these molecules. Now, imagine you have something, like a wrench, that you throw into the system that binds ACE-II. What binds ACE-II? Well, we know that spike protein binds ACE-II, don't we? We know that it binds in the form of the virus. Maybe it also binds in the form of the free spike that's manufactured by the body as a by-product of being injected with these products. I can very easily imagine that if you throw a wrench in this system, it could get dysregulated. I'm not saying that it does; I'm saying that it could and it needs to be studied.**

But more concerning is what might happen on the right because we're seeing massive numbers of reports of thrombotic events, clotting and micro-clotting. And it's also been documented that there are dysregulations in the clotting pathway itself in the context of the spike protein, either SARS-associated or these injection-associated spikes.

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The liver produces prothrombin and all these other mediators, which subsequently make the ebb and flow system of the clots and the things that break down the clots. And that's just as important as the clots themselves. This is all normal stuff. But if you imagine that you throw a wrench in this system as well, and you have problems with the development of fibrin or the degradation of the clots, you can imagine that you're going to have thrombotic issues.

So there might be a common etiology here with regard to many, many, many of the adverse events that we're seeing submitted to pharmacovigilance databases that revolve around these potential dysfunctions associated with the liver. And the reason why I'm starting to think that this is absolutely the case is because the liver is the place where the lipid nanoparticles traffic preferentially and accumulate. And if they are, in fact, dumping their modified mRNA payload, and those mRNAs are getting translated into spike protein in copious amounts, I can't imagine that the liver wouldn't be affected. So this is my idea.

So the coagulation, clotting, and wound healing mechanisms might have their "off button" modified somehow by these spike proteins. So all of these factors that you can see on the left—the platelets and the fibrin and the clots themselves that are formed—are scaffolds, so to say, to make bridges across wounds that are induced by the presence of spike protein. For example, say spike protein gets embedded in whatever cells that are in proximity or they're mounted on MHC [major histocompatibility complex] molecules for targeting from the immune system for destruction. And you get this clotting happening. So imagine that you have a problem with that.

So I'll get back to that. But I want to interject another critical component of the liver, and that's a protein called transthyretin. Amyloidosis, one of the two main types, is caused when these transthyretin proteins that are made in the liver misfold. And this can have direct negative effects for the heart in particular—all sorts of organs—but I just wanted to throw this in here because I'm going to circle back to this at the end if I have time. And I just want to point out another essential protein made by the liver.

The liver is the big detox organ, by the way. This is a paper that has shown recently that spike mRNA is persistent in hepatocytes. Hepatocytes are the main cells in the liver. And wherever you have spike mRNA, there's going to be spike. And this is just one of many, many, many studies that are going to start rolling in. Trust me, I'm going to circle back to that as well.

But just to get back to VAERS for a moment, to put some numbers on this. This is just a sample of some of the keywords that I use like "hepato" and "liver" from VAERS to get an idea of how many reports are being filed by age group. And there are tens of thousands. Again, I want to reiterate here, if I haven't said so already, the numbers that I report never include an underreporting factor. So whatever you believe it should be from 1 to 30—41, whatever—multiply these numbers by that, and you'll get a more accurate estimate of how many people are actually suffering. So, again, I normalized the data on the right. And you can see that no one is immune. And the 0- to 4-year-olds are definitely involved here.

I want to, again, remind everyone that the fibrinogen, the fibres that make these clots possible, and the plasminogen—which is the precursor to plasmin, which is this very important molecule that degrades the clots once they're formed—are both made in liver. So if you have a defect in the production or distribution of fibrin, for example, you can have all of these listed clinical problems in this chart.

So I just want to give you an idea of some of the things that can go wrong in one of the parts of this pathway, the coagulation pathway.

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And you'll see bleeding, amyloidosis, thrombosis, et cetera. These are just eight that are just pulled off of this chart. But everybody has to know that at this time point in VAERS, only in the context of the COVID products—there are four now—there are over 15,000 adverse event types listed. And that's of a possible 25,000 different MedDRA codes that you can choose from. And to put that into context, I went back to 2021: I pulled out all of the adverse-event types for the 14 flu vaccines that had been reported to VAERS that year, and there were just over 1,700 different types. And if you go and look at the COVID adverse event types for 2021, same thing, you find almost 11,000—it's well over 10,000. So there's 10 times more types of adverse events.

Shawn Buckley
Dr. Rose, can I just clarify something? So when you're showing us this figure of 15,000 adverse events just connected to the liver, that would just be, using some estimates, just one per cent of the actual adverse reactions connected to the liver?

Dr. Jessica Rose
Well, these are the types. And this is not just liver associated. These are all of the different MedDRA codes that are used—

Shawn Buckley
Okay, thank you.

Dr. Jessica Rose
to describe what that person might have been suffering from: So you can have death. You can have chills. You can have fever. All of these things are called MedDRA codes. So the most important thing to know here is that the range of reported adverse-event types is far, far, far greater than we've ever seen in the past for any and all of the vaccines combined, as a matter of fact. Which, also, this is evidence. It's not proof, but it's very strong, compelling evidence that there's something very different about these shots. And that probably is liver related. But this involves the circulatory system, the immunological system, every system you can think of is basically affected here in some people.

Just to put some numbers on this and to incorporate this underreporting factor, if I put a number on each of these eight adverse events here that are associated with clotting pathway dysregulation, you get something that looks like this on the left. And the reason I used an underreporting factor or URF here of 31 is because this is a calculation that I've actually made and published in a peer-reviewed journal article, which is based on Pfizer's Phase III clinical trial data and their rate of severe adverse event occurrence, which is 0.7.

So I calculated an URF of 31. So if you multiply these numbers, these absolute counts on the left, by 31, you get these numbers on the right. And so this is a much more realistic depiction of how many people might actually be suffering here. And it's not an exaggeration in my opinion. If anything, it's an underestimation. And nobody that I know looking at this data would argue with that. They're probably looking at these numbers now, and they're saying, "Wow, Jess, you really went under the line here." We're talking about hundreds of millions, I think, in total. So this is a serious problem.

Another paper was recently published that provided evidence that spike was directly responsible for worse clotting. And they propose that this has to do with some kind of dysregulation of plasmin. And again, this is the molecule that breaks down the clots. So we're talking about clots that are really resistant to degradation in the context of the spike protein. This is SARS and/or the spike protein associated with the shots.

There are two more papers that confirm this. The one on the left did a study that confirmed ARDS in influenza and ARDS, acute respiratory distress syndrome, in COVID. And this other paper did a similar analysis. And they both found that the clots that are produced in the context of the SARS or some sort of the spike protein are bigger and hardier. And I'm wondering if, in addition to clotting dysregulation—something along the pathway that's being messed up—if this isn't being irritated, let's say,

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by the addition of amyloids. And I'm going to get into what that means, and why I might think that. Because amyloids are proteins that are very, very degradation resistant. They're unwanted proteins, absolutely, misfolded proteins. We don't want them around.

And just to reinforce here. If these dysregulations and if these adverse events are actually spike-mediated—and there's a large community of people that really stands behind this now—in addition to lipid nanoparticle-mediated, this is really bad news. Because, like I said, there are published papers now that confirm that the spike and the mRNA are really durable and persistent. We found spike protein and mRNA up to 60 days in the germinal centres of lymph nodes. This is just when they stopped measuring, by the way. So keep that in mind. Not to freak everyone out. But when you hear people talking about detoxing from spike, it might actually be a really good idea for us to put our energies into doing this. Because this stuff seems to be really persistent. And it's very inflammatory and it seems to be very, very cytotoxic, as well.

We're not just finding it in the germinal centres of lymph nodes. We're finding them in epithelial cells. This is from a teenager, more recent. And everybody needs to watch Arne Burkhardt's presentation he gave at a recent conference in Sweden that I also spoke at and **look at his slides. He's got probably thousands of slides showing the presence of spike protein deposition in various and sundry places. And even earlier than that, this is Sucharit Bhakdi on the right here, presenting some of his work at a conference in Vienna. And it shows the presence of the spike proteins in the capillaries of the brain and the small vessels of the myocardium. He found it everywhere. So go watch that. There's a link at the bottom.**

And to bring this back to VAERS, I pulled out thrombotic events. And again, this an underestimate. I'm just giving you an idea of what we're seeing here. But we're well into the 100,000 mark, without the underreporting factor, distributed across all ages. No one is immune, not even the babies. So this is definitely a thing, let's say. These reports are very prolific. And beyond VAERS, beyond pharmacovigilance databases, all you have to do is talk

to clinicians or anyone on the ground, and you're hearing about this. It's ubiquitous right now.

But this is a worse situation than just dysregulation of normal functions if amyloids are actually involved here. I'm going back to this now. If these clots, the scaffold created naturally as part of the clotting pathway, are not being degraded in the first place because of some dysfunction in that mechanism and amyloids—which are basically just like additional pieces of glued fabric, like being thrown on a ball—you can imagine what's going to happen. That ball is going to grow, and it's going to cause physiological problems.

There's a paper that's been published, a material science paper, which is really interesting, that shows that amyloidogenic peptides are actually a part of the spike protein, which is quite alarming. It's been shown in this paper that there's an enzyme called a neutrophil elastase, which is the by-product of a particular kind of lymphocyte called a neutrophil, that can cut the spike protein into smaller peptides. And one of these peptides that they managed to find and investigate were amyloidogenic, which means that they cause amyloids. They are fibrils. They can create these plaques that are notoriously bad for human health. It's basically like out-of-control protein deposition wherever they are.

This is a little slide that I made. Sorry, there's a lot of information here, but it's pretty basic. On the right here, this is one of the peptides that they found as part of their study. So what a peptide is, is just a short chain of amino acids. So this spike protein on the left—this is a crystal structure of a spike protein—is what we call the quaternary structure. But it all boils down to this original chain of amino acids that you see in colourful beads here.

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So if you have just a segment of this chain of amino acids, this is called a peptide. So this peptide is 10 amino acids long that they found. And it absolutely has amyloidogenic properties, and this came from the spike. So it begs the question: Is this what we've been seeing in terms of the emphasized problems with clotting? Because we have blood clots on one hand, which is this grape jelly stuff. And then we have proteinaceous collagen-rich deposits on the other. And we have these things together. So is this what we're seeing the embalmers talking about? I really have to wonder.

Shawn Buckley
Dr. Rose, can I just step in? So did you see the presentation of the embalmer, Laura Jeffery?

Dr. Jessica Rose
I did.

Shawn Buckley
There were some photographs shown, basically, I mean, they almost looked like earthworms or spaghetti. Is that the type of thing that you're now discussing?

Dr. Jessica Rose
Yes, that's the idea in my head. Now, I'm not an embalmer. I haven't seen these things with my own eyes. But what I have seen are white, rubbery, very, very strong, like rubber-band-strong things that the embalmers are claiming that they're pulling out of the bodies and

that are making it hard for them to actually do their work. Because something—not blood clots—is restricting the flow of the embalming fluid when they turn on their machine. And, so from what I understand, you have to actually physically cut open specific sites and take out these proteinaceous deposits, which actually fill the entire vessel cavity, before you can have the flow of the embalming fluid go through and flush out the actual clots, which are, you know, just jelly. So it's possible that that's what this is. I mean, I actually am pretty damn sure now that what we're seeing is systemic amyloidosis. It's fibrin-rich, collagen-rich, proteinaceous deposits wherever this spike is, basically. That's what I think is happening.

And just to reinforce that point. I think that's maybe why the range of adverse events that I was talking about—this 15,000—refers to just about any problem you can imagine having physiologically. The problems from the very beginning— By the way, when I was looking at this in January 2021, there's a systemic nature to the adverse events that are being reported. It's not exclusive to the cardiovascular system or to the neurological system or to the immunological system. I mean, the immunological system is the basis. But it's affecting everything. So it's like, what's the consensus here?

This is my last point, and this is just my own idea. Myocarditis is one of the things that has been my meat in all of this, in the descriptive analysis of VAERS data. I penned a paper with Peter McCullough that got force withdrawn. And, interestingly enough, this was five days before this open public hearing that I was speaking at. I'm not going to play this video now because I don't have time. But I've submitted it as part of my testimony [Exhibit TR-4f] so you can hear this, and it's also online. And it's interesting because this hearing was to provide an opportunity for us, the medical scientist research community, to tell the FDA why we shouldn't put these things in 5- to 11-year-olds.

And the main finding of the paper, besides a much higher background reporting rate of myocarditis in kids— So what you're looking at here are the myocarditis reports—the reports that were filed, diagnosis: myocarditis in VAERS—for all the people, all age groups, as per dose. This is dose one, two, three. And this is the Moderna, the Pfizer, and the Janssen products in this plot. So what you see here in green is something like a four times higher reporting rate of myocarditis in young people. This is a very, very, very compelling slide in terms of causality. Because if there was no effect, if there was no impact on subsequent shots, then we wouldn't see this difference. And this is not seen, and I looked, in any other type of adverse event; this is very unique to myocarditis in kids. And, again, I just want to reiterate: This is not a secret.

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Everybody's talking about this, even the CDC has admitted that this is a problem. I think **they even have this on package inserts now. This is not a secret. This is well known. So this was one of the main findings that was in the paper that got published with Peter that was subsequently force withdrawn. By the way, it remains in limbo.**

Shawn Buckley

Can I just interject? I just want to make sure that everyone listening to you fully understands what you're saying. So you were co-author and the lead author on a paper with Dr. Peter McCullough, who is a renowned cardiologist. That paper was accepted in a peer-reviewed journal to be published and was published. But a few days before there is a meeting to determine whether or not these vaccines should be approved for use in children, the journal pulls your report or your publication from the journal.

Dr. Jessica Rose
That's right. So you can see that here. This is prior to the title being tagged with "temporarily withdrawn" and then, subsequently, "withdrawn" from this journal. And, yes, it was five days before the testimony. So I don't believe in coincidences. I think this was done intentionally. And the reason that was given was that it was their prerogative to do so. They said, at any point during the publication process, even in the final, final stages, they can decide not to publish. So that was the reason. There was nothing wrong with the science: Nobody argued that what we had said was questionable. Nothing wrong with the content whatsoever. And, wow, yeah, there were a lot of people who did hit pieces on this. So yeah, that's the story. And like I said, it remains in limbo.

And it's a real heartbreak for me because this had gained so much traction in the stages that lead up to final publication, like tens of thousands of people had downloaded it. It's something that everybody wanted to read about: the pediatricians, the researchers, the parents. I mean, the thing that breaks my heart the most is that people didn't have an opportunity to freely read this material that was peer-reviewed and make their own damn mind up. That's criminal. Because so many kids have been injected with this stuff because they thought it was safe and effective because of the hearing. They voted 16 to 0 that this was perfectly fine to put it into 5- to 11-year-old kids after this meeting, despite my testimony and everybody else's. Yeah, it's a tragedy. There's no other word for it. It's an absolute tragedy.

Shawn Buckley
Dr. Rose, I'll just let the commissioners know, this report titled *A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products* is entered as Exhibit WI-4c. So both you and people following the NCI can see that.

Dr. Rose, we're also going to enter as exhibits your report on the *U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid Biologicals* [Exhibit WI-4b] and your report on the *Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System*? [Exhibit WI-4d] And I'll just ask— There might have been some changes in your opinion since you wrote those. Would you make any additions to those at this point in time or are they still, would be your full opinion?

Dr. Jessica Rose
Yeah, they're all valid. Who came up with those titles, though? That was me. I'm just making a joke.

They remain valid. The first paper that you mentioned is just my first descriptive analysis which showed two things: It showed that there were clustering of reports related to neurological and cardiovascular and immunological damages. That's what I was talking about before. From the get-go, I noticed that there was no organ system that was immune from damage here.

And the second one was a test of the pharmacovigilanceness of VAERS. I wanted to see what was going on with regard to reports that VAERS reports were going missing. And this was coming from people who had filed, who said, "Where's my VAERS report?" It's absolutely true. And I showed—go read that paper—that VAERS reports are just removed

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following this extremely difficult procedure of getting a VAERS report filed and entered on the front-end system. I think everyone should go to OpenVAERS. This is a very good friend of mine who has written a lot of articles on the ins and outs of VAERS and how there are probably up to three sets of books of VAERS data. Please go there and read her stuff. I don't really have enough time to go into the details. But the VAERS front-end data set from which I'm doing my analysis is, again, it's an underestimate-galore of what's actually going on. It's a nice representation. It's a sample. We have 1.5 million reports, which is a nice-sized data set. But it's still just a fraction of what's going on. So go read those papers and go to OpenVAERS.

I'm going to close with my last point. I'm wondering if the myocarditis diagnoses being made— Because cardiac amyloidosis is very often under- and misdiagnosed. It looks a lot like myocarditis. Myocarditis is basically just a general descriptive term for inflammation of the myocardium, which is the middle muscly layer of the heart that allows it to beat. So if there was a further examination in the right way and the right testing was done to examine the nature of the scar tissue of the myocardium, I'm almost certain that we would find out that these myocarditis cases could actually be referred to as cardiac amyloidosis: deposition of fibrous tissue and scar tissue on the myocardium.

So this is just leaves rustling in the wind, some more VAERS data. But I looked in VAERS for reports related to amyloids, fibrin, and syncope, which is fainting, because amyloidosis, when there's heart involvement, is often associated with syncope or pre-syncope. So I looked at this. And I noticed something I don't notice when I look at many other types of adverse events or clusters and that's a clustering of reports in the younger age groups between 12 and 39. And so something's definitely going on here in our young people. And I don't think anybody can refute that at this point, either, because we're seeing a lot of young people, in fact, dying. And I'm wondering if the ones that are related to cardiac issues don't have, say, myocardial tissue replaced with scar tissue so that their little hearts can't beat anymore. It's just an idea. I'm not a cardiologist. But it's just one of the ideas that I had.

I think everybody needs to follow Arne Burkhardt's methodology. He's a pathologist and he's done brilliant work, like I've said. He probably has thousands of images of spike deposition in and around every single part of the body. He's doing autopsies. He's staining for amyloids. He's staining for spike-specific protein or spike protein deposition, and he's finding a lot. I don't have time to show you any of his work, but here's a link at the bottom where you can watch an entire presentation in Sweden. It was quite the honour to watch this live. I literally took a photograph with my camera of every single one of his slides. It was extremely compelling.

Shawn Buckley
Dr. Rose, we will enter your slideshow as an exhibit [Exhibit WI-4g] so that both the commissioners and anyone following the NCI can view that. I'm wondering if you would be open to questions from the commissioners at this time.

Dr. Jessica Rose
Yes, I'm done anyway. What perfect timing. Here's Buckminster Fuller, a slide, whom I love. So yes, I'm absolutely open to questions. Well done, Jess, good timing.

Shawn Buckley
Okay, are there any questions from the Commission? Yes, so there are.

Commissioner Massie
Thank you, Dr. Rose, for your very thorough and enlightening presentation. I have a number of questions. But I guess that we have to review your material in detail to dive deeper in a lot of the things that you're showing.

I'm a little puzzled by some analyses and studies that have shown that there are, indeed, in some studies, protection from COVID death

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following vaccination, so if you just focus on cases where you could actually document, reasonably well, protection from death from the vaccine. And this argument is used over and over again as a line to promote vaccination and repeated booster, and so on. So what is your thought on these studies that have been done to show potential protection from death following vaccination?

Dr. Jessica Rose
Well, to be honest with you, the studies that I've seen—there are some coming out of Israel—they don't show that at all. As a matter of fact, what I've seen— Maybe I haven't seen the right study. But the studies that I've reviewed show more people are ending up in the hospital and dying in the group that were injected.

There are also a number of problems with repeat injections that are related to issues of tolerance by the immune system. It seems like there's a very clear story developing now that tolerance is being induced by repeated exposure to the spike antigen. And basically, what that means is that you're not going to be mounting any kind of immune response to that protein or anything related to it. So, basically, if you're exposed to this virus, challenged by it, then you're not going to mount an effective immune response. So I'm not sure I agree that these products have saved many lives. I'm much more focused on the damages that they've done. That's my meat. That's what I'm primarily focused on because I don't think that the people who were injured have a voice. It's been taken away from them, and I want to be a voice for them. So this is my focus. And I was going to say something else, but I don't remember.

Commissioner Massie
Okay. My other question would have to do with the cytotoxicity of spike, which is now, actually, I would say, fairly well documented by many, many reports. It seems to me that this knowledge that spike could be potentially cytotoxic was probably known somewhat in the scientific literature before we decided to go ahead. So why is it that it was dismissed or ignored?

Dr. Jessica Rose
I don't know. It's an excellent question. I can't imagine that the people who are working on this didn't hypothesize that—since the modus [operandi] of this technology is to induce an immune response, an inflammatory response against the spike protein—that they wouldn't have anticipated that wherever the spike was going to be presented on MHC molecules, or

embedded in whatever cell, that an immune response wasn't going to be mounted in order to kill those cells. And that would cause, in some people, hyperinflammation. I mean this comes back to the original trials where the exclusion criteria lists were so long. They discounted people with pre-existing autoimmune conditions, for example. And a lot of these have to do with hyperinflammation or a hyper-inflamed state. So it could be, this is one of the things that I've hypothesized, that we're seeing the worst effects of these products in people who had pre-existing conditions, like some kind of hyper-inflamed state, which a lot of people have.

I find it impossible to imagine that they didn't anticipate a potential problem or the potential problem that most people who are reporting adverse events are reporting on. And this is the systemic, notorious damage being done, say, to blood vessels or wherever the spike protein lands, like I said.

And just to reinforce this, we were explicitly told that the contents of the needle were going to remain primarily at the injection site. This was hammered home. And they also knew, I want to reiterate this and make this very clear—as we know from the FOIA-requested pharmacokinetic data and also from a paper, which you can find in the supplementary material in my slides, from 11 years ago that confirms that they knew—this is published in the literature that these types of lipid nanoparticles traffic to the ovaries in the same animals.

[01:00:00]

And the reason we do animal models is because we basically have the same organ systems. So traffics to the ovaries in Wistar rats or mice, probably traffics to the ovaries in humans. And low and behold, it does.

I know it's a long-winded answer. But there are a lot of things that they did know. And we know that they knew now because of forced FOIA requests. We wouldn't know half of what we know about the data or the studies that they did and didn't do if we weren't asking for this data that they don't want to reveal. So I dare say that there's a lot that they knew. There's a lot that they know now. And they're obfuscating from the public because it would be bad for the program.

Commissioner Massie
If I can ask one last question. What could be a little bit misleading is that spike will be produced from the viral infection and should you be unlucky and get the virus invading the blood circulation, you will get spike protein produced from the virus. So it could actually probably trigger all kinds of phenomenon [like] the one you're describing in the adverse **event.**

What would be, in your opinion, the differences between the spike protein produced from, say, an infection that is not properly controlled versus the spike protein that you are producing following the injection of the messenger RNA?

Dr. Jessica Rose
It's the scale. It's a very, very simple, quick answer. The transfection technology is designed to make massive amounts of spike protein. And with repeated injections, you're going to have massive amounts of spike protein being continuously produced. This is very, very, very different from being exposed to a virus with many, many, many different proteins. You

don't just have the spike protein. You have all these other proteins against which your body will form, say, antibodies and mount T-cell responses against. So you're going to have a robust, multifold fighting force aimed at a number of proteins. It's a systemic fight against a viral pathogen, let's say. You have the introduction of the virus. You have viral expansion. You have the immune response kicking in, and then you have the decline. So there's this natural process: this ebb and flow between the introduction of a foreign pathogen-like virus and the immune system.

This is not that. This is massive in comparison. There are many people who know the numbers. I don't know them off the top of my head. But it's multifold higher amounts of spike protein. It's a deluge. And in some cases, let's say it gets into the blood because the person wasn't aspirated and it disseminates everywhere. And wherever those lipid nanoparticles dump that payload, that spike protein is going to be manufactured. It's so, so, so different from the natural immunity course. Yeah, it's the scale.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good morning, Dr. Rose. In your presentation, you talk about the VAERS system. In Canada, we have a system that most people have never heard of. It's called the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System]. And what we heard from previous testimony was that reports to the CAEFISS system were being screened or triaged, if you will, by public health officers. And doctors were suspended and punished for making reports to that CAEFISS system. Was that the case with VAERS as well, or are you aware of what went on in Canada with the CAEFISS system?

Dr. Jessica Rose
I am. It's appalling. But from what I understand, it was far worse in Canada. Now, that's not to say that this absolutely wasn't happening, not only in the U.S. but in the U.K. with the Yellow Card system, the EudraVigilance system for the EU, and the DAEN system in Australia. It's been kind of a global phenomenon where reporting adverse events is not only not the first thing that someone would do, necessarily—maybe it's because they just had a 14-hour shift in the ER—but because it was discouraged.

[01:05:00]

This is what I've heard from doctors in hospitals, the ones on the ground, and the nurses. And nurses know everything. They're saying that they feel there's like an air of threat if you even suggest that someone might have suffered an adverse event in the context of this shot.

So it was very highly discouraged to file a report. That's why it's kind of remarkable to me that there are still over 1.5 million in the VAERS system. And that's why I also made the comment about the fact that this might even just be the tip of an iceberg. I'm not sure how bad it is. But certainly, when you factor in the under-reporting factor, it definitely is contained within medical professionals being discouraged to report. There's also the human component. I mean, some people just will never be compelled to report something. Maybe they won't think of it. I mean, I'm vaccinated out the yin-yang for most things, not these things. But if something had happened to me, I can't think of something. But I never, never in a million years would have thought it was because of one of the vaccines I got. I'm

one of those people. I really empathize with this because I mean there's so many reasons why people wouldn't be reporting. But I can absolutely tell you that it was discouraged.

Commissioner Drysdale
Next question. You had referenced Dr. Braden, I believe, in one of your reports. And we had her give a presentation to us in Truro, Nova Scotia, some weeks ago. Some of the things that Dr. Braden talked about was— I don't want to put words in her mouth, but in my interpretation, a systematic failure from the system, from the theoretical point of view right up to application. What she was talking about was she questioned the mRNA technology itself. She questioned the manufacturing process in that she referenced a number of tests of the actual vaccines, which showed a number of foreign particles and all kinds of unknown things. I believe she referenced that there were portions—and this is an engineer talking, not a doctor—of RNA that had remained in the *E. coli* they used to create this stuff. And so there was a potential that this RNA had affected the genome, and it was in *E. coli*. And then the last thing she talked about, and you referenced a couple of times, had to do with the actual administration of the injections in that the manufacturer said that it was going to be intermuscular. But many of the injections were not aspirated. If I understand, aspiration is when you put the needle in, you pull the plunger back to see if you're in a vein or not, and if you're not in a vein, you go ahead.

Can you comment on how all of those different things might be contributing to the 15,000 or so different types or classifications of adverse events out of a total of 24,000?

Dr. Jessica Rose
Yeah, I sure can. And I love that you've put all this together because this is such a tricky pony. I mean, there are so many factors that could lend to the outcome. The predictability here is absolutely almost zero, in my opinion, because it's going to be based on the person's age, the person's immune age, what other vaccines they have, if they're on medication, if they have co-factors, how the needle went in, what was in that syringe, et cetera, et cetera, et cetera. There are so many factors that are going to lend to the outcome. I can't stress that enough.

So my idea of a worst-case scenario is this, that will bring up all of the things that you asked about. Aspiration, first of all, is when you pull back on the syringe, and if you hit a vessel, you're going to get some red. And that means you're in the wrong place, right? You don't want to inject it into the blood because that's not where it's supposed to go. It's supposed to go to the muscle, like you said. They were actually recommending, and by they, I mean the CDC on their website, not to aspirate. And I can't figure out why they would have been doing that because everyone should have been doing that. So what that would mean is that you would get dissemination of the lipid nanoparticles carrying the payload where they weren't supposed to go necessarily.

[01:10:00]

That's number one. That could be bad news in terms of adverse event.

Number two is this polyethylene glycol. This is the molecule that coats the lipid nanoparticle. And if it's coated homogeneously, which means that it's evenly coated around the whole surface, then it's going to be the nice slippery, little ball that it's supposed to be that can traffic to wherever and get wherever it's going optimally. So if for example, if you have a bunch of vials that weren't handled properly or in the manufacturing process, the

lipid nanoparticles weren't coated homogeneously, and you have, say, holes in the sphere where there's supposed to be PEG, that's actually going to bode well, in my opinion, for the person who's injected. Let's say that they got their injection into the muscle. Because those lipid nanoparticles aren't homogeneously coated, they're going to break down much easier at that site. So you're not going to have dissemination of either the lipid nanoparticles or the payload. That's number two. It's just an idea, but I think it has merit. There's a working group of German researchers who actually proposed this as well. It's in one of my presentations.

And as for contamination, a colleague of mine has recently been sequencing— He started with the bivalent products, the Pfizer and the Moderna, and he's moved on to sequencing the monovalent products and has found double-stranded DNA contamination in all of them. Not some, all of them. And what this double-stranded DNA contamination is, are the plasmids that are used in the production line to produce the mRNA. And what's supposed to happen at the end of the production line—you'll appreciate this as an engineer; there's like five steps that I showed in my slide—is that the mRNA is supposed to be purified. You're supposed to take that out at the end stage. It's expensive to do this. And because we have so many evidences now that good manufacturing processes weren't abided by, it's possible, I will say, I'll be generous, that the mRNA wasn't purified properly. That's exactly what this indicates because the presence of the double-stranded DNA is not explainable otherwise. It shouldn't be there.

And so we can't say definitively what the clinical outcome of that contamination is going to be. But we can say, based on his findings that he has recently put to preprint, is that the levels of double-stranded DNA that are "EMA permissible" far exceed any levels that they've written down in the literature. So we know that there's contamination of certain kinds. And it's kind of scary to think about. We know that corners were cut all along the way here. I mean, there just simply wasn't enough time to do everything right. That's a fact. But it's scary to think about what actually might be in the vials themselves.

I want to make one more point here. Even if everything was done perfectly and we had our homogeneously-coated lipid nanoparticles (LNP) with our full-length spike protein—I didn't even mention per cent RNA integrity here; I don't have time—which when delivered, translates to full-length spike, this is probably the worst scenario you can have because of the papers that have been released that show that the double-stranded DNA repair mechanisms are impaired when spike is found in the nucleus. And it does get trafficked there because of this furin cleavage site. So no aspiration; full-length spike protein; homogeneously-coated LNP; and somebody with, say, a pre-existing autoimmune condition or is hyper-inflamed and old, perhaps, infirm—this is the worst-case scenario, in my opinion.

Commissioner Drysdale

The last question and that has to do with— A previous witness had talked about the potential contamination of the genome. And I think you mentioned, yourself, about that this has been found in the nucleus of cells. If this has penetrated all of the organs of the body and if you're finding it in the nucleus of the cells,

[01:15:00]

can you comment on the potential for an effect on the overall genome?

Dr. Jessica Rose
Let me just say that I think the potential is there. The proof of integration is not there yet. But I have no doubt in my mind that this paper is on the way, based on the evidences that we've accumulated to date. I want to be careful here about what I say because I don't know yet. I don't think that it's impossible that germline integration is going to be something that we're talking about soon. I think that if it happens, it's going to be a rare event. But the thing about it is if it happens at all— Again, this is absolutely inexcusable because I cannot imagine that all of the brilliant minds behind this technology couldn't have anticipated the possibility here. If they knew about the reverse transcription, which has been shown—this is in the literature now that LINE-1, which is an endogenous retrotransposon in humans, can convert this mRNA back to DNA—then why wouldn't it be able to integrate? I mean, again, I'm not saying that we have definitive proof of that yet. But I wouldn't be surprised if that paper is in the pipeline right now.

Commissioner Drysdale
And I apologize. I said that was my last question. But it just occurred to me in listening to you. You know, I got up this morning and I looked at the news, and there was this incredible story about the James Webb telescope. And it was looking into the eternal reaches of our universe, and it'd taken in these incredible pictures of Jupiter, and it was gathering all this data that was so far away. And, yet, when we were in Toronto, we had an embalmer telling us about these fibrous masses in the veins and, to my knowledge and to the knowledge of that witness, no one had dived in like the James Webb telescope to find out what these things were. And my question is, do we not have the technology to go to a funeral home when someone's reporting this and take a sample and test it and tell me what it is?

Dr. Jessica Rose
And I have the same question. It's the same thing to me about the autopsies. I'm dying to know why we're not autopsying everyone now. Like, why aren't people whose kids are dying demanding autopsies? I mean, that's what I would do. This is like the microscope into the forensic data collection of why the person passed away. I mean, it's like the most important thing of all. So I can't answer you because I just don't know.

What I can suggest is that there's a movement to suppress this from being done, just like there was a movement to suppress autopsies from being done because it was "too dangerous" in the beginning. So okay, fine. We'll give you that, it was too dangerous back then before we had all this figured out, quote-unquote. What's stopping us now? I don't understand.

And there is one group who analyzed this proteinaceous stuff. And the only thing that I remember that they found is that they classified it as organic. And that makes a lot of sense to me because I think it's just collagen. So I mean, I'm not in a lab now. But if I was in a lab, that would be the very first thing I would do. I'm like, I've got to find out what this material is because, if it's collagen and it's just, you know, the natural things of the body in "on" mode, like I said, then, basically that confirms what I said. And then we can solve the problem.

Well, actually, the first stage of solving the problem is to stop injecting these things into people because they are causing problems in some people. And because we're not being allowed to acknowledge this or ask questions, we're not able to come up with viable solutions out in the open. I mean, we humans are so much better together. So you know,

even if the people who are promoting this stuff came to, so-called, our side and our brains got put together and we collaborated, we could solve this real quick. I'm the forever optimist.

Commissioner Drysdale
Thank you, Dr. Rose.

[01:20:00]

Dr. Jessica Rose
Ooh, he's a happy guy. Ooh, he's happy. That's my cat. He's very happy.

Shawn Buckley
We have one more question for you.

Commissioner DiGregorio
Hi, Dr. Rose. Thank you so much for your testimony today. I think I heard you say that a number of your studies involved you downloading a lot of VAERS data. And I understand that your expertise is in the VAERS data and not our CAEFISS Canadian database. But I'm just wondering if you know whether or not the same type of data is downloadable from the Canadian CAEFISS database.

Dr. Jessica Rose
I'm going on memory now. And I got to tell you my memory is not so good. I don't think so. Definitely, I know this: VAERS is the database that I chose because it was very accessible. You literally just go to the VAERS website and download CSV file, very large now. And if you're going to have a crack at this, I don't recommend using Excel because it gets stuck. I recommend using R. But as for the CAEFISS system, I'm trying to remember if I even tried, but if I did—I know that I looked at it once. I don't have a good answer.

Commissioner DiGregorio
And then my last question is about the VAERS database itself since that's where your expertise is. If you could make one improvement to it to help gather better data and do better analysis, what would that be?

Dr. Jessica Rose
Hand it over to different owners, that's what I would do. I was actually in a kind of task force at the very beginning of this to try and design a new system. And the fact of the matter is VAERS is very antiquated. The move to paper forms to online has been kind of, you know, it's a good attempt type-thing. All that aside though, like I said, it still works. It's annoying. It's underreported. But it still works.

The problem with VAERS right now is not all of those things. It's not the fact that it's antiquated. It's not the fact that it's underreported. It's the fact that the data they're in, the people they're in, who are filing reports, are being ignored. The people who own the data are not handling the data in an appropriate way. They're ignoring it. And not only that, but

there are smear campaigns out there against people like me who are, like, public citizens who are trying to bring this data to light. So that people understand, this isn't an interpretation thing. This isn't about, the fact that they've put so many shots into people. I've done a napkin math to show that that's not true. This is literally about the owners of the data not doing what they've always done.

Josh Guetzkow is a friend and colleague of mine. And he's done many FOIA requests to show that they're not doing PRR [proportional reporting ratio] analysis, which they've always done. They're not doing Bayesian analysis, which they said they would do in lieu of the PRR. And they're absolutely not doing causality assessments, which is like the main claim to fame here. I mean, it's absolutely ludicrous for anybody to claim that if you have half of any subset of adverse events, like death, being reported within 48 hours of injection, that there's no causal effect. I mean, come on now. Come on now. Why aren't the alarm bells being rung? And, clearly, it's because they're not motivated to do so. So long answer short, I would change the owners.

Commissioner DiGregorio
Thank you.

Shawn Buckley
Dr. Rose, I think those are our questions. On behalf of the National Citizens Inquiry, I sincerely thank you for taking the time to share with us today. Your testimony is appreciated.

Dr. Jessica Rose
Thanks so much. It was my pleasure. And yeah, let's keep talking.

[01:24:29]

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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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 2: Dr. Jayanta Bhattacharya
Full Day 1 Timestamp: 03:43:12–05:07:15
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Shawn Buckley
We have joining us now virtually Dr. Jay Bhattacharya. Jay, can you hear us?

Dr. Jayanta Bhattacharya
Yes. I can hear you. Can you hear me?

Shawn Buckley
I can. I'd like to just start by asking you to state your full name for the record, spelling your first and last name.

Dr. Jayanta Bhattacharya
My name is Jayanta Bhattacharya, J-A-Y-A-N-T-A. Bhattacharya, B-H-A-T-T-A-C-H-A-R-Y-A.

Shawn Buckley
And Dr. Bhattacharya, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Jayanta Bhattacharya
I do.

Shawn Buckley
Now my understanding— And I think a lot of people are familiar with you. And I'll tell you, you sent us a rather impressive CV that we've entered as Exhibit WI-8b. But my understanding is that you are currently a professor at Stanford University Medical School.

Dr. Jayanta Bhattacharya
I am.

Shawn Buckley
You're also a physician.

Dr. Jayanta Bhattacharya
Yes, I have an MD.

Shawn Buckley
Yeah. And you're an epidemiologist?

Dr. Jayanta Bhattacharya
I publish and teach epidemiology, through for decades.

Shawn Buckley
And then you're a health economist?

Dr. Jayanta Bhattacharya
Yes, my PhD is in economics.

Shawn Buckley
And you are a public health policy expert focusing on infectious diseases and vulnerable populations.

Dr. Jayanta Bhattacharya
Yes.

Shawn Buckley
And you are one of the three authors of the Great Barrington Declaration.

Dr. Jayanta Bhattacharya
Yes.

Shawn Buckley
Now, we've invited you here today to speak about several issues. One of them is that you have participated in doing an expert report concerning a lawsuit in the province of Alberta. Can you share with us why you did that and a little bit about that?

Dr. Jayanta Bhattacharya
Yes. Well, it stems from the ideas in the Great Barrington Declaration. The primary goal that I had in participating in that lawsuit, which was a lawsuit aimed at changing the Alberta policy of lockdowns away from lockdowns toward a more focused protection policy, exactly was what we wrote in the Great Barrington Declaration.

The ideas of the Great Barrington Declaration are based on two incontrovertible scientific facts. The first is that there's a very steep age gradient in the mortality risk from COVID infection. It's older people who die at a thousand times or more higher rates of infection than young people. For children, especially healthy children, the risk of dying from COVID is vanishingly small. Whereas for older people, it's much, much higher. That's incontrovertible, I think, universally acknowledged.

The second fact—again incontrovertible, and I think universally acknowledged—is that the lockdown policies that we have followed, and Canada has followed, has caused tremendous harm especially to the lives of young people. I don't just mean economic harm. I mean health harms, psychological harms, a whole host of harms that will play themselves out over a long period of time and have already caused major health problems for the Canadian people.

So the right strategy, the Great Barrington Declaration, what it says is: let's use our resources to protect vulnerable older people from the disease while at the same time lifting lockdowns, which have caused so much harm to the lives of young people. It's the standard pandemic strategy that we followed for a century of respiratory virus pandemics before this one. And it worked.

So that was my main motivation for participating as an expert in that Alberta case, was to provide the scientific documentation for that strategy.

Shawn Buckley
I'll just ask, being that you started talking about those two things. You're saying the lockdowns, especially for the younger, were very detrimental on several levels, physical, psychological, social isolation. Can you just elaborate a little more on that so that the commissioners and the people listening understand exactly what you're referring to?

Dr. Jayanta Bhattacharya
Yeah, so I brought some statistics just to give some sense of it. But it's not possible to do it full justice because the extent of the harms caused by lockdowns on population health are so extensive. Just to give a smattering of the flavour of this. During 2020 and 2021 when the lockdowns were primarily in force, a lot of the emphasis was on making sure hospital systems and healthcare systems were not overwhelmed.

One way that this happened was by,

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essentially, causing people to fear to come into hospital systems or being told explicitly not to come into healthcare systems for the conduct of basic preventive care.

So for instance, many people skipped cancer screening that's recommended: colon cancer screening, cervical cancer screening, a whole host of other recommended cancer

screenings, breast cancer screenings. As a result, many men and women will show up now with later stage breast cancer or prostate cancer, or whatnot, that should have been caught at an earlier stage. And they will die from it when they would have survived it had it been detected earlier.

Another major health harm from the lockdown policies has to do with mental health. There are reports from Canada from 2021, even as early as 2020, suggesting that the psychological distress caused by lockdown policies—the isolation from others, the disruption of normal rhythms of daily life—led a tremendous number of Canadians, especially young Canadians, to overdose with drugs. The rate of excess death among the young from drug overdoses in Canada increased sharply even as early as 2020, according to a Statistics Canada report that was issued in 2021.

The [CBC] reported that one in five Canadians need mental health services. The demand for mental health services in Canada climbed substantially even as wait times for specialists got longer and longer. So at the moment when Canadians needed the most help from medical health professionals, it was the least available because of the lockdowns.

The consequences are hard to summarize in a very, very simple way because the health effects of investments in health by healthcare systems is so important and so pervasive in life. And ending those or stopping those or pausing those even for short periods of time can have long term consequences on the health of populations. One measure of this— If it's possible for me to share the screen, I'd like to share one slide.

Shawn Buckley
Absolutely, you can share the screen. It should be set up for you to be able to do that.

Dr. Jayanta Bhattacharya
Perfect. So I'm just going to share one slide. One sort of summary measure of this is the cumulative age-adjusted, all-cause mortality rate in Canada. And I wanted to do a comparison country, Sweden, which followed much closer to a focused protection approach than Canada did. Much more aligned with the Great Barrington Declaration we discussed earlier.

The way that cumulative all-cause, age-adjusted excess mortality is calculated is you look at baseline mortality rates. In this case, I think from 2015 to 2019, in each country, adjusted for age so that you're comparing like with like. So older populations, of course, are likely to die at higher rates. And then, track over time from the beginning of the pandemic—here on the left side of the graph is February 2020, all the way to now—how much above that **baseline expected mortality rate you actually see. The red line here is Canada and the blue line here is Sweden: all-cause excess deaths, age-adjusted mortality rates. The Canadian all-cause excess deaths, sometime around May 2021, crossed the blue line, Sweden's all-cause excess mortality rate. And what you see is that the rate of death, the cumulative all-cause excess death in Canada as of the late 2022 was actually about 50 per cent higher than that experienced by Sweden, which did not impose the kind of draconian lockdown policies that Canada followed during the pandemic. It's almost a 50 per cent higher all-cause excess death rates.**

Now, most of that, I think, or much of that, is not actually due to COVID because the COVID rates in Canada were actually relatively well controlled. Most of that is due to lockdown harms, I think. Whereas Sweden—which didn't impose lockdowns,

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had much more voluntary policies and a greater emphasis on focused protection of vulnerable older people, rather than trying to protect hospital systems—had much lower all-cause excess deaths because they invested in the health of the population, the normal investments in the health of preventive care, and so on, and didn't panic the population. And as you can see, the results over time: it's gotten worse and worse for Canada and better and better for Sweden.

Shawn Buckley
Now, I think in Canada we all recall actually the mainstream media criticizing Sweden at the time for the role that they were taking. I imagine that you saw similar reports in the United States media.

Dr. Jayanta Bhattacharya
I did. I saw in the United States media that the Swedish strategy was characterized as reckless, as just letting the virus rip.

Shawn Buckley
Right. But now with hindsight we can see that it wasn't reckless in any way.

Dr. Jayanta Bhattacharya
No. It was not.

Shawn Buckley
As I understand this focused protection: basically, this premise of the Great Barrington Declaration is once we knew that it was affecting the older populations, so we'd focus the resources there but not do things like lockdown younger people. Now in Canada, our media— And definitely children were being taught that they basically should be doing their part to protect old people. And I'm wondering if you can comment on the risk of children spreading the disease and whether or not it was proper to be locking down children.

Dr. Jayanta Bhattacharya
Absolutely. So first, from very early in the pandemic, it was clear from the scientific evidence that children were not super-spreaders. Children, of course, can get the disease and, of course, can spread the disease. They're not like perfect sinks in that sense. However, the risk of children spreading the disease is, in some ways, measured rates are lower than adults.

Let me give you two pieces of scientific evidence that were available from very early on in the pandemic. In Iceland, there was a study done in March 2020 where the scientific group sampled, I think, 12 per cent of the Icelandic population and did a test to see if the patients that they sampled had active cases of COVID, including sampling the standard PCR test to measure whether the virus is present. And then a nonstandard sequencing test to look at the virus and see what mutations the virus had.

They paired this with a very, very detailed contact tracing approach to see who the people that were positive had come in contact with. And from this kind of approach, you can distinguish whether somebody— Like if two people come into contact with each other, contact tracing normally can't tell who passed the virus to whom because you just know that these two people were near each other. And they may have been, of course, near other people. But with a sequencing analysis, you can say, okay, the two people that are in contact with each other, the viruses share the mutation patterns. So they may have passed the virus to each other. Whereas people who have very, very different, disparate mutation patterns of the virus that they have are unlikely to have passed the virus to each other.

The striking finding from this Icelandic study was that while there were many, many instances of parents passing the virus on to children, there was not a single instance in the study of a child passing the disease on to their parents. The children were not super-spreaders. Now, as I said, kids can spread the disease, especially older kids. Younger kids, I think, are less likely.

So let me talk about a second study, this time out of Sweden. Sweden even in spring of 2020 did not close its primary and early secondary schools. Every child under the age of 16, I think, experienced no disruption in their schooling at all because those schools were not closed in Sweden.

A study was conducted by Swedish researchers looking at the mortality rate of teachers in those schools relative to COVID mortality rates of other workers in the population. And what it found was that teachers actually had a lower risk of COVID mortality than the average risk faced by other workers in the Swedish population during that period. In a sense, working in schools protected teachers against COVID relative to the rest of the population, at least empirically based on that.

Based on these findings, it was really clear early on

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that closing schools was a tremendous mistake, that it was unnecessary to protect older people in this way. Alternate policies would have been better to protect older people and would not have caused the harm to children. If I may, may I talk a little bit about what the harms to children actually are?

Shawn Buckley
Actually, please do.

Dr. Jayanta Bhattacharya
If you go back in the social science literature decades, what you find is a very common theme about how important investments in children are in terms of schooling. And it's not just that our schools provide education, which is important for future job prospects and so on. That's true, they do. But, in fact, they are absolutely crucial to the health of children.

In an immediate sense, schools are where many children receive much of the nutrition for the day. If you close schools, you reduce the amount of nutrition available to children. Of course, Ontario, I know, closed schools for a time.

The other thing is that, again, schools are places where social services are provided. Child abuse is often picked up at schools because it's teachers who see the results of child abuse and then report it to authorities. When you close schools, child abuse continues to happen. But you won't pick it up because the outside people who care about children aren't there to look.

So both of those things happened during the pandemic in places that closed schools. Worse nutrition for children, children skipping meals as a result, and also child abuse not being picked up and reported.

The long-run effects are even worse of closing schools. The key thing is that when you have children miss school for even relatively short periods of time in their lives, according to the social science literature, it has long-term negative health consequences. Children who miss school for even, again, in the social science literature, for short periods of time end up having shorter, less healthy lives because they lead poorer lives.

One estimate, published in the pediatrics literature early in the pandemic in the United States, found that just the American school closures in spring 2020, cost American school kids nearly five and a half million life-years in expectation over their lifetimes. So the consequences are not trivial. You're essentially taking life-years away from children and exposing them to abuse that needed to get corrected. Schools are absolutely vital and closing them was a tremendous mistake that harmed children.

Now, if I may, can I talk a little bit about the failure of focused protection in Canada? And I just wanted to bring up a couple of data points.

Shawn Buckley
Yes, please do.

Dr. Jayanta Bhattacharya
One from very early in the pandemic. A public health policy that's focused, that recognized the unique risk that the COVID posed to older people, would have moved heaven and earth to protect the lives of older people. Especially early in the pandemic when we didn't have very good treatments or vaccines, and whatnot.

The key idea was to find where the vulnerable older people live and devote resources to protecting them. Instead, what happened in Canada—not just unique to Canada but happened elsewhere as well—is that places like care homes and nursing homes where the most vulnerable older people lived became places where, essentially, of neglect and abuse. And in fact, became places where COVID was spread.

So in Montreal, for instance, the earliest days of the pandemic, there are reports—again, in the Canadian press—that the staff of nursing homes in Montreal abandoned their posts in part because they were so afraid of getting COVID. And left older patients with dementia to die from dehydration and neglect. You have, in many places in the United States—for instance, in New York, in Michigan, in Pennsylvania—you had governors sending COVID-infected patients out of hospitals early into nursing homes where, then, the disease spread rapidly, infecting the most vulnerable people.

The reason why this happened— It wasn't, I don't think, a criminal act. I think it was actually an act

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as a result of ignorance about what to do about the most vulnerable people. Instead of making protection of vulnerable people the central goal—focused protection, the central goal of pandemic policy—instead, the goal was to empty hospital systems to keep hospital systems not overwhelmed. In a sense, we inverted the normal relationship between the public and medicine. Normally, you would think about people in medicine, public health, serving the public. But the rhetoric and the reality flipped, where the idea was that the public would serve healthcare systems. We recruited the public as a way to protect hospital systems, healthcare systems, rather than hospital systems and healthcare systems serving the public. And one consequence of that was that we forgot about focused protection and sent COVID-infected patients back to nursing homes, killing many people who would otherwise have potentially survived much longer as a result if that had not happened.

Let me give you one last data point from the Canadian experience that I know of. In Ontario, in the district of Haldimand-Norfolk Health, there was a health minister named Dr. Matthew Strauss who explicitly adopted the idea of focused protection: did not impose mask mandates; when the vaccine became available, prioritized high-risk individuals for the vaccines; put out centres for the infusion of monoclonal antibodies, an effective treatment for much of the pandemic; and made available antivirals rapidly as soon as they became available. As a result of his approach, which eschewed mandates—did not adopt any of the sort of restrictions that were imposed by much of the rest of Ontario—as a result, the age-adjusted mortality from COVID in Haldimand-Norfolk was actually 30 per cent lower than the rest of the province.

Focused protection works. Focused protection would have worked better in Canada than the lockdown-focused policy. And it would not have harmed the children in the way that they were harmed as a result of the lockdown policies that were followed.

Shawn Buckley
Now, you've spoken about restrictions on children, can you also comment on young adults?

Dr. Jayanta Bhattacharya
Yes, so there hasn't been as much attention paid to this, but I think it's quite important. The experience of young adults in society is tremendously important for the rest of their lives. In the 2008 recession, for instance, the joblessness among young adults resulted in long-term decreases in life opportunities for those same young adults, including worsening health. The kind of unemployment induced by lockdowns, which happened in Canada for years, has especially bad long-term consequences for young adults.

The importance of young adults to socialize with one another is critically important for their mental health. And there's evidence that as a consequence of lockdowns and the isolation of lockdowns, those kinds of mental health problems that I mentioned earlier—one in five Canadians needing professional help—those were exacerbated by the lockdowns, particularly among young adults.

The same thing, I think, is true to explain the rise in overdoses of illicit drugs in Canada. It's primarily young adults that face that. And again, it's not a surprise given the mental health consequences of isolation and anxiety caused by the lockdown policies that Canada followed.

Shawn Buckley
Another thing I wanted to ask you, before we move on to the topic, because I want to cover the topic of censorship with you and some of your experiences there. But in Canada, basically the federal government and every single province was very aggressive on taking measures to, I'll use the word, encourage, but really it was coercion to be vaccinated. And there was basically zero allowance for natural immunity.

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And I'm wondering if you can comment on the policy of basically mandating vaccines and ignoring natural immunity and your thoughts on that.

Dr. Jayanta Bhattacharya
Yeah. So I think a couple of things about the science of the vaccines is really important to understand. To understand why those vaccine mandates were both unnecessary and a bad idea.

So first of all, as I've already mentioned, there is a very sharp gradient in the mortality risk of COVID. Now the vaccines, when the randomized trials of vaccines were conducted in 2020, what those randomized trials showed was that against a placebo group—a group that received a placebo rather than the vaccine—the vaccines protected people against symptomatic infection for about two months after the vaccination. That was how long the trials lasted before they ended. The median person was followed for about two months. So you have 95 per cent protection for two months against symptomatic infection. That sounds impressive and is impressive. But it's actually not the key epidemiological endpoint that you care about for a policy perspective.

From a policy perspective, there's two potential epidemiological endpoints you might care about separate from prevention of symptomatic infection. First is protection against severe disease: Does the vaccine stop you from dying if you get infected? The trial did not answer that question because it didn't have that as a primary endpoint. And it didn't have sufficient numbers of people enrolled to be able to answer that question with any statistical confidence.

Shawn Buckley
I just want to make sure that we understand what you're saying. So let's use the Pfizer trial as an example. You're basically saying they weren't actually measuring as an endpoint whether or not it would reduce serious illness.

Dr. Jayanta Bhattacharya
Yes. They didn't have that as a primary statistical endpoint. And they would have needed to design the trial differently to have that as a primary statistical endpoint. They would have needed either many, many, many more people than the 40-some thousand, whatever they enrolled, or they would have needed to primarily have conducted the trial in a high-risk population like the elderly. Both would have been defensible. Of course, the first would have been much harder. Instead, they had prevention of symptomatic infection.

Shawn Buckley
I think this is important to Canadians because we endured some pretty draconian lockdowns, some very significant messaging that, to this day, we are totally divided. And basically, it was to prevent us from getting seriously ill, including dying. That really would have been why people were participating in this. And you're telling us they weren't even measuring for those things as an outcome?

Dr. Jayanta Bhattacharya
Yeah, they didn't have that. They didn't power the trial to measure that as a primary outcome.

Shawn Buckley
And can I also just ask you. You use this 95 per cent figure. But my understanding is, is that that wouldn't be an absolute risk figure, that would be just a relative risk figure that was used?

Dr. Jayanta Bhattacharya
Yeah, so 95 per cent relative risk reduction. You know, that's actually pretty standard in vaccine trials, so I'm not terribly exercised by that. But the absolute risk reduction has to do with more than just the trial itself. So for instance, if the virus is not spreading in a population, a very highly efficacious vaccine will produce zero absolute risk reduction because there's, you know, just no risk in the population getting the virus. So the absolute risk reduction is both a function of the vaccine itself and also whether the virus is spreading when the measurement takes place.

Shawn Buckley
Right, okay. And then you were going to talk about natural immunity, but I didn't want to cut you short on the vaccine.

Dr. Jayanta Bhattacharya
Yeah. I wanted to get to natural immunity. I just wanted to tell the story about the vaccines because it's related. It's very closely related to the vaccine mandates and the lack of necessity for them.

I mentioned that it's symptomatic infection prevention. It didn't check for whether it prevented— The trial was not statistically powered to test prevention of death from COVID. On the other hand, you also could have used the trial to check whether the vaccine prevents you from getting any infection. Any infection, of course, is distinct from symptomatic infection

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because you can get a non-symptomatic infection, asymptomatic infection.

You could also have checked to see if the vaccine protects against transmission of the disease. If I have the vaccine, although I may get sick, it might reduce the risk of my spreading the disease to others.

The trials did not check for either of those endpoints. So what we knew was two months of prevention of symptomatic disease. And that's it.

Now, the other thing about the trial that's important is that the trial explicitly excluded from its efficacy calculations patients who had already previously had COVID and recovered. That subgroup of the trial actually turned out to have almost no cases of COVID at all after they'd recovered. And so, they wouldn't have been able to find much effect of the vaccine in that group. And if you read the supplementary appendices in the vaccine trials, what you'll see is that those groups, while they were recruited in order to check the safety of the vaccine, were actually excluded from the efficacy calculations in the randomized trials that were published in 2020.

The reason is simple. There's a tremendous amount of evidence, again from 2020 on, that the patients who get COVID and recover have very substantial protection against both subsequent infection and also severe disease on reinfection. Now, what we've learned is that a new variant can escape that immunity. So that if you'd had COVID in the first wave in 2020, you may have gotten it again in 2021 during the time of a new variant, but the protection against severe disease is long-lasting. If you got COVID and recovered the first time, it's very likely that the second time you get it, maybe with a new variant, will be milder, at least less likely to produce severe disease and death than the first time you got it.

Shawn Buckley
So you're referring to what we would call natural immunity?

Dr. Jayanta Bhattacharya
Yeah. So I like to say recovered immunity just to distinguish— Sometimes people say natural immunity, and what they mean is that even before you're exposed, you have some substantial protection. And you do, but it's not the same kind of protection as you get after you've had COVID and recovered. That immunity is durable. And it's very effective against reducing the risk of severe disease and death upon reinfection.

Shawn Buckley
So using your term recovered immunity, you're saying that that's robust vis-a-vis significant disease coming forward. How would that compare with the protection offered by the COVID-19 vaccines? So going forward, are they providing a similar robust protection?

Dr. Jayanta Bhattacharya
Yeah, I think there's some scientific discussion and debate about exactly it. But I think the general consensus is that the amount of immunity provided in terms of reinfection risk is better if you've had recovered immunity than an immune naive person who just has the vaccine. And the protection against severe disease and death, I think, is at least as good as someone who's immune naive and has the vaccine.

Just to give one data point again on this. There was a study out of Bergamo, Italy, in 2021 that was published that looked at patients who'd had COVID in the first wave, during that big wave in Italy in 2020, and tracked them for a year. And only 0.3 per cent of that group was reinfected during that whole entire year after that initial infection.

That's better protection against infection than the vaccines, which in careful epidemiological studies done in places like Qatar and Sweden and elsewhere found that after two or three months, the efficacy against infection, even symptomatic infection, drops pretty substantially down to 20 per cent, sometimes near 0 per cent, maybe just three, four, five, or six months after you've had the vaccine. It's very, very common, then, to have had the vaccine and then gotten infected just a few months after you had it. That actually happened to me. I was vaccinated in April of 2021 using the Pfizer vaccine. And then four months later in August of 2021, I got COVID.

Shawn Buckley
So now, from a public policy perspective for trying to get the best health outcomes,

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would you agree then that it would have been prudent to take into account recovered immunity and permit people to opt out of a vaccine mandate?

Dr. Jayanta Bhattacharya
Yes. And that's for a number of reasons. So first of all, before I answer that directly, if you don't mind, let me talk a little bit about why these scientific facts we just talked about means that the necessary conditions that you would want for a vaccine mandate are not actually there.

Now, I believe that the vaccine does reduce the risk of all-cause mortality. It wasn't in the trial. But there are a number of high-quality epidemiological studies done by people who are not affiliated with any of the drug companies. Very skilled epidemiologists, using careful cohort approaches, that demonstrate that the vaccine does reduce mortality risk from COVID, I think, for up to six or seven months after you've had it. So let's take that as given.

The right use then for the vaccine is to recommend it very strongly in the population that faces the highest risk from COVID, the elderly. The vaccine should have been used for focused protection of the elderly. That's essentially what Dr. Strauss did, for instance, in Haldimand-Norfolk. It's very important, then, from a personal health point of view that high-risk individuals get vaccinated. On the other hand, for low-risk individuals, from a personal health point of view, it's much less important that they get vaccinated because the absolute risk reduction for them—for instance, for younger people—is small. That means the expected benefit from the vaccine for a low-risk person is low just by the basic math of it, right? If you face a zero risk of dying from COVID, the vaccine produces zero benefit because you can't go below zero.

And on the other hand, the vaccine is not without side effects. We've learned, for instance, that the vaccine, especially in young men, produces myocarditis, which is the inflammation of the heart muscle. It can be a very serious condition resulting in death at, I think, at unacceptably high rates given the small benefit of the vaccine in young men, especially from the second dose or the boosters.

So from a private health perspective—private meaning from an individual patient's perspective—whether the vaccine is a wise thing will depend on how old you are, your health condition, a whole host of other things. Things that you normally would expect to be

able to talk to your doctor about and decide for yourself whether the vaccine is right for you.

On the other hand, from a public health perspective, if a vaccine does not stop transmission of the disease or only has a very limited effect on the transmission disease for a short period of time, well, the idea that you need to vaccinate other people so that I'm protected is just false. Now, normally with other vaccines, like the measles vaccine that does stop transmission, that idea isn't false. The protection provided by the measles vaccine against transmission means that when I'm around patients or people who've had the measles vaccine, I'm very unlikely to get measles because those people are not susceptible to getting measles. That's essentially a kind of herd immunity provided by vaccines. By the way, recovered immunity can provide the very similar kind of effect. But this vaccine, this COVID vaccine, does not stop transmission.

And in fact, in those same careful epidemiological studies that I just mentioned where they found reductions in the risk of mortality after the vaccine, they find that the protection against infection is very short-lived. And what that means, then, is that the public benefit—"public" meaning my vaccination protects you—is very, very limited from this vaccine. But that public benefit is a necessary condition, I think, for imposing a mandate. Because the idea of the mandate is that well, there are people that are not getting the vaccine endangering the public by not doing so. Well, that's just not true for this vaccine.

So if you are lacking in that necessary condition for the vaccine mandate, it's not wise public policy to impose it.

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It's because it doesn't actually end up protecting the public, and the public thinks they are protected. But I think there are even broader, even deeper reasons why I think the vaccine mandates were such an unwise idea.

First, I think it created this idea that there was an unclean group of people walking around. It demonized people who, for whatever reason, chose against getting the vaccine. It essentially gave open season to discriminate against them: People lost their jobs. In Canada, unlike most Western countries, I think even in most of the rest of the world, unvaccinated individuals were not allowed to travel internally for years. That's a gross violation of human rights. And it essentially demonized people who, again, for whatever medical reason or whatever reason, chose not to get the vaccine. For those who chose not to get the vaccine, it should always have remained a private medical decision, given the epidemiological facts I've said. It should never have become an issue of public health in the sense of forcing them to get the vaccine. So it essentially created social divisions that were **absolutely unnecessary for public health to induce.**

And actually, the second knock-on effect of that is, I think, it undermined trust in public health and in vaccines more generally among a substantial fraction of the population. The vaccine skeptics movement that I've seen throughout my career has always been a relatively small group of people. What I've seen now in Canada and in the United States and elsewhere is that that group has grown very, very sharply. And they question not simply the COVID vaccine but other vaccines as well and public health more generally.

A lot of the protests, for instance, the truckers movement was induced by the civil rights violations on the back of these vaccine mandates that were put in place in Canada and the vaccine-related movement restrictions put in place in Canada. The same thing, by the way,

has happened in the United States. Although it didn't have movement restrictions of the same kind. We had vaccine passports, vaccine mandates, that have induced a very similar kind of entirely predictable reaction by people who were upset by this policy, an absolutely unnecessary policy from an epidemiological point of view. And we're going to be facing those problems for years and years.

Shawn Buckley
Now, I'd asked you generally about public health policy with the vaccines and taking into account recovered immunity. And I'm just wondering if I could focus you a little more then specifically with children. Because you were suggesting, I think you were suggesting, that the risk that children would face for serious illness or death from COVID is zero or for all intents and purposes non-existent. So from the individual perspective, the parents making a decision— Should I be vaccinating, not vaccinating? Clearly, you'd say, "Well, why would I do this?"

But you had spoken earlier, and I think this goes to the public health thing about protecting others, that children were also such a low risk for spreading the virus. So can you comment on those two things and then your thoughts from a public health policy. Because we're still pushing to vaccinate children quite aggressively in Canada. And so, we'd appreciate your comments today on our current policy.

Dr. Jayanta Bhattacharya
So I tend to have a philosophy that you should make those kinds of decisions in careful consultation with a physician to decide whether your child should or should not have any particular medical treatment. Parents should be involved. Physicians should be involved in that.

I think that the risk of mortality for a healthy child, while not zero from COVID, is very, very, very, very low. And so that means the benefit from the vaccine in terms of preventing those severe outcomes, again, is also very, very, very, very low for the vast majority of children. That is not to say that there may be some small numbers of children who have particular medical conditions that make the risk of dying from COVID or other respiratory infections higher. And maybe they might benefit from the vaccine relative to the risk they face from taking the vaccine.

So I think this should be a decision that should be made without pressure

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by parents consulting about their children with their physicians. The role of public health, then, is to reassure parents that, while most of their children face a very low risk from COVID, it's important for the lives and the health of children to have their regular lives go again. That, maybe, if their child is immunocompromised or has some other particular medical conditions, to go seek advice from their doctor. I mean, that's the kind of reassuring advice I would have expected professional public health people to make regarding children.

The idea that there should be universal vaccination of COVID for children I don't think is aligned with basic evidence-based medicine practices. In evidence-based medicine, when you have an uncertainty, for instance, we don't know the full extent of the side effects of the vaccine when given to children—we do know, for instance, young men have higher rates of

myocarditis—and the benefit is low. Generally, the advice is that you would err on the side of caution and not give that therapy. I think that's likely the case for the vast majority of children, that it's not actually wise to get it. But there may be children for whom it is wise. And I think that the key thing there is you need to have those decisions made in careful consultation between parents and doctors.

Shawn Buckley
Now Dr. Bhattacharya, I want to switch gears just briefly, and then I want to allow time for the commissioners to ask you questions.

I want to switch to the area of censorship because for one reason or another, you have been kind of placed in the forefront. And I want you to, first of all, speak about what happened with Canadian media when you came out as one of the three founding authors of the Great Barrington Declaration.

Dr. Jayanta Bhattacharya
So almost immediately after we published the Great Barrington Declaration, I think less than a week or so after, the CBC held a roundtable with two or three scientists who really didn't like the Declaration. But I don't think they understood the Declaration. The CBC essentially allowed them to say on the air, paid for by the Canadian taxpayers, that the Great Barrington Declaration was calling for "letting the virus rip," essentially letting everyone get infected. And in fact, the Great Barrington Declaration, as I've said, was the opposite of that. It was a strategy of focused protection of vulnerable older people. The idea wasn't to let the virus rip. The idea was to let young people live their normal lives. It's very clear that when there was a threat to older people—when the disease is spreading rapidly or at high rates in the population—people would take voluntary action to try to reduce the risk faced by older people. And the Great Barrington Declaration is entirely consistent with that.

It was also consistent with devoting resources and ingenuity to protecting older people who faced a high risk. So for instance, deploying monoclonal antibodies in October 2020. those had just become available. Rapidly deploying them at scale, so that older people if they got sick would have access to them. That would have been a very wise thing to do. Again, entirely consistent with the Great Barrington Declaration. The idea wasn't to let the virus rip. The idea was focused protection of vulnerable older people.

In a sense, the CBC impanelled a group of scientists who slandered us, accused us, essentially, of wanting to kill people. And then, when a Canadian lawyer that we were in contact with complained, the ombudsman, the CBC, said, "No, it was a fair report" and didn't allow us to have any response. So the Canadian people were robbed of the opportunity to understand what exactly we were proposing. And just to be clear, it wasn't just me. I teach at Stanford University. But, also, there was Martin Kulldorff of Harvard University, an epidemiologist and fantastic biostatistician. And then Sunetra Gupta of Oxford University. She's the professor of theoretical epidemiology at Oxford. And tens of thousands of other scientists and doctors, including a Nobel Prize winner here at Stanford, signed on to this. This was a major scientific proposal put out by credentialed scientists. It deserved a fair hearing, not a slandering.

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And the Canadian people were robbed of that opportunity by the CBC, which essentially impanelled slander against it.

You asked about censorship. You know, I think it's important for the Canadian people to know that this was a systematic effort, not just by the media but by government actors. There was a report in 2020, for instance, that the Canadian military used propaganda techniques on Canadian citizens to combat disobedience against lockdowns in 2020. The physicians' organizations, which license physicians and oversee the conduct of physicians in Canada, used its power to silence dissent by doctors. For instance, in Ontario, there's a doctor named Kulvinder Gill who posted on Twitter messages essentially saying that lockdowns were a very bad idea, that focused protection was a good idea. Entirely consistent with the science. And as a result, the CPSO, the College of Physicians and Surgeons of Ontario, has threatened her licence.

It was a systematic campaign by Canadian government and quasi-governmental organizations to silence dissent so that Canadians got the impression that there was no alternative to lockdown. When, in fact, the scientific community had proposed a very effective alternative to lockdowns that would have worked if it had been adopted in Canada.

Shawn Buckley
Now, my understanding is that you're involved in a lawsuit in the United States. So the State of Louisiana and the State of Missouri and other parties are suing the Biden administration over censorship issues. Can you briefly share with us some of the things that you've discovered about censorship and this COVID experience?

Dr. Jayanta Bhattacharya
Yeah, so the United States has done no better than Canada on this, in many ways worse. The lawsuit that I'm involved with is a federal lawsuit. It's still advancing through the courts. But what the judges allowed us to do is to depose a number of prominent individuals inside the Biden administration and the Health and Human Services bureaucracy of the United States, including Dr. Tony Fauci.

We've also had access through discovery to a huge trove of email communications between a dozen federal government agencies in the United States and social media companies, including Facebook, Google, Twitter, and so on. The content of these emails and these depositions reveal an enormous effort by the federal government to threaten social media companies from a regulatory perspective if they didn't comply with censorship demands. Often these emails have demands on people to censor, posts to censor, ideas to censor, all **in the name of combating disinformation. But the disinformation that they're combating is often true information, including information, for instance, about the efficacy of recovered immunity or the harms of lockdowns and so on.**

In the United States, this is, to me, a very clear violation of the American First Amendment right to free speech. And even more importantly than it violates a fundamental civil right, it robbed the American people—it robbed the world, frankly—of access to accurate scientific information that had it been available, we might have adopted very, very different policies. It created this impression, this illusion, that there was a scientific consensus around lockdowns that didn't actually exist. It's one of these things where if you'd asked me before the pandemic, could such a thing exist in the United States? I would have told you there's no possibility. The American First Amendment protects against it. But, in fact, it's true.

It's the American government that acted to make sure social media discussions about the efficacy of lockdowns, the harms from lockdowns, recovered immunity, the proper use of the vaccines, all of those discussions, essentially, were censored in favour of the government's favourite policies. Whereas prominent credentialed individuals who dissented against that government narrative were silenced or censored or smeared in other ways. It's an absolutely shocking kind of intrusion on the rights of the people of the world to have done this.

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And I hope that when we win this lawsuit, this whole censorship regime can be dismantled.

Shawn Buckley
And I will indicate that you provided us with— I think people want to clap.

You provided us with a document called the "Plaintiffs' Proposed Findings of Fact" in support of their motion for a preliminary injunction. I'll advise the commissioners and those people watching that we've entered that as Exhibit WI-8 [*Bhattacharya-Missouri v. Biden* ECF 212-3 Proposed Finding of Fact]. And my understanding is that the court has accepted the plaintiffs proposed findings of fact as true.

Dr. Jayanta Bhattacharya
So far what we've had is a motion to dismiss by the government that's been rejected by the court in [primary part]. They haven't yet addressed the preliminary injunction. So that's still pending. But if you read the rejection of the government's motion to dismiss, it's a very favourable ruling in our favour, which seems, on its face, to accept much of that document that I shared with you. Those documents are based on true facts. Those are based on actual emails we've had from discovery. And they're submitted under oath by the Missouri and Louisiana Attorney General's office to the federal court.

Shawn Buckley
Okay. And before I turn you over to commission questions, I'll also just let you know that we've entered as Exhibit WI-8a, the Great Barrington Declaration. And we've entered your expert report on COVID-19 response in Alberta, Canada, dated January 20th, 2021, as WI-8c. And you did a supplementary report called *Supplementary Expert Report on the COVID Epidemic Response in Alberta, Canada*. We've entered that as WI-8d.

And I'll just let the commissioners know, although I'm going to turn you over to their **questions. You're also part of a group called the Norfolk Group, which has gone through tremendous effort to list questions that should be answered, flowing from the world's experience on COVID-19. I think it's 80 pages long of questions. And we've entered that as [Exhibit] WI-8e. And you've participated in that initiative in helping to formulate those questions. I just wanted you to know that those will be before the commissioners for them to consider.**

And so I'll ask the commissioners if they have any questions at this time. And they do.

Commissioner Massie
Well, thank you very much, Dr. Bhattacharya, for your very interesting presentation. I have a few questions, some of which are probably simpler. This whole notion that has been documented in Iceland and Sweden that the transmission from children to adults didn't seem to be that important— Is it something that is unique to this particular virus, or is it something that was known before? My understanding was that with flu, children can actually probably transmit it. So what's your take on that?

Dr. Jayanta Bhattacharya
So I was surprised by the result. I did not expect it. Because the general idea was that children actually do spread respiratory viruses at higher rates than adults spread it. It's not that children can't spread this virus; it's just that they're not unique super-spreaders. I think a lot of the school closures and restrictions on the lives of children was premised on this false notion that, like other respiratory viruses, they're super-spreaders for this one. But it doesn't correspond with the actual reality as measured in the studies that came out in early 2020.

And so, we shouldn't have acted as if that were the case. Restricting the lives of children was not a necessary precondition to protecting older people. Active focused protection measures were possible to protect older people without restricting the lives of children: that's the key thing. Children were essentially demonized, made to be seen as "grandma killers." And that was never the case relative to the scientific evidence.

Commissioner Massie
You've done a very interesting study early on to show that, in fact, the rate of the virus was much more prevalent than we initially thought. So is it possible that because children typically exchange their germs, if you want, more readily than adults— Is it possible that children would have generated a recovered immunity faster than adults because of the way they exchange?

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Dr. Jayanta Bhattacharya
I mean, I think that's certainly possible. I think the key reason why children respond much less harshly to the infection by this is that children's immune systems essentially are pluripotent. They're designed to respond to new threats because almost every threat when you're a very young child is new. And so, they don't have the disease for as long; they're more likely to be asymptomatic. And it's very likely that they have it for a shorter time, and that's partly why they don't spread the disease.

You know, there's a really interesting study, which I didn't mention, but I think I wrote in one of my reports about the mortality risk faced by parents of young children. If you match them against adults of similar age who aren't exposed to young children all the time, they actually, in 2020, had a lower risk of dying from COVID. It's almost as if the parents are inoculated by the children with other, maybe, other coronaviruses. The mechanism is not clear. But the fact is clear that somehow children serve more of a protective role as opposed to a threat as far as infection from this virus goes.

Commissioner Massie
One of the things that actually triggered the mandate for the vaccine was the hope, I would say, that it would prevent transmission. There was no data to support that initially. And I'm not aware of any data showing that injecting a vaccine in the arm would actually prevent respiratory virus transmission. But then, when the Delta wave became pretty intense in the States, we had this statement by the CDC that the vaccine can no longer prevent transmission.

So is it because the initial strain, for whatever reason, was somewhat different and could actually be somewhat prevented by the vaccine? And the Delta was being more transmissible—then even more so when we saw it with Omicron—that the protection was completely overwhelmed by any possible way.

So do you think that this idea that the transmission was something that was potentially real from the get-go is something that was misleading—based on real-world data that we've got from epidemiology—and made us believe at one point that maybe it was working? What's your take on that?

Dr. Jayanta Bhattacharya
I mean, it's almost impossible to answer that question with any rigour because just as the vaccine was being released in December of 2020, the very first variant of concern was identified. I think it was the alpha variant, was what they called it eventually. The vaccine never was tested against transmission in the trials. That would have answered that question. And so, we don't know for certain if the vaccine would have prevented transmission for a very long time. We just know that it prevented symptomatic infection for two months.

What we do know is that the vaccine when it was used in the real world, within just two or three months after vaccination, the efficacy against infection dropped very sharply, again, in high-quality epidemiological studies. And so, the reality from the moment we started using the vaccine was that it wasn't, given the variant that was actually abroad in the world, it wasn't going to protect against transmission.

You could see this very early on in 2021. Heavily vaccinated countries and regions were experiencing big cases. I think the very first one I saw was in the Seychelles Islands. I think it was March or April 2021. They used the Chinese vaccine: they were 90 per cent vaccinated, or a very high per cent vaccinated, and they had a huge outbreak of cases.

There was another outbreak of cases in Gibraltar, again, heavily vaccinated; this time, I think, with the AstraZeneca vaccine. And of course, Israel in 2021 very quickly vaccinated a **very large fraction of its population and then experienced a very large outbreak of cases. The evidence was there from within months of the vaccination campaign starting that the vaccine was not going to stop transmission, was not going to protect people from getting infected.**

Commissioner Massie
In terms of protection against severe outcomes or death, we have indeed the study showing that the vaccine seems to have done a reasonable job. But with the, I would say, less virulent—or we think it's less virulent—Omicron strain, do you think that we have generated, or we can generate data to show that convincingly at this point?

[01:05:00]

Dr. Jayanta Bhattacharya
I think it would be very hard. I think a very large fraction of the Canadian population have been infected with Omicron. And as a result, most of the Canadian population— I mean all of them infected and recovered have recovered immunity. And so, with patients who have recovered immunity, the marginal benefit of the vaccine is going to be lower because the recovered immunity by itself provides a protection against severe disease and death.

There is a literature that suggests something called hybrid immunity: so if you're vaccinated and you have recovered immunity, COVID and recovered, you have a different kind of level of protection than someone who's just simply had recovered immunity or someone who simply had the vaccine. To me, these are like esoteric questions because the actual risk reduction from any of those is very, very high relative to the immune naive person. So that's why we're in such a different place now in April of 2023 than we were in March of 2020. Such a large fraction of the population has recovered immunity. Such a large fraction of the population has had the vaccine. We don't need to worry so much about COVID because of the durable protection against severe disease provided by those two facts. I think especially recovered immunity, it seems to me, is probably more important, but there are scientists that disagree.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good morning. I have a couple of questions. And the first one is— You were talking about, I believe you said, that there's been some credible studies that seem to indicate that the vax does reduce mortality due to COVID.

And my question on that is— We've had a significant number of witnesses, prior to yourself, come on and tell us that there were issues with the vaccine from inception to putting it in arms. You know, non-aspiration. It was my understanding from the testimony that manufacturers recommended not to mix different manufacturers and that was done. There were issues with, or at least alleged issues, of quality control in the production.

And I would like you to comment on—in these studies that indicated or seem to indicate that the vaccine reduced the potential for death—were those production vaccines given to those test subjects the same as they were done to the general population? Or were they not necessarily the same production vial that Joe Black got at the pharmacy in Winnipeg?

Dr. Jayanta Bhattacharya
Yeah, so I can't speak to Winnipeg in particular. But I can say that the studies are based on population records. There are observational studies where they're tracking at scale regular people that had got the vaccine, for instance in Qatar or in Sweden or in Denmark or in Northern California where some of these studies were conducted. So it wasn't that they were like special test subjects. They were actually just regular people getting the regular vaccine.

I have seen, by the way, some of that literature, and some of it is actually quite concerning. I'm not surprised in some sense. The vaccine testing and the rollout was done at a very

rapid clip. Normally, something like this would have taken years and years and years of testing. And I can understand why. Like you have a big threat to especially vulnerable older people, you want to rapidly test and roll out a vaccine. That makes a lot of sense to me. And then it also makes sense that given the speed at which it's done, there are mistakes made that can happen and we learn things over time about how to administer, and so on. So none of that is surprising to me.

The key question to me is, given all of those mistakes, what effect did it have at the population level? Ideally, I would have liked to see a long-term randomized study done over, you know, not just where you track patients for two months but for a year or longer to see what the effects of the vaccines were, including the side-effect profiles.

That's not possible after December 2020, when they ceased those big large-scale trials. And we don't have any more of those large-scale randomized trials. The best we have available are these epidemiological studies that I cite in the Alberta report. And those are the kinds of studies that—

[01:10:00]

I work with the US Food and Drug Administration on vaccine safety, for instance. Those are very similar to the kinds of studies that I've done and conducted where the idea is to carefully match patients who've had the vaccine with patients who haven't as best you can, given it's not randomized. And then track them over time using passive data systems, like electronic health records, like medical claims. And then conduct this longitudinal analysis comparing the outcomes of patients who've had and who've not had the vaccine. That's essentially what those studies do. They're not perfect. They're not randomized. They're, unfortunately, the best we have.

Commissioner Drysdale
As a policy analyst—as you being a policy analyst, not me, by the way—my understanding of policy is when you examine issues or problems, you examine suggested solutions and, then, you try to understand how those solutions to that problem will affect the overall tapestry of our culture or our world in this matter. I mean, you know, we seemed to impose things that tugged on every fibre of our society. We locked people down. We isolated old people in old folk homes. We censored people. So we almost tugged on every single fabric of our society.

And my question to you then is, as a policy analyst, are you aware of any detailed cost-benefit studies on these things that were done in Canada or United States?

Dr. Jayanta Bhattacharya
No, none. And I think it was a malpractice, a public policy malpractice not to have done such a thing. Essentially public health acted as if all that mattered was COVID risk—and not just COVID risk but the spread of COVID—and adopted policies, tremendously destructive policies like lockdowns, like school closures without an eye toward any of the other so easily predictable social consequences and health consequences from those policies.

An honest and responsible public health considers both the costs and benefits, the harms and benefits from policies it recommends. It looks at public health holistically, holistically not in the sense that the World Health Organization only means it. Health is a very, very broad multifaceted thing. It's not simply the prevention of a single infectious disease. And

so, when you adopt policies that are aimed at simply the protection against a single infectious disease, you are almost automatically going to harm other aspects of health. And that's exactly what's happened.

Commissioner Drysdale
As a professional myself, I understand the importance of explaining to my client in terms that they can understand what exactly I'm talking about. You know, as a professional, yourself included, we can use all kinds of terminology that is normal to us that our clients can't understand. In this particular instance, and from what I observed, this was probably the most significant time where folks needed to understand what was going on in order to give informed consent. And you spoke a little bit earlier about efficacy and you talked about relative efficacy versus absolute efficacy. And you said, well, that was a reasonable thing to you as a professional. But what I'm asking you is— Do you think that the general public, when they were told that they [the vaccines] had a 97 per cent efficacy, understood the difference between absolute efficacy and relative efficacy?

Dr. Jayanta Bhattacharya
No, I don't. I think that a lot of times people use that 95 per cent number without actually telling people, as they should have, what the caveat is about that number. So for instance, I think the most important caveat is it did not measure 95 per cent efficacy against severe disease and death. It only measured efficacy for the first two months after the vaccination. Those caveats should have been told to the public at large.

You used the words informed consent. I think there was a mass violation of informed consent in the way that the vaccine was rolled out. The force applied to people to take the vaccines through the mandates: the social discrimination, the passports, and movement restrictions—all of that was a mass ethical violation at scale.

Commissioner Drysdale
Once again, as a professional, I'm trained to understand the difference between real risks,

[01:15:00]

weigh them against potential risks, and then decide on what an action is. And I thought what I heard you saying in a number of instances was that there were potential risks.

One of the previous witnesses talked about, and I apologize, I can't remember the name of the doctor who did the studies that said the whole world was going to die. Now, I'm exaggerating that point. And then, there were studies by Pfizer that followed their test subjects for two months and then injected all of the placebo groups. So there was no placebo group past two months. There were doctors coming on TV that were telling us that the vaccines prevented spread when there was no studies on that. So to me, those were all potential risks.

The absolute risks were you locked a child up in their bedroom for two months and they couldn't go to school and what the consequences of that might be. Or you took a dementia patient that we've heard testimony on in a number of instances where they just locked them up and abandoned them to die.

And I guess my question is— Is it not standard practice in public health or in the practice of medicine to understand the difference between absolute and relative risk and weigh those two things together and come up with an appropriate solution given those two different types of risk?

Dr. Jayanta Bhattacharya
In the public health world that I grew up in, I thought that was absolutely bog-standard. You would evaluate the evidence based on the quality of it: you'd prioritize high-quality versus low-quality evidence. You would try to understand the implications, the reasonable implications that could be drawn from evidence and not make inferences outside of what's reasonably inferable. If you had models, you'd check the models against reality to see if the models are actually doing well enough. You would think about a whole wide range of outcomes from a policy, not just simply the putative benefits of a policy but also the potential harms of the policy before you adopt it. All of these I thought were absolutely bog-standard in public health. And I think so many of those principles were thrown aside in the decision-making around COVID and COVID policy. It's been disheartening for me to watch as a public health professional.

Commissioner Drysdale
It almost seems that the fundamentals that we based our society on at almost all levels were ignored or trampled on here. You talked about censorship; you talked about public health, basic science. I'm a scientist, and in basic science, you observe something. You guess what you think it is. You do some testing; you develop a theory. And then you observe some more, and you take another guess. But science is a loop that keeps going round and round and round and round, the basic fundamental of everything in our technological life. And somehow, in this instance, we went around—we seem to have went around in a single loop. And then it became dogma. Is that something that you've observed before in your scientific career?

Dr. Jayanta Bhattacharya
Never. So my colleague, Martin Kulldorff of Harvard University, who co-authored the Great Barrington Declaration, at one point, I think in late 2020, he wrote that this was the end of the Age of the Enlightenment. And you know, at first, I thought he was being hyperbolic. But you know what? He was right.

Essentially, you had a scientific dogma, a relatively small, narrow-minded group of individuals with tremendous power who dominated the scientific life of the world for a time and didn't brook any dissent. When we wrote the Great Barrington Declaration, four days after we wrote it, the head of the National Institute of Health, Francis Collins in the United States, wrote an email to Tony Fauci calling me, Martin Kulldorff, and Sunetra Gupta fringe epidemiologists. And then calling for a devastating takedown of the premises of the Declaration.

I was subject to death threats, propaganda attacks, slander. I mentioned already the CBC slander, saying that I wanted to let the virus rip when, in fact, I wanted focused protection.

It was a systematic attack on the very foundations of science that operate exactly the way you say. You know, you have hypotheses. I would just add one thing to your excellent description of how science works with logic and hypotheses and experiment. It happens in conversation with others who disagree with you. In my experience in my scientific life, I've

learned a tremendous amount from people who disagree with me. It's how science advances. And when the disagreement results in an experiment where one idea is proved right and one idea is wrong, that's exactly how science advances. If you don't brook disagreement in science, you're not doing science.

[01:20:00]

Commissioner Drysdale
Yes, I mean, science is a combination of many minds, not one. And so that's the evolutionary process, if you will. If you're a single monolithic solution to a large problem, everybody's at risk by whether it's correct or not. You have multiple solutions and you have multiple opinions, you're protected. Thank you.

Shawn Buckley
Are there any more questions from the commissioners? There are, okay.

Commissioner Kaikkonen
When I think of the principle of content neutrality in defining the scope of section 2(b) of the *Canadian Charter of Rights and Freedoms*, as I recall, it's no matter how offensive or unpopular or disturbing a comment might be it still needs protection. But here we're speaking about a bias against truth. Can you comment?

Dr. Jayanta Bhattacharya
I have to say, in 2020, it seemed to me like the basic protections for free speech in the United States and Canada were essentially thrown away. The United States, the First Amendment seems to have made some comeback here. And I still have some hope that our lawsuit will succeed. I'm very worried about Canada. My experience in the Canadian lawsuits that I've been involved with—one in Alberta, one in Manitoba against the lockdowns, and then another in Montreal—I have seen very little inclination from the Canadian courts to protect those basic charter rights.

You're absolutely right. This is even more fundamental than somebody just saying bad words on the internet or something. Although I think those are free speech rights that ought to be protected.

What you have here is a fundamental suppression of scientific discussion. And it was a suppression both directly with direct censorship efforts but also by smearing and demonizing people who disagreed with the narrative. Credentialed people, doctors, scientists, where the idea was to—in the minds of Canadians just watching CBC—for them to think that, okay, these are the bad guys; the public health authorities who are making all these lockdown decisions are the good guys. And you should just ignore them because they're fringe, they're outsiders, they're somehow underqualified. Although, I mean, the key thing to me is that kind of idea is dangerous not just from a legal perspective—where you violate fundamental civil rights of peoples, which it absolutely is—but also from a public health perspective.

When public health authorities make mistakes, you have to permit dissent. You have to allow that kind of correction to happen. And if it's going to happen from the outside, where else would it happen if you have a monolithic public health authority that's speaking in one

voice? You can't simultaneously allow that public health authority then to control the organs of the media and allow it to demonize opponents, not with logic but essentially by drowning out or by de-platforming. But that's unfortunately what happened. And I think it harmed the health of Canadians.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Dr. Bhattacharya, it appears that the commissioners are finished with their questions and I'd like to just on behalf of the National Citizens Inquiry sincerely thank you for taking the time to share with us. Your testimony is greatly appreciated as we jointly just try to find out what happened and figure out how to proceed and heal as a nation. So thank you so much for your contribution.

Dr. Jayanta Bhattacharya
Thank you so much.

[01:24:03]

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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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 3: Deanna McLeod
Full Day 1 Timestamp: 05:43:22–07:18:47
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Wayne Lenhardt
Thank you, Shawn. I'm not completely up on your technology here, so this is going to be a virtual witness. Have we got that teed up, Shawn?

Shawn Buckley
Yep, she's right here.

Wayne Lenhardt
Oh, here she is.

Shawn Buckley
You start asking her questions, and she's good to go.

Wayne Lenhardt
Oh, there we go, yeah.

I have a CV for you, Deanna, and it's fairly impressive [Exhibit WI-7]. It goes back all the way to 1991 where you've published articles and done research and whatnot. I don't have your degrees though, so perhaps you could tell me what those are. And then we need to go through the little formality of swearing you in as a witness.

And it looks like you've got some interesting topics to share with us.

Deanna McLeod
Yes, for sure. So you asked about my educational background. So I studied at McMaster University, which is the home of evidence-based medicine and was trained as such. My focus was in immunology and cognitive psychology. So that's pretty helpful these days. And

I basically, instead of pursuing the degree of pre-med, which I trained for, or medicine, which I trained for, I actually shifted to the pharmaceutical industry and spent ten years there. So that's a little bit about me.

And did you want to do the swearing in?

Wayne Lenhardt
Okay, so the formality is, can you give us your full name? And perhaps spell it for us for the record.

Deanna McLeod
Sure. My name is Deanna McLeod. That's D-E-A-N-N-A. McLeod is M-C, capital L-E-O-D.

Wayne Lenhardt
Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth during these proceedings?

Deanna McLeod
I definitely do swear to tell you the whole truth to the best of my knowledge and abilities.

Wayne Lenhardt
I see that you've given us six topics that you'd like to cover. I think we have an hour to do that. So one of them is Pfizer six month data; second is safety surveillance issues; trial data for children; omicron boosters; and conflicts of interest. So I think what I'll do is just turn you loose to give your testimony.

The commissioners may have some questions. So if you're going to change topics on us, perhaps we could stop and see if there are any questions. And if not, then we'll just proceed to the end of your time.

Deanna McLeod
Okay, well, thank you so much.

Wayne Lenhardt
The floor is yours.

Deanna McLeod
Okay, great, thank you. I'm just going to share my screen here. Let me know when you can see it.

So the topic that I'll be addressing today— I believe I'm going to be testifying a few times, but the one that the Inquiry had asked for me to look into today, or the one that I wanted to pursue today, was a combination of conflicts of interest as well as the safety of the COVID-19 vaccines. And I believe that there's been probably a number of presentations addressing safety: Safety issues, maybe in the form of a patient, somebody who's been vaccine injured.

Or perhaps a number of very capable scientists who've come in and looked at adverse event reporting databases.

What I'd like to do is, I'd actually like to dial back a little bit. My particular expertise in the last 20 years has been in preparing evidence-based guidelines. My firm, which I started in 2000, works with clinical oncologists, people who treat cancer. And we work with them to survey the literature, analyze clinical trials, and prepare guidance documents in the form of either systematic reviews or clinical guidelines that basically help them guide therapy.

And so what we do is we apply the practice of evidence-based medicine. So we look at a clinical trial. We weigh the evidence. We survey the doctors that we're working with to see the degree of consensus. And then weighing a combination of the level of evidence and the degree of consensus, they'll make either a strong or a weak or not so strong recommendation. And so we're very, very familiar, my team and I, in weighing evidence and analyzing it.

And so what I'd like to do today is I'd like to take you through the evidence that these vaccines are safe because our public health officials have been claiming that they're safe. And also, interestingly enough,

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I know Shawn's on this call. I've taken a deep dive into some of the regulatory issues that explain some of the safety data that we've seen in the COVID-19 crisis, the COVID-19 moment. And so I'd like to have a conversation about the connection between those two things.

And at the very end, what I'd like to do is bring people's attention to the fact that Health Canada is proposing further amendments to the Food and Drug Regulations in order to expand the capacity to push through drugs like novel technologies, like the COVID-19 vaccines, via a back door that they created in 2019. And so what I'd like to do is just show you what a change in regulation means in terms of side effects. And then, maybe, loop back and talk about how the proposed extension to the regulations or the further proposed amendments, what that may mean for Canadians.

So with that very long-winded introduction, I'm just going to jump right into it. I'm going to call this regulatory responsibility.

I am not a lawyer like Shawn who is familiar with regulatory stuff. But we do consider regulations and the burden of proof when we're weighing evidence to prepare a guideline. And so I have a working knowledge of that area.

But one of the things that I'd like to emphasize right away is that our current system is based on testing to prove something. So in this context, when we're looking at the COVID-19 vaccines or perhaps the changes in the upcoming regulation, what we need to know is understand historically, especially as it relates to vaccines, what the standard for testing is. And so the standard for testing at the very top is anywhere between one to ten years. We surveyed the literature. And we basically noted that each step can vary in terms of its time. But in general, there's a sequence of steps that are always done in order to ensure safety. And so I'm just going to walk you through those right now.

The first one is in vitro and animal model studies. So that's called preclinical, so before clinic. Before it gets into people in the clinic, you do extensive animal testing. And some of

these tests can take up to three years. And generally speaking, you want to demonstrate safety in things that aren't human so that when you do proceed to humans in clinical trials, you know that there's a degree of safety. And that you know what to expect and what not to expect to some degree that you can then design your studies in order to be able to monitor potential safety issues. And so you test safety in cells, tissues, and animals before you move on to humans. And that has been one of the cornerstones of our clinical development process.

And so, when a regulator, Health Canada, wants to consider approving a drug, the pharmaceutical company or the manufacturer will submit a dossier of clinical trials. And they'll need to prove, generally speaking, that the preclinical data doesn't show any concerning safety issues. And then when they go to clinical trial, the ethics boards will allow them to go to a clinical trial to see— If the preclinical data is sufficiently safe or if there's no safety signals, then they'll allow them to go to a clinical trial. And they'll make sure that that clinical trial is appropriately designed in order to be able to monitor potential safety signals that showed up in the preclinical data.

So the other principle that applies when we're doing clinical research is you start with Phase I studies. And generally speaking, in my particular area, a Phase I study could have up to 20 patients in it. And so you test a new drug in a very, very small group of patients. And then you work your way up. A Phase II study could be 20 patients, could be a little bit more. Especially if it's looking promising, they might add it to about 80 patients.

And then a Phase III trial, depending on what kind of study it is, whether it's treatment or prevention, will have either hundreds or thousands or tens of thousands if you're looking to try a novel technology in humans that are healthy; so, you need to test it in a greater and greater and greater sample, depending on how many people and how healthy they are. Because what you want to do is you want to make sure that there's no risk of drug injury when you're looking at these particular drugs

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and whenever you're considering the data.

So the principle then is extraordinary caution and careful study over time in order to ensure that when you start to roll something out to the very broad population that all of the possible safety signals have been detected, not only in the short term but over time. And so you can see here that this band, vaccine development, has taken up to about 10 years at times. There have been rare cases where we've seen that time frame compressed to five years. A lot of people would say that that's a great success because they got a helpful vaccine out onto the market earlier. But every time we compress the timeline, we basically sacrifice or compromise on long-term safety. Because there's no way to figure out the safety of something in great detail and to fully characterize a safety profile if you've only done it in a short time. So that's one of the principles.

And so when Health Canada looks at a submission or a dossier that's been submitted for review, they basically look to make sure that each and every one of those steps has been carefully checked; that over time, there aren't any safety signals and that all the steps have been carefully done in order to be able to ensure at the end that you can say that something is both safe and effective.

And I was mentioning, too, that you want more study and more time when you're considering using something in a healthy population. And also, you would want to have

more study and more time when you're considering novel technology: novel meaning you don't know very much about it; you haven't used it in very many areas; we don't have very much experience with it. And also, you want to be able to be careful and more cautious when you're using high-risk products, products where there's a known adverse effects profile.

So with that said, there's Shawn. I actually put your picture in there, Shawn. Basically, this is something that he wrote that I read recently. And it's the test that you would need in order to be able to allow for a drug to be authorized in Canada. And so he's, of course, given many presentations on this. And so I don't really want to go into it much further than to say that in order to get authorization to market a drug in Canada, a manufacturer must meet the test that a drug demonstrates both safety and efficacy and that the benefits outweigh the risk. And so just with that in mind, that is our prudent, cautious, regulatory framework, which sets a very high standard and protects people from potential drug harm by having that high standard.

I just want to step into my particular area, which is this hierarchy of evidence. And this is going to make some people's eyes roll back. But it's very important to know that not all science is the same. And I know that through the COVID-19 pandemic and the COVID-19 crisis, you've got a lot of politicians sitting up and saying, "We're following the science. If you don't follow the science, then you're, you know—fill in the blank." But it is really, really important to know that not all science is the same: not all studies are the same, that you have different types of clinical trials and different types of studies. And each study can do different things.

But there's only one study that can ever prove something and that's the gold standard, that's a randomized controlled trial. And it's considered Level 1 Evidence or the highest level of evidence. And so what we want to see and what we look for when we're setting guidelines is Level 1 proof that something is safe and effective.

So what that means for us is that you have an investigational agent that's been compared to a standard of care. The comparator is very important, ideally. And that it shows that it improves outcomes for clinically meaningful benefit. So for instance, if you want to try and save lives, something that makes your skin clear is not going to be a clinically meaningful benefit. Or something that works for a short time, but doesn't work in the long time, that's not going to be a clinically meaningful benefit. So you want to make sure that the study is properly and appropriately designed to show a clear benefit in an area of clinical benefit.

So, with that said, Health Canada, generally, at least in the area that I work in, in cancer,

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relies very, very heavily on Level 1 Evidence in order to seek approval. There are very few circumstances when they'll give access to a drug or market access to a drug for less evidence. And then there's lots of follow-up that's required in terms of safety monitoring. But generally speaking, Level 1 Evidence is the standard that is used to ensure that any product that enters the Canadian market is both safe and effective and the benefits outweigh the cost. And that is really rooted in the Hippocratic Oath, which is to first do no harm.

And there was a time at which there was considerably more deregulation, where regulations were much more flexible. And basically, a drug called thalidomide was promoted. And that drug basically was intended to help relieve morning sickness for

mothers. And it was considered safe or it was purported to be safe. It was approved and given to a large number of women, so it was widespread use. However, it hadn't been proven safe. So when these babies were born, they had limb malformations. And so that led to considerable regulatory reform in Canada, U.S., and the U.K. and the establishment of the precautionary principle: being careful, overly cautious when it comes to drug approval so that we avoid any undue harm, as in these children who were born with unusable, at times, arms and legs.

So I'm just going to shift gears and talk about biologics. We deal with biologics all the time. And they basically are types of biological products that are used, at least in the area that I work with, to treat cancer, for instance. So they can target a given receptor or a small molecule that acts to shut down a pathway or turn on a pathway, depending on what we want to do in terms of treating cancer.

But one of the things that is very, very clear when the biologics first began to be used, almost two decades ago, was that considerable caution needed to be applied because it is understood that the risks related to these drugs can be serious and life-threatening. So biologics would be classified as high-risk drugs. And therefore, the burden of proof needed to ensure safety is higher than, for instance, a drug that has very few side effects.

So then, an abundance of caution basically characterizes our approach to biologics. And of course, in cancer we have the desire to help people because sometimes they have advanced cancer that might very well progress and result in the death of the person who has it. So then, what we want to do is we definitely want to experiment in considering novel technology or new biologics because they have such promising outcomes. But at the same time, the last thing that we want to do is add to the burden of disease of somebody who already has cancer. And therefore, there's an extraordinary push to make sure that these biologics are safe before use. And I've added a little bit of a note there, including gene therapy.

So gene therapy is one of the highest-risk biologics that there are. And the FDA basically requires that up to 15 years of long-term safety study be used when looking at gene therapy. That was the standard that was set out by the FDA, and it has been set out. And so in cancer treatment, there are a few areas where gene therapy is being developed. However, because it's so risky and because the safety profile can be very diverse, difficult to detect, and that safety issues can happen long term, it hasn't really moved forward in any considerable fashion. And so again, when we're considering the precautionary principle, the area where we should be the most cautious would be if we're using something like gene therapy, which is one of the riskiest or highest-risk biologics,

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in populations which are otherwise healthy.

So I just want to talk about a loophole that I discovered in reading a number of different papers recently. And this is the one that Shawn has mentioned at different times. But a loophole was created in our regulatory framework where the standard is that you prove safety, efficacy, and that the benefits outweigh the risks. Probably as early as 2016, a powerful advocacy group started championing for changes to our regulatory framework in Canada. And this is a paper by Ruhl. It provides this amazing timeline where there was an Advanced Council for Economic Growth [Advisory Council on Economic Growth] that was founded by our standing government in 2016.

And so the mandate of that economic growth group, think tank, was to basically figure out how you could grow the Canadian economy. Out of that particular think tank came six what we would call economic strategic tables or economic tables. The health and biosciences and economic strategy table is one of them. And the goal of that particular group was to sit down and say, how can we grow the health and biosciences sector in Canada?

So I just want to mention to you, at this point, that this has nothing to do with regulation and clinical treatment. In the sense that it is the pipeline for novel treatments, but the goal here is an industry, for-profit, motivated group that is basically now going to say, well, if we want to attract investments to Canada in the health and biosciences area, if we want international groups, global entities, to invest in Canada in our economy, then we basically need to initiate these conversations. And in the conversations, one of the things that came forward was that Canada has these pesky little barriers to innovation called high standards and high regulatory standards. And then basically, this group put out a report. And the report was designed to basically revamp or create a loophole in our regulatory framework that would allow novel therapies, as yet fully undescribed, not fully characterized, to get through a back door in our regulatory framework.

And so the pathway for creating this loophole was basically introduced through an omnibus Bill C-97 that was pushed through at the 11th hour in December 2020 by our standing government. And basically, the goal of that particular bill was to allow for an exception clause. It's like a loophole, an exception, a back door whereby the minister could designate certain drugs as exceptions to the rule. And that they could go through a different type of pathway. Not that 10-year pathway that is so pesky and a deterrent to innovation in Canada, but a pathway that is allowing them to do a number of changes. I'm just going to say what they are: so adaptive clinical trial design is one of them; rolling reviews, which is taking early looks and considering approvals based on early data; and the last one would be changing the terms and conditions of authorizations. So those are kind of three crazy words.

What happened shortly after the passing of that particular bill is that late in March 2020, the data for the COVID-19 vaccine was ready. And so the minister of health issued an interim order that enabled the COVID-19 vaccines to access this expedited pathway. So there were at least two orders that I identified. The first one was authorizing the change to clinical trials. So that's the adaptive clinical trials.

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And the second one was allowing them to start with rolling reviews. There were a few others, for instance. But I don't think that they relate so much to the safety issue, so I won't get into those too much. So basically, what that did is it allowed them to fast track this COVID-19 vaccine, clearly because there was a perceived public health emergency, so that they could get this novel technology, this novel therapy, onto the market to, of course, save lives.

So that's the little bit of backdrop behind that.

So this is the Honourable Jean-Yves Duclos. I've just put his brief bio up there. It's nothing too much. But I want to emphasize that Yves Duclos does not have a medical background per se, but that he is an economic expert. And one of the things that we need to consider when we're looking at guidelines is we're always very, very sensitive to what we would call a conflict of interest. And a conflict of interest is when somebody who has something to gain potentially financially, politically, career-wise, influences a guideline or a

recommendation process or participates in the development of something that would then lead to them profiting long term.

So we've already learned that our government had an intention to grow the economy and that that was the impetus for regulatory reform. It wasn't because our regulatory system wasn't doing a good job keeping people safe. It was because it was a corner of the government that basically wanted to grow the economy and wanted to attract investment from global entities. And therefore, at the behest of that group and those people who are going to profit from these regulatory reforms, Mr. Yves Duclos, who's an economic expert, basically allowed the process of regulatory reform to actually begin. And he's the one that issued the interim order that allowed the first product to go through this new framework and access this pathway of expedited review. And this is a little bit of a—

Wayne Lenhardt
Could I just ask you a question, please?

Deanna McLeod
Sure.

Wayne Lenhardt
Was there any mechanism for fast tracking this type of a vaccine prior to Duclos doing this?

Deanna McLeod
That's a really good question. So in my particular area, which is cancer, there is something called an NOC/c, Notice of Compliance with Conditions, which is kind of like this pathway. But it's used very, very exceptionally and only in small groups of people with very rare diseases where there's no other option.

Wayne Lenhardt
Okay, was it ever done in the past, or was it ever used in the past?

Deanna McLeod
So the Notice of Compliance with Conditions has been used for rare diseases in the past. But this particular regulatory loophole, this back door that was created, the COVID-19 vaccines were the very first novel, or what they would call "advanced therapeutic," to move through this system.

Wayne Lenhardt
Yeah, the timeline is fascinating here.

Deanna McLeod
Yeah, it is.
So this is just text from the announcement about this advanced therapeutic pathway that they created. And, you know, small text, and we don't have a lot of time. But I do want to highlight a few things.

So one of the things is they want to ensure high standards of patient safety, product quality, efficacy, and effectiveness. So that's stated in their, uhm, thing. But before the safety bullet, you can see that they want to maintain an appropriate yet flexible, i.e., being able to lower the standard or increase the standard, depending on what they would like to do, regulatory oversight. Or maybe we'll have some oversight, or maybe we won't have some oversight. So the flexibility and oversight are the things that are emphasized here.

And then the second one, which should be very concerning to everybody, is the second bullet point to promote innovation. So that is not a health-related outcome, whenever you're considering that the impetus for this change is because there's a group of people in Canada that basically want to increase their profits and draw business to Canada.

Now, in the actual document, and I don't have that here. One of the things that they say is they want to— This flexible regulation, what they're saying is

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they want to move beyond. "Beyond" meaning, they want to do away with the gold standard randomized controlled trial. So we need to translate that and say, "We don't want to have to prove that something is safe and effective or that the benefits outweigh the risks when we're seeking authorization of our products. We want to be able to move our products through, and we want you to give us a regulatory nod, even if we haven't proven them to be safe and even though the benefits don't outweigh the risks."

And I want to highlight the last one: Reduce barriers to bringing ATPs to market. So the barrier that they're referring to is they say, "We want to reduce the regulatory standards that we need to bring these advanced therapeutic products to market in Canada." And when they position it as— We want these products to get to patients in need, faster, right, and so, they put themselves in the position of champion and people who are life-saving. However, one of the things that everybody needs to understand is that the difference between early market access and late market access for a pharmaceutical company can sometimes be billions of dollars. So, if you can think about the billions of dollars that were earned by the COVID-19 vaccines by the pharmaceutical companies before they actually even received regulatory approval, will give you some reason why this would be in the interest of pharmaceutical companies.

And I also want to just pause and mention that, you know, when we were thinking about the cancer patient—so even somebody who has a very severe disease—if you push through a novel therapy and it's harmful, then you haven't helped that person at all. What you've done is you've added to the burden of their disease by adding adverse events or injuries to **the burden of the disease. And so that is not helpful at all. The only way that we can actually help somebody is if we prove that what we're giving them is beneficial and that the benefits outweigh the harms. And that even then, if there is a risk–benefit ratio that that is clearly articulated to the person receiving the agent so that they can make an educated and informed choice about whether they feel that it's warranted or not. That's not something that can be imposed by somebody else.**

So just to finish up on this particular slide regarding this advanced therapeutics pathway that they initiated. What they're asking to do is they want to prioritize innovation over safety. So you can see that innovation over safety. And they want the safety standards to be flexible. They don't want to have to always prove safety. They want to kind of, maybe, put something through and then just hope for the best, or something like that. Or, maybe, you

know, try and figure out a way to measure safety after people have been injured or to assess the degree of injury and then make safety calls. So it is really, really important to say that there is absolutely no way that you can be helping people if you're pushing through unsafe products, and especially, because it profits pharma.
So let's take a look at these products that they push through, the first one that they push through in this particular pathway. So again, whenever we're thinking about how rigorously you want to review something, how rigorously you want to study something, the degree of the standard that you want to set in order to put something through, you need to think about the nature of the product.

So I have here that the COVID-19 vaccines are genetic therapy, gene therapy. They're basically things that teach your body: They introduce mRNA, which is basically like an instruction manual. That mRNA gets delivered through these little lipid nanoparticles into your cells. The lipid nanoparticles are designed to go everywhere in your body and to cross protective barriers that your body has there for a reason so that things can't get into there. And then they introduce these instruction packets into your cell. And they teach your cells to produce a known pathogen. A pathogen means something that is known to cause disease, which is the spike protein.

So it basically introduces a pathogenic protein into healthy cells. And when your cells, basically, express this protein, it goes and sits on the outside of the cell. Then your immune system sees that cell and says, "This is a foreign cell. I need to basically attack that cell." So basically, what it does is, it is something that's engineered to cause your body to attack healthy tissue.

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It would be very hard for me to understand how this could be helpful for anybody who's healthy. However, that is the nature of the product. It's a biologic product that is basically introducing mRNA that causes your body to produce harmful proteins.

It was known before in the early data that, and we also know this for sure now, that even in the very, very early studies that this could cause clotting. And it is very easy to measure clotting or the potential for clotting in the blood before clotting actually happens, called a D-dimer test. We also know that it causes inflammation.

So based on all of these things, what we should have been doing is putting this into extensive years of testing to ensure that we can produce something that is very safe by careful study. So careful study. Then at the end, when it passes the test, then we can call it safe.

However, what they were able to do is they've changed the test for approval for this particular thing, for approving the COVID-19 vaccines. And now, you only have to have sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks. So there's a little bit of word gymnastics there, as Shawn has mentioned many times over. That now, you don't actually have to prove safety or efficacy: remember flexible studies, flexible standards. You just have to produce some evidence that would support that conclusion, so the bar has been dramatically lowered. And this means that now, potentially high-risk, unsafe products, under-tested products, are going to be hitting the market and being delivered to people.
The thing is a public health need. And of course, there's no objective criteria to say what a need is. And anybody can generate a need for something, depending on how strong the media campaign is. And, in fact, a normal part of a marketing process is to develop need, to

highlight the need of your particular drug. And that's, you know, in the clause here. So it doesn't actually have an objective standard. It just has a subjective standard of need. And this is straight from Shawn's excellent presentation. I recommend everybody look into his work.

Basically, there was a clause in section 2.1. And I read this, this morning, and I thought was really interesting. It basically prevents the minister from revoking the authorization. So they're going to lower the standard to this potentially high-risk, novel biological therapy. They're going to give it to healthy people because it's a vaccine. That's what that means. And then, they're going to make it so that they can't pull it off the market. And in addition to that, leading up to this particular interim order, they had actually given the vaccine manufacturers indemnity, meaning you can't actually sue them if they were found to be harmful. So I don't understand why somebody who is priding themselves in the ability to brew safe therapies that are going to help people would need to have indemnity. So that would make me think twice right away.

So let's just take a look at the COVID-19 vaccine and the development sequence. So you can see here that whereas the norm would be 10 years at the outset— And we're going to be trying a novel biological therapy, high-risk, with known adverse events, then I would say that the appropriate thing would be 10 years if not following the FDA guidance of 15 years of testing. But what this interim order allowed them to do is go in the back door and do one year of testing. And what that meant was they did minimal preclinical testing, meaning they didn't take very much time to figure out if it was going to be toxic to humans before they threw them in clinical trials and started experimenting on them.

I'm not sure who the ethics review board was that allowed that. But that's what happened. They were able to combine Phase I, II, III trials. So you know, this step here: the Phase I/II was combined. You can see that here. And then basically, the Phase III studies were conducted for about two months or so before they took a sneak peek at the data. Which is what you call a rolling review. You can get an early look at the data, preliminary data. And then they basically were able to make a call as to whether to authorize it, which they did after two months of study in clinical trials, in a randomized context. Then they dismantled the clinical trials.

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We'll get into that in a little bit. And now they've been allowing these drugs to be used by people without any active monitoring. I'll get into what active monitoring means in a little bit.

But just a couple notes on the preclinical testing and what you'd want to see and what was done. So what you want to see is preclinical testing on two appropriate animals, so two animals that are similar to humans in the main mechanism of action. So that would be here, with the similar ACE2 receptor expression because that's the little receptor that the virus gets through. So here, instead of having two appropriate animals, they use two studies on rats to do a toxicology, meaning, is it toxic to the cells or is it toxic to the rats?

And some would argue that rats were not the appropriate match for humans and, therefore, would not have given a very good assessment of what safety you could expect in humans. And so some would critique that the only preclinical studies that they did was those toxicology studies. And then they did some about effectiveness of the drug.

But in terms of safety, they did the toxicology studies. But they didn't do it in the right model. And they should have done it in two different models. And the other really important test that you want to do before you start experimenting in humans is something called reprotoxicity, meaning they want to figure out if it's going to be toxic to your reproductive cells; teratogenicity, which means, is it going to cause deformities? Genotoxicity: is it going to affect your genome, your DNA? And oncotoxicity: is it going to cause cancer?

And so, of course, when I was looking at the data, I was very cognizant of the fact that they didn't do any oncotoxicity data. So they're using a biologic, which we use all the time to— We know that biologics can either activate or deactivate cancer pathways. But they didn't bother to test whether this agent could activate biological pathways, cancer-causing pathways, before they rolled it out. Before they started testing in humans. And even to this day, I don't think that there's any oncotoxicity studies that they've used. And so we may not know. But the key thing is that the reprotoxicity studies and the teratogenicity studies were ongoing at the time of authorization.

So not only did they—the authorization of clinical trials—they basically allowed them to start testing things on humans before they actually did the proper assessments to make sure that the products were safe. And to my knowledge, at least at the time when they started rolling it out to the general public, they hadn't done the genotoxicity studies or the oncotoxicity studies. So I don't know how carefully they've looked at this issue of whether these vaccines can be causing cancer before they started rolling it out to healthy people. And that is a really big issue.

So let's take a look at the study that they designed. And one of the things that you need to remember is just because you do a randomized controlled trial, doesn't mean it's a good randomized controlled trial. And it is only as good as how it was designed to assess the data. And I just want to highlight a few really key things that are really important.

So we know that COVID-19 is really a disease that affects the elderly and the immunocompromised and maybe people with comorbidities. And they tested this particular drug in people who were healthy. So you cannot get any sense of whether the drug is going to be toxic to a frail elderly person or a person with comorbidities if you're testing it in healthy people. So the only data that they had when they rolled this out was data in healthy people. And so, therefore, they rolled it out to high-risk groups with very, very little data. They had some elderly patients. They had a very small part that had comorbidities. But for the most part, it was untested, completely untested, in high-risk groups based on the Phase III trial that they used.

I'm not going to get into too much more. All that I want to do is I want to say that the only measurement that they used, the ultimate measurement, was basically, did it produce antibodies seven days after the second shot? So that's called a point-in-time analysis. And so the benefits of the vaccine were only ever measured in one point of time. And nobody knows if they were helpful or harmful leading up to that point in time or if they were helpful or harmful after that point in time.

So, to approve a drug based on one time point is outrageous.

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And in terms of safety, they only actually followed people up for about two months. So the safety data for all the people hadn't been actually even collected and organized by the time they wrote their first report. And based on that preliminary safety data— Remember that I

would have wanted to see 15 years of study for a novel technology like this, and they have two months. Well, let's just say a year, and their randomized controlled trial, which is the only way to prove safety, was ongoing for two months. So this is what this interim order allowed them to do. It allowed them to take a sneak peek at this early data. And then basically say, "The house is burning. We need to approve this drug and get it to people so that we can save lives," all the while pushing through an extremely high-risk biologic. And giving it to healthy people.

Now this is just a little bit of the profile of the people that I would have been looking for. I would have wanted to see extensive testing in these groups. So again, we talked about the fact that they tested the wrong population. But I would have wanted to see testing in people with comorbidities. Because we know that if this particular agent activates pathways for inflammation, then people with comorbidities, which generally have high inflammation backgrounds, might have more side effects than, for instance, other people. So I would have really wanted to see a lot of good, careful study in people with comorbidities.

Teens and children: I would have wanted to make sure that this is not going to cause cancer and that this is not going to cause infertility in this group of people. So I would have wanted to see extensive testing in small groups of people before we rolled it out.

Pregnant women/babies and being developed: Extremely sensitive time of life and any significant changes during that time could cause considerable long-term harm. I would have wanted to see extensive safety testing. They weren't even included in a randomized controlled trial.

The frail elderly: Almost anything that's toxic could kill a frail elderly person. They were not well represented in the trial. And then, these were rolled out en masse indiscriminately in our long-term care facilities as a means of protecting them. So we're giving potentially harmful high-risk agents to frail elderly people.

And then again, the COVID recovered: Because these people's immune systems have already been activated and can identify the pathogen. So it would be reasonable to think that they're going to have a stronger immune response.

Again, we've talked about the preclinical. They didn't do the oncotoxicity, the repotoxicity, the genotoxicity. So how we could ever even conceive of giving these to people of childbearing age or children is beyond imagining. Again, the standard based on the FDA's own guidance is 15 years of testing. We did seven months.

And what I want to talk about now is that, again, we knew that there would be cardiac harm. So we could have been measuring troponin levels to see if there was any type of damage to the heart at a subclinical level. We knew that coagulation was a problem. So we could have been looking at D-dimer levels. We knew that inflammation could have been a problem. So we should have been looking at the C-reactive protein. These are all ways of measuring to make sure that people are not being harmed. But these were not done in the clinical trial. So what that makes me understand is that these people didn't want to find a safety signal.

Again, seven days. So reactogenicity, which is the immediate reaction that you get after a vaccine, and that was the only very careful monitoring that they did. And they only did that for seven days. So why did they only measure it for seven days? Why didn't they measure it beyond seven days?

How do we even know what happened after seven days? How do we know that there's not toxicity that shows up a month later or six months later? But the careful scrutiny only really happened for seven days.

So again, what that tells me is they didn't want to. This is a study that's designed not to find safety issues. They monitored severe and serious symptoms. So if somebody reported something and said, "Hey this happened just after the shot," then they would monitor that. But that's different than actively monitoring them where you solicit things: "Did you have any cardiac problems? Did you have any inflammation process?" et cetera, et cetera. So they weren't actively engaging the patient to find out if there were anything above and beyond just immediate flu-like symptoms.

So again, the moment they approved the vaccine, they basically dismantled the randomized controlled trial. This is a trick that people use in order to be able to, again, hide any type of long-term safety issues,

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by dismantling the placebo group. Which means that you unblind the trial, and you offer the placebo group the vaccine. You then send everybody over, and I think that it's up almost 89 per cent of the people in this particular trial went over to the vaccine arm and proceeded on. So then basically, what they did is they dismantle; that's like hiding the evidence. There's not going to be any evidence that there's going to be long-term safety issues.

So I mean, I have no idea what's in the mind of these people who designed this trial. But if I were designing a trial where I wanted to hide the bodies, where I wanted to hide safety issues, this is exactly how I would do it. I would make a decision based on early testing, dismantle my clinical trial, and only do the bare minimum of safety testing and reporting in order to be able to move my product through.

So let's take a look at the side effects profile again. So this is seven days after the second dose, and this is the Moderna vaccine. Now the safety profile for the Pfizer vaccine is practically identical, so I didn't bother putting that in here. But I just wanted to show you that these adverse events here—adverse events are the side effects that happen, fever, headache, fatigue, myalgia, arthralgia, nausea and vomiting, and chills—those are the symptoms of COVID.

So the reason why we're giving the vaccine is so that people won't get clinical symptoms related to COVID, so COVID-like symptoms. However, in giving this vaccine, they basically **cause COVID-like symptoms. They cause the very thing that they're trying to avoid from a clinical perspective in more than 75 per cent of the people who received it. And of those people, 55 per cent of them got so sick from receiving this vaccine, this genetic therapy, this biologic, that they couldn't carry about their daily activities. So more than 50 per cent of the people that got this particular drug after the second dose were so sick they couldn't carry out their daily activities. Fifteen percent of them, they were basically lying in bed and unable to move. They were completely prevented from carrying out their activities.**

So you take healthy people, especially people who don't have comorbidities and aren't elderly. You take healthy people who can easily get through COVID, and you cause 55 per cent of them to be so sick that they can't carry out their daily activities and 15 per cent to be so sick that it prevents them from carrying out their daily activities.

So when we're looking at biologics, when we're studying them, we always look for the red. The red here, it's called the Grade 3 toxicity. And if you have a Grade 3 toxicity, you judiciously, you very, very, very carefully only ever give it out to people who it's been proven safe in. And you would only give it to very high-risk groups where the risk–benefit ratio is highest.

However, with a drug that we know is causing the very thing that it's saying that it's being given to prevent and that it's causing a severe manifestation of it in more than 50 per cent of the people, they actually called this safe. And the way that they got away with that is because they didn't call it a clinical outcome. If we were looking at clinical symptoms as a clinical outcome, we would have said, "This is causing COVID-like symptoms. This is causing the very thing that we want to prevent." What they called it was reactogenicity by adding a creative label to it, just saying it's the thing that happens after you get the drug. Everybody said, "Oh, reactogenicity. We don't need to worry about that." But in fact, the reaction to this drug is so severe that I would have written a strong cautious recommendation in a guideline that we would be developing, saying that this should not be given to anybody who's frail or elderly or anybody who is concerned.

So the fact that they started giving this to healthy people, including people of childbearing age and teens and children, is incredible. So just to note, this is what they were doing. So severe adverse event interferes with daily activity, requires medical care and an ER visit or hospitalization. So this is what somebody looks like if they've had a severe reaction. A serious event as described in this particular thing requires inpatient hospitalization, was life-threatening, resulted in death, or persistent disability. So we know that 15 per cent had severe adverse events.

But I want to take a look now to see what the data tells us in terms of immediately after they had severe adverse events.

But whenever you look at everything altogether, the solicited and the unsolicited adverse events, the vaccines were purported to be very beneficial

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because they said they were 91 per cent effective. That's a relative risk change. It's basically just the difference between two numbers. It's definitely not that meaningful whenever it's a preliminary study that's only two months along and you're only looking at one point in time. But what makes it really not very interesting from a clinical point of view is that the absolute change between the two groups was only about 4 per cent. So even at six months, which is what this data is, only 4 per cent of people even benefited from that vaccine.

But ironically speaking, if you were to consider the side effects profile that we know, the difference between 850 [placebo arm] and 77 [vaccine arm] were the people who didn't get COVID. But everybody in the vaccine arm pretty much got COVID-like symptoms. So you know, it's a little bit of a shifty, tricky little thing that they did there.

But what I'd love to bring your attention to here is treatment-related adverse events. So this is an adverse event. So something bad that happens after you get the vaccine or the placebo. And it could be from the disease or it could be from the drug. It doesn't specify. But well, this one actually is from the treatment.

And what they said is that in the treatment arm, 5,241 people received an adverse event from the vaccine versus 1,311. So basically, they're lowering the chance of getting COVID by 91 per cent. But if you use the same metrics that they use and do the relative risk change, they actually increase the relative risk of treatment-related side effects by 300 per cent. So they're basically taking healthy people, and they're causing them to have an adverse event. Whereas the decrease, the benefit, was 4 per cent, the increase, the risk, is plus 18 per cent. So if we were holding to our traditional means of following this, the risks grossly outweigh the benefits for this particular vaccine. And that's just looking at any old adverse effect.

If we look at severe adverse effects, let's go back. It's a 75 per cent relative risk rate increase and a plus 0.5 per cent absolute risk increase. And severe, remember that's somebody getting so sick that they can't carry out their daily activities.

And serious, I'm just going to tell you again what serious means: inpatient hospitalization, life-threatening episode, results in death, or permanent disability. You have a net increase between the two arms. Now if COVID was so dangerous that it needed to be treated and treated in everybody, then the serious adverse event, serious outcomes, should have been higher in the placebo arm. And we should have seen lower in the vaccine arm. But what this is telling me is that this vaccine is more toxic, or the manner in which we're doing it vaccinating healthy people with this toxic substance, is causing more harm than good.

I just want to be sensitive to time. So I'm just going to move it along a little bit.

They also looked at deaths. So deaths before they dismantled the trial were 15 [vaccine arm] and 14 [placebo arm]. So again, you would have to say that that's comparable. So you could never argue at the time that this was authorized that this was saving lives because it was comparable between the two arms. But what's really concerning is why— I mean, if you have healthy people and you're measuring this six months later, and one arm is getting COVID, which is deadly and they die, I mean that would explain why you have deaths on the placebo arm. But why do you have so many deaths in the vaccine arm in healthy people after six months? That's unusual even in a sample of 40,000.

If we look at deaths after unblinding. So after they invited these placebo group people to come over to the vaccine arm, there were five additional deaths for a total of 20 deaths on the vaccine arm and only 14 in people who'd received the placebo, after six months.

And again, this particular part here, where they talk about the five additional deaths. Instead of making that very obvious and bringing it into the text and reporting on it in their conclusion, which is what they should have done if they wanted to make sure that they were being abundantly cautious and protecting people, they should have basically written that up in the front and included it in their conclusions. But instead, they buried it in the **text.**

One last thing that I want to highlight is if you look at the deaths, the cause of deaths, you can see that there were those from a cardiovascular nature. There were nine cardiovascular deaths on the vaccine arm and five on the placebo arm. Now you can't conclude anything clinically from that. But what I would have said is we need increased monitoring for cardiac problems moving forward and that this should not go out without more careful study.

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And yet, what we did was we rolled it out.

So again, if we remember what our test is and what the conclusion of the study is— So I've walked you through the Phase III trial results. So our traditional regulatory system would mean that we'd have to prove safety. So we haven't been able to prove safety because the study actually proved the opposite.

And yet here is the conclusion of the initial paper from the *New England Journal of Medicine* that was used as evidence to support the conclusion that the vaccines were beneficial. It says, the "two-dose regimen of the Pfizer vaccine conferred 95 per cent protection against COVID-19 in persons 16 years and older. Safety over a median of 2 months was similar to that of other viral vaccines." So they didn't make any safety statements. They just sidestepped that all together. They didn't prove safety. In fact, what their study did was disprove safety, but they failed to actually highlight that.

So I just want to talk about something called risk management plan.

Wayne Lenhardt
Could I ask just two quick questions here?

Deanna McLeod
Sure.

Wayne Lenhardt
This data looks very similar to I think what they came up with in the U.S. Were there separate studies done in Canada, unique studies here?

Deanna McLeod
That's a really good question.

So again, remember how we were talking about global pharmaceutical companies. Basically, they have global pharmaceutical companies developing these products. And then, basically, our government wants these global pharmaceutical product companies to invest in Canada. They need that in order to spur on this bioeconomy, this innovation that they want to do here in Canada. And so the whole impetus for changing the regulatory framework was to allow more innovation or more investment or to give more leeway to these large pharmaceutical companies. And interestingly enough, it's those very same large pharmaceutical companies that are asking us to lower standards of regulation that designed this trial.

Wayne Lenhardt
Well, that was going to be my next question. I mean, the Canadian government has spent billions and billions of dollars buying these vaccines. And my understanding, I think, is that they're coming from somewhere else. They're not being produced in Canada.

Deanna McLeod
No, this is not helping the economy whatsoever.

Wayne Lenhardt
I'm sorry?

Deanna McLeod
This did nothing for the Canadian economy, except for burden our healthcare system with vaccine injuries, which is probably going to hurt our economy in the end and perhaps destabilize our health system, I would argue.

Wayne Lenhardt
Okay.

Deanna McLeod
So I just want to continue on. And I want to talk about something called a risk management plan.

So again, the normal pathway is that you have a randomized control trial, that it is continued right to it's full— That it's completed. That it's well designed. And it's designed to prove something that's clinically relevant and completed. And then, at that point, they submit their dossier with all their complete safety results, their complete efficacy results. And then the regulatory official starts to evaluate it. And basically it authorizes them or not, based on whether they meet the test that Shawn has described previously.

This alternative pathway, this back door that they've created, this advanced therapeutics pathway, basically says we want flexible regulatory framework, which means, "I want to do away with this standard of needing to prove it. And I want to be able to move forward to market despite whether I've proved it or not. And what I'll do is I'll do extra surveillance. I'll just do extra study for these. And we'll do risk management plans in order to be able to ensure that people are safe."

So what I want to do is I want to look at some of these risk management plans that are available and what they look like when we looked at it with COVID-19.

So now, I've just got my evidence metre here again. This is my Bible. And so what we're going to be doing is we're going to be moving from the realm of what you can prove, which is up here, Level 1 Evidence, and we're going to be moving down to an area here where we can really only make observations and identify associations. We can no longer prove anything.

So I just want to say from a pharmaceutical point of view, if I'm somebody who is a very rich pharmaceutical company and I want to make money, what I want to do is I want to push the burden of proof down the ladder. Because these studies here are very easy to game.

[01:05:00]

When I say game, it's that it's easy to design them in a way that you can actually get them to say what you want them to say. So you can manipulate the people that you allow into your analysis. You can manipulate the way that you monitor it. And then you can manipulate the

way that you sample different people in order to be able to make the results look the way that you want them to look.

And so what they did was they basically said, "You know what, we'll do more of these trials if you allow us to market so we can make lots of money by missing this one. So basically, preliminary data from this one. And then, even though it showed that it was not safe, we'll do lots and lots of studies." So you can see that there's tons of observational trials done on the COVID-19 vaccines. And you know, they'll say, "The effectiveness is this or the safety is this in this population." But interestingly enough, none of those trials can be used as evidence to prove safety. But that's good for the drug manufacturer because they can't be used not to prove that it's not safe.

So what you do is you let them out. And then, now, the burden of proof has shifted from the manufacturer that was needing to prove safety to now the public that needs to prove that it's not safe. So the one making all the money that has the ability to run the design, the trials, is no longer needed to do those safety testing. And the public who has no money and doesn't have the money to run a clinical trial, a randomized clinical trial, to prove that it's harmful, basically, are unable to do so. So it's brilliant from a pharmaceutical point of view if you basically want to make sure that you are never called to order in terms of your safety. But it basically puts the public in a very perilous position.

So this is a crazy-looking graph, but I'm just going to walk you through it. So these are the different types of studies again and their ability to figure out safety. There are the different ways that you can monitor safety after a drug has been out on the market, or just period. So this one is the randomized controlled trial. And so, if you recall, we just looked at the data. And this is data from the Pfizer vaccine here from Thomas. And it basically showed that 70 per cent of the people that get the Pfizer vaccine are going to have some sort of adverse reaction to it. Five percent of those are going to be severe. Remember, severe is like it makes it so you can't carry out your daily activities.

Now there's another way of monitoring something. So this is active monitoring. It's where you're actively looking for the side effects. You're carefully looking at the person. And that's called prospective active monitoring. And when you do that, you find out that 78 per cent of the people actually are getting side effects from this drug.

The next thing is v-safe. So they basically say, we don't want to do this [prospective active monitoring]. And of course, they don't want to do that because that's the best way to find out what the side effects are. "We want to be able to do something else. We want to have a registry where we'll give the person their shot, and then we're going to send them off. And they'll have a phone. And then they can look at their phone, and then they can basically report any type of adverse events that they have." So when you do that, which is active monitoring, you get 71 per cent of side effects. So it's capturing most of them. But you don't really catch many of the severe ones.

If you look at unsolicited, meaning that you just don't even tell somebody—if they just come and prompt you. Like you don't prompt them, they prompt you to say that they've had an adverse event. You only get 30 per cent. And again, that's within a clinical trial. So this is solicited and this is unsolicited.

What we've done in Canada is we launched these vaccines, and then we basically said, "We're going to rely on our passive surveillance system." Passive surveillance system is a system that's available that if you have an adverse reaction, then you've got to remember you had that adverse of reaction. It's got to be so bad that you go see your doctor. Then the

doctor has to spend an hour to fill in a form. And then that form gets screened by who knows how many people in between. And then that adverse event gets deemed as legitimate because it matches what they're expecting, not what's unexpected, potentially. And then, once it's legitimized and it's entered into the system, our Canadian system records .07 per cent adverse reactions. Now, this is the true adverse reaction profile because we did the Phase III trials. And this is what the government is relying on to call these vaccines safe.

Now, it's not that they're safe. It's that the ability to test for the safety is insufficient. So they're insufficiently monitoring safety. And therefore, in the absence of detecting any safety issues,

[01:10:00]

again, they're not having to prove safety. Without any proof otherwise, they're calling it safe. And so our whole presentation of these COVID-19 vaccines have been turned around because they changed the standard. Now they're saying that it's safe, not because it's been tested and proven safe but because there's an absence of safety data that proves that it's not safe.

So this is the v-safe. This is active surveillance. And this was data that the CDC was collecting and kept from the public during the vaccine rollout. And it was made public through an ICAN [Informed Consent Action Network] lawsuit. And they basically created this dashboard, and it basically tells you— So this is data from the people who had the app, and they were actively being monitored. So we know that this is probably going to be the best sense of figuring out how everyday people responded and reacted to this particular vaccine. And we see here that 30 per cent, according to this particular monitoring thing, and again, it's probably not as accurate as the Phase III trials. Thirty percent of people monitored experienced a severe adverse event. A significant proportion missed work and school. And about 8 per cent required medical care following vaccination.

Now, if you're giving it to healthy people who are not going to need medical care from COVID-19 and then you give them the vaccine and they require medical care, it would be hard-pressed to understand how we're benefiting people.

This is the serious adverse event report from VAERS [Vaccine Adverse Events Reporting System]. So VAERS is the system that barely picks up anything. It's called passive surveillance. It's the one that's the least sensitive at picking up safety issues. And this is basically a sum of all of the different adverse events reporting for all the vaccines leading up to the time when we changed our standard and we started pushing through biologics and giving them to healthy people. And what you see here is that you've got a jump **between less than, what, maybe two or three thousand to thirty thousand adverse events reported. And again, this is passive surveillance. So it's under reported by some very significant amount.**

In terms of deaths, basically, we have an incredibly huge jump in vaccine-related deaths with the rollout of this particular vaccine. So again, what we're seeing is these are very strong signals saying that there's something that's not right. However, this is not sufficient evidence to be able to prove or disprove safety. So therefore, this vaccine continues to be distributed.

This is a pharmacovigilance report. Basically, it's a passive surveillance report. This was again something that the FDA received. And it was not made public.

It measures the adverse events, again passive, unprompted. People have to work really hard to get their adverse events reported. So they suspect that they had a vaccine injury, and they report it to the company. And the company basically creates this report. And I just want to highlight the fact that in this report, there were about 1200 deaths. So this is where somebody got the vaccine. And then, they basically said, you know, "This person died right after the vaccine. I suspect that it's the vaccine." And we can make note of this and we can say, "Oh, that's a signal." But it can never be used as proof to take the vaccine off the market because you can't prove anything with this.

So twenty-five thousand people had nervous system. So again, we were looking for inflammation. We were looking for cardiac problems. But neurological problems were a little bit of a surprise. I just want to highlight something, as well, that 71 per cent of all the adverse events were in women. If I were to see that, then I would say that's shocking. And that should be stopped and looked at right away.

Sixty-four percent of the adverse events that were severe and that were reported were in groups that had little risk of any severe COVID-19. So these were people who didn't even need the vaccine, and 64 per cent of the ones were in that group of people. And you know what they said, "Well, we monitored it for seven days and it looked good. It was great." And so what they didn't say and what showed up in this report is that a third of the people who are injured don't fully recover, based on their own data. That's two and a half months after. So again, I would say this is lots of evidence that it's not safe. But again, not enough evidence to prove that it's not safe.

I think I'm a little bit sensitive for time right now. So I'm just going to jump along here.

[01:15:00]

This is about boosters and particularly boosters and teens. So again, the primary series was the first two doses and the third dose is called a booster dose. Again, we're not surprised that the first dose was about 60 per cent of people had adverse effects. We are familiar with our 75 per cent number.

But what I want to show is with every single dose, it's like getting COVID-19 all over again. You get COVID-like symptoms. You can see them here and here. But what's really troublesome is the severity of the symptoms over time when you get boosted. So the first one, in terms of being unable to go to school, there was only a small amount. Then it increased to point where of the teens who are getting their boosters, 20 per cent of them aren't able to go to work or school for the week after they get their vaccines. So again, I'm hard-pressed to understand how this can be actually helping children, teenagers, specifically, who aren't sick and have no risk from COVID-19. How can making them so sick that they can't go to school be helpful? It's hard to imagine.

This is a study by Dr. James Thorpe. And he was looking at outcomes in pregnancy, fetal outcomes related to women who have been vaccinated during pregnancy. And he compared them to the adverse events that happen from the influenza or the flu vaccine. So COVID-19 vaccine versus flu vaccine. It's measured by dose, so they controlled for that. And again, so after the COVID-19 vaccine, menstrual abnormalities.

And this is a really weird chart. So what this means is if "1" is your baseline here and if it's to the right of this, it means that the COVID-19 vaccine is causing more harm or there are

more adverse outcomes associated with the COVID-19 vaccine than the flu vaccine. And when I'm analyzing a study like this and we're looking at hazard ratios, reporting ratios—

Go ahead.

Wayne Lenhardt
Deanna, we're starting to run short on time.

Deanna McLeod
Okay, how about I— Do you want me to finish it up?

Wayne Lenhardt
Thank you.

Deanna McLeod
Okay, so I am going to jump to this last section here.

So I think we've gone through enough data now to say that the problem with a risk management strategy—meaning that you move away from the standard of a randomized control trial that's able to prove safety to something less than that—you can't prove that it's not safe, and, therefore, harmful agents can continue on the market like the COVID-19 vaccine unchecked.

And I want to, at this point, raise everybody's attention to the backdoor expansion program that's underway. So right now, in this issue, government issue of the *Gazette*, Part 1, Volume 156, the government is moving to expand the number of agents that can move through this backdoor. So again, we've just walked through what it looked like when the COVID-19 products were put through this particular backdoor system, where they didn't actually have to prove safety and efficacy before they were authorized. And how the risk management plans were not effective in controlling and identifying safety issues that could stop the vaccine from being provided or protect citizens.

They now want to expand that to Class I to IV medical devices. This particular program was designed because they wanted to have a pathway for things that didn't fit the normal pathway. So it's supposed to be an exception rather than a rule. And one of them was to figure out medical devices that have AI interfaces or machine learning.

And so I would imagine, and I can't say for sure, that one of the elements that would fall into this new category of medical devices could be AI-interfaced medical devices that learn and interface with somebody from an implant, for instance. I don't really know, it's not very specific. But the terms are so broad that almost anything can get through the back door in terms of a medical device, including something that has AI learning and potentially a biological–technical interface with it. So again, I would probably say if we had something like that, then we'd want to have an abundance of caution. And we'd want to take time to really learn what that means for humans and how that would interact with that before we would move it forward or allow it to have a fast track through our regulatory system.

The other thing that they want to do is— They have product-specific biologics requirements.

[01:20:00]

And that sounds really crazy, but it means that you have to test each biologic individually. So, for instance, you had to test the Pfizer mRNA vaccine, and then you have to test the Moderna vaccine.

So what they want to do is they want to just do one study: We'll just do the Pfizer study and then anybody who has an mRNA vaccine like that, all that they have to do is show that they're comparable. They don't have to do all their original research, and we'll approve it automatically. So again, I think that that's very concerning because when it comes to gene therapy or biologics, just slight changes in the actual compound can turn on or off different pathways in your body. And/or code for different proteins or sequences. And so, again, I would say an abundance of caution should be applied here rather than removing the product-specific classifications.

They not only want to have human drugs needed for emergencies, but they actually want to expand it into veterinary drugs. Potentially, I have no idea how this would work, but would it be going into our food supply? And would we be getting secondary effects from any of these biological interventions or gene therapy interventions that are in our food supply? I think that that's something that we need to carefully consider and study before we would open this back door process to them.

And again, they were able to push through the COVID-19 products based on an emergency and, you know, a pandemic, an infectious disease, a global health emergency. But now what they want to do is they just want to be able to push it through the back door if it's an emerging infectious disease. And that term is so broad that they can actually make up almost anything. It doesn't even have to be life-threatening in order to be able to access this back door.

And again, they want to not only use it for treatment, but they basically want to use it for prevention and diagnosis. And the key word there is prevention and diagnosis means healthy people. And so again, if we go back to our standards, we want more study for things that are being given to healthy people.

I just want to say that as the closing thing for my particular presentation is that there's a deadline for being able to oppose these regulatory amendments, the extension of the back door. I highly recommend that we shut the door completely, especially when it comes to novel high-risk therapies that are being given to healthy people. And you can do that by commenting up to April 26, 2023, at the *Gazette*. There is a link that I can make available or calling your MP and saying that you absolutely do not agree with this lowering of the gold **standard and this new approach to agents and especially the fact that they're trying to push through so many agents through the back door now.**

So we're at a very critical point in our healthcare. Basically, what we're doing by authorizing this back door is when we grant expedited approval to novel high-risk therapeutics without proving their safety, we're basically formalizing the practice of human sacrifice. We're basically saying that it's acceptable as a community to sacrifice the people who will be injured by this on the altar of innovation. And I would say that we need to make a firm moral stance that that's not who we are as a community and as a society. And that we need to go back to absolute standards that protect.

And so this last thing is my sister. She was one of the people who was sacrificed on the altar of this innovation. She was a woman who had cared for special needs children. And she died following the vaccine from heart failure. So it reaches us all. And so that's all I have to say.

I'm happy to take some questions now.

Wayne Lenhardt
Thank you for your presentation. Are there any questions from the commissioners for this witness? Ken?

Commissioner Drysdale
Oh, sorry.

Wayne Lenhardt
She's on the other screen, Ken.

Commissioner Drysdale
There we go.

Could I get you to go back to one of the slides you had? It was the one right before the slide that said risk management plan. I want to understand something here.

Deanna McLeod
Which one?

Commissioner Drysdale
Backward still. Keep going.

Deanna McLeod
Let me know, let me know when I arrive here.

Commissioner Drysdale
Keep going. A little more. Keep going. One right before that one. Okay, sorry I lied—

Deanna McLeod
Just let me know which one it is.

Commissioner Drysdale
Keep going. Wait a minute,

[01:25:00]

I think that's it. Well, I'm not sure, but—

I thought I heard you— When you were talking about the testing that they did and you were talking about that they had split approximately 40,000 people into two groups and one was a placebo group, one had received the injection. And then I believe you said— I'm going over what you told me, and then I'm going to ask you a question about it. And then you said that test went on for two months. And then they took the placebo group and gave them the shot, so they eliminated the placebo group.

Deanna McLeod
Yes.

Commissioner Drysdale
And this was for, of course, you're doing this to test the safety of this product. Correct? You're doing this test.

Deanna McLeod
Uh hmmm.

Commissioner Drysdale
And so my question is— If I was evaluating cigarettes in this way, would I have found any of the bad effects that cigarettes have on people in testing it for two months in a group of 40,000 people? So if I would have tested cigarettes for two months, would I have known that they cause cancer, they cause heart disease, they cause whatever the heck else cigarettes cause?

Deanna McLeod
Well

Commissioner Drysdale
So using this protocol, is it theoretically possible you could have approved something like cigarettes to treat it?

Deanna McLeod
Oh, cigarettes would have definitely been approved. I mean, you could probably make a study look like cigarettes are helpful, right? I'm not sure what your endpoint would be. But you certainly wouldn't be able to find the long-term safety studies that we find, the safety issues that we find, right, with cigarettes using this.

In fact, I'm hard-pressed to think of one trial for cancer where they've only studied something for two months. We would have never, ever accepted a trial that had two months of data and then was dismantled. We would have basically said that the outcomes from that trial are no longer valuable and that it would never have received approval, even in people who are, you know, late-stage cancer patients.

So to think that they stopped the trial or dismantled the safety component of the trial—you know, the part that is able to prove that it's not safe—after two months. In my mind, the only thing that is reasonable to think is that it was done on purpose. Because somebody who was passionate about keeping people safe would have never done that.

Commissioner Drysdale
You also showed some charts that showed how many people had severe reactions to the vaccine. And you define the different levels as— If it affected your normal daily routines or if it made it so you couldn't do your normal daily routines, and so that was charts with regard to the effects of the vaccines.

But I'm wondering, are there charts that show that for getting COVID in the first place? In other words, we keep hearing about COVID cases that had no symptoms. We keep hearing about all kinds of things. So are you aware of a chart similar to the one you're showing on the screen right now for people who actually got COVID? What's the percentage of them that have no symptoms? What's the percentage of them that can't go to school? And I'm wondering how they compare.

Deanna McLeod
Yeah, so the way that you would do that is that you would look at— I mean, in a placebo controlled trial where you're looking at the placebo versus the vaccine, what you're really comparing is people who've received immunity from a vaccine to people who may not have had immunity yet. So this is kind of getting complicated. But it's a gamed trial.

So we know that immunity protects people from disease. And so, if you only give immunity to one arm and not to the other, right, then you know that the one that basically doesn't have immunity is likely going to be more sick.

However, interestingly enough, in this trial, we know that more people got COVID. This is the placebo arm right here—dose two, placebo arm. So this is people who got COVID. This is the background amount of people who got COVID. So they didn't get the vaccine. They got a placebo. And they got COVID. And there's more of them that got COVID. So you should say, wow, if there's more COVID, then you should have more adverse events, right? These are the adverse events. So you should have more COVID-like symptoms if you got more COVID.

But if you actually look at it, the total amount of the symptoms that people get if you were healthy and you got COVID was less than 50 per cent,

[01:30:00]

dramatically less. Most of that was mild. Only, what is it? I don't even know what that is. Maybe 12 per cent of them had something that was enough to make them really sick. And then very, very, very few of them were enough to prevent activities. And then you compare that to people who got the vaccine and prevents activities. Severe, right, red to red, this is dramatically higher. Blue to blue, this is dramatically higher. And gray.

It's incredible that we're thinking that we're giving this to protect people from COVID-like symptoms—or COVID symptoms—by giving them more COVID-like symptoms. It's mental gymnastics to think that this is how we arrived at saying that this is safe, when we agree that COVID-like symptoms are bad because that's why we're doing the trial in the first place.

Commissioner Drysdale
Thank you.

Commissioner DiGregorio
Thank you for coming and giving us testimony again. Very, very helpful.

I have a couple of questions about this new framework under the *Food and Drugs Act* that you talked about today and this alternative pathway to approval. And I'm just wondering, so if a drug is approved by the minister to undergo this alternative pathway, which seems to expedite the process, is there a pathway or is there some mechanism built into that pathway to bring the safety considerations back into the normal sort of time frame or pathway under the regular authorization process? Or is it, you just get into this expedited process and once you have the authorization, you're good to go.

Deanna McLeod
I'm going to say a couple of things. One is that the proposed amendments are so confusing and convoluted. I've never read something that lacks such clarity, which makes me suspect that perhaps they don't want it to be clear what it is that they're trying to do.

So in terms of being able to address those details, I think that that should be something where we should be all stopping and asking those important questions. I can't answer them based on the available information. But I do know from my experience in cancer, where we do have similar pathways called NOC/c that are used to get life-saving treatments to people who are dying from cancer who have no other treatments, so serious diseases, no other options, that once the accelerated approval is given— So what they'll do is they'll say, "Okay, your randomized control trial, preliminary data, I'm going to give you access to the market now. But I want you to complete your trial, and I want you to do said types of monitoring studies in order to be able to prove the safety of your drug."

I think the number is only about 50 per cent of the mandates for additional safety monitoring ever get completed. I can count on one hand the times that they've actually pulled a drug from the market once it's on there. And I think that it's almost like saying, it's a ball rolling down a hill and once the ball's halfway down the hill, it's really hard to get it back up to the top. The amount of energy that you need to employ in order to get that ball back up the hill or get the cat back in the bag or to address everything and to get all the doctors, who thought that it's good, to change their mind— It's very hard to go backwards.

And so what tends to happen is that these products stay out there for a very long time. And I'm not saying that there aren't some pharmaceutical companies who are diligent, who do the proper monitoring afterwards. The momentum to have somebody actively monitoring it from the government and to make sure that they're doing the studies and to make sure that they're checking the databases, puts all of that burden of proof on the government and the taxpayer. Whereas it would just have been simpler to say only the things that have been proven safe get out of the bag. And that way, you don't risk anybody from injury, especially with high-risk agents.

So I don't know if that's helpful. But, you know, after being in this business for probably about 10 years or so and watching this in the cancer area, I would probably say that it

should be under extremely exceptional circumstances that we should ever allow backdoor treatment.

Commissioner DiGregorio
Thank you.

Wayne Lenhardt
Okay. Thank you very much, Deanna. And I'll call on Kyle for the next witness.

Deanna McLeod
Okay, thank you very much for having me. Bye now.

[01:35:25]

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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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 4: James Erskine
Full Day 1 Timestamp: 07:19:15–07:36:48
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Kyle Morgan
The next witness is James Erskine. Can I just get you to spell your name, sir?

James Erskine
It's J-A-M-E-S. Last name is E-R-S-K-I-N-E.

Kyle Morgan
And your full name is?

James Erskine
James Matthew Erskine.

Kyle Morgan
And you promise to tell the truth, the whole truth, and nothing but the truth?

James Erskine
So help me God.

Kyle Morgan
Where are you from, sir?

James Erskine
Winnipeg.

Kyle Morgan
You've lived here your whole life?

James Erskine
Yes, sir.

Kyle Morgan
And you have children?

James Erskine
Three.

Kyle Morgan
Can you just tell us a little bit about what you were doing for work during the COVID period? I guess starting in 2020.

James Erskine
Yeah, I was employed as a police officer in Winnipeg, City of Winnipeg. I was employed since 2011, February. So I was working at that as a constable during the first part of COVID.

Kyle Morgan
Okay, and what do you recall about what happened to your employment when COVID started unrolling?

James Erskine
Well, I was, for the most part, going along to get along. But what happened with the police, in general, is that we were given not necessarily a vaccine mandate, but we were told that we would need to provide proof of vaccination or that we would be, essentially, subjected to totally different treatment than the rest of our peers. That treatment being three times a week going for testing on our own time and wearing masks when no one else was wearing masks.

Kyle Morgan
And when did this policy come about, do you recall? Exactly when that might have been?

James Erskine
November 15th, 2021.

Kyle Morgan
Okay, and I understand that you had some difficulty following those requirements. Is that right?

James Erskine
Well, I wouldn't have had difficulty had I decided to do it. But I was not going to be doing it because I believed a) it was a gross miscarriage of our rights and freedoms to have to tell the rest of our peers what exactly was going on with our own personal medical statuses.

And secondly, I believe that what was going on in Canada, especially as a whole, was extremely problematic, coming from a background where I was there in my belief to serve the public, not to contribute to radical measures.

Kyle Morgan
If I can ask you, are you somebody that was vaccinated in general with other vaccines?

James Erskine
Generally, speaking, yes.

Kyle Morgan
So you didn't have a bias against being vaccinated?

James Erskine
Not at all.

Kyle Morgan
Was there something that caused you some concern about the vaccines that were available in Canada at the time?

James Erskine
There was a number of things that caused me concern. The good doctors that we've just been listening to and professionals that we've been listening to have outlined a lot of the things that, whether I was aware of the entirety of them at the very beginning, I certainly became aware of much of those bits of information over the time that COVID was presented to us. But I would say that the biggest thing that stood out to me is the— It had every ring of, for lack of a better term, organized crime. It looked to me like it had all the markers that I would be suspicious of if I was looking at an organization that was obfuscating the truth and trying to come across with an agenda.

Kyle Morgan
Can you just tell us a bit about your salary and the types of benefits you were getting as a police officer?

James Erskine
Certainly. Well, I was a full senior constable. Just prior to all of these things going down in 2021, I had been asked to be a field trainer. I was getting to a point in my career where I was looking towards my promotion if I could get that. I think I had pretty good standing as a cop. I had a very good work ethic, very good reviews, 650 career arrests, somewhere

around there. I was the second in my class in terms of marks. And so, what happened with me is that because I refused to give those things,

[00:05:00]

I was ultimately locked out of my police station that I was working in. I was sent home without pay with—what did they term it?—"non-disciplinary" unpaid leave. I wasn't allowed access to my holiday time. I wasn't allowed access to my bank time. I wasn't allowed access to any of the time that I had rightfully earned. I was just sent home. The paycheque stopped. And a short time later, I quit because I knew that if I quit, they would at least have to, ostensibly, pay out those things.

So what has happened since, is that I've lost, well, 11 years of my life, basically. Though I think, I hope, that I did some good in that time. I've lost the pension that I would have had after 25 years. Certainly, I got a payout for portions of it but not in the same amount. And what I've done with my family is I've gone from a career of making roughly $120,000 a year—I'm just telling you because police salaries are online, you can look them up—and we're roughly a third of that now.

Kyle Morgan
Did you ever try to work out a compromise or any type of accommodation?

James Erskine
Absolutely.

Kyle Morgan
Tell us a bit about that.

James Erskine
Well, a number of letters were sent, a number of email communications. We had attempted to go through our union to fight the measures that they were taking. Interestingly, our union president was not just figuratively but literally in bed with one of the executives. It was a common law. I don't mean in a despicable way, so to speak, other than they were common law. So an out-in-the-open relationship. But, in any case, I'm sure that that has potential to play into the desire of a union to fight for its people.

When the union didn't help us, we also sought measures to go through the Labour Board. The Labour Board shrugged us off. There was a number of— Well, without getting into it, there's a number of lies in the Labour Board's response to me. One of the things that I said to them in my complaint was that these measures had been the single cause of why I had quit. And they came back and their response was that there was no evidence to say that that's why I had quit. And so, if they're not going to take me at my word about why I'm quitting, we kind of have a problem with a due process when it comes to seeking out reparations for problems.

Kyle Morgan
Were there any other of your co-workers that had a similar experience?

James Erskine
Quite a number. I was actually fortunate in terms of being on a shift where I had a lot of co-workers who were very supportive and who were also going through the same kind of steps that I was going through. So overall, in the police service, I understand that I think about 96 per cent of them were vaccinated. So I was, in a lot of ways, an outsider. But at the same time, my peers weren't the ones who were necessarily looking down on me. It was the organization from the top down.

Kyle Morgan
You had mentioned that the policy had been differential treatment for those that didn't get the vaccine and testing. Is that right?

James Erskine
Yes, testing. And we would have to wear masks everywhere. The way I understood it, reading all of the various health orders, the police had been exempted from some of them in order to carry on police business. That being said, the Chief of Police still has, you know, the authority to give us orders and that kind of thing. And so there was a point in time where, basically, when we were at least in the office, in our cruiser cars, we weren't required to be masked 100 per cent of the time. It was more when we were in public or at the court or at the hospital. And that faded away

[00:10:00]

in the summer to late summer months of 2021. And folks were just going about business as normal in the stations. Except for those who wouldn't declare their status, come November 15th we were required to wear masks, and in a certain sense, identify themselves by doing that.

Kyle Morgan
And you mentioned the testing. Can you tell us a little bit about what was going on with the testing?

James Erskine
Well, the testing was a very interesting thing because it wasn't done by say a nurse or even one of the health administrators for the city or anything like that. It was done at an off-site place. It was done in front of some other city worker, whether it was somebody who was working for transit or somebody who was working for works and ops who had no training in any sort of health. And they would be administering these tests. They would be correcting us, telling us how far up your nose you had to stick this thing. Now, I never went for this because I didn't want to be doing that. But this is all information I would get from co-workers and that kind of thing.

Kyle Morgan
I'd ask you, looking back on everything that's happened, what do you think should have been done differently with the way this COVID was handled in your organization or in society at large? What do you think?

James Erskine
I've thought about that question. You and I had a brief conversation on the phone prior to me coming here. And I knew that might have been one of the questions that I was going to be asked. I think there's a little bit of a hard answer to that question. I look at it like— Again, I look at this like crimes.

This is very akin in my mind to a whole litany of crimes, whether it's an assault or a coercion or an intimidation or anything like that. And I would say, in the truest sense, that the best thing that I can compare what was done to people crime-wise is a sexual assault and an egregious one. And it's because the integrity of a person's body is, I think, paramount to respecting that person. And I'm not saying this to belittle any person who's been a victim of a sexual assault of any sort. But I would see those as being akin. You're introducing something into the body that that person doesn't necessarily want in the body, and you're using coercive means or threats in order to do it. And I think that that's a very, very serious, serious offence.

So asking what should have been done differently the next time is a little bit like asking how the rapist should have acted differently. I would say that the ultimate truth about it is that none of this should have happened the way that it happened.

Kyle Morgan
I think those are all the questions I have. I don't know if the commissioners have anything. I thank you for giving your time.

James Erskine
Thank you for the opportunity.

Kyle Morgan
Sorry. Janice? Go ahead.

Commissioner Kaikkonen
I just want to ask— I know you kind of alluded that you have three children. How did the three children, how were they impacted? Because they would have seen you and your employer at odds over this. I don't know how the mandates came down here in the education system, but possibly they were under the same scrutiny and mandates within the school system. So how did that affect the family as a whole?

James Erskine
Well, there's a whole bunch of different levels to that answer. My children were in a private school. My wife was working at the time and was able to pay for the private school out of her wage. She lost her job soon into the pandemic. So we weren't able to continue paying. So what we decided to do, because more and more measures were coming into the school system, was to homeschool our children.

[00:15:00]

We're very thankful that we made that choice. But it brings a whole lot of different things to a family, especially when you have— I've got a child who's nearly 18 now. He's turning 18.

I've got a child who's 15. And then I've got a younger boy. And part of what it did was change my wife's day-to-day because now she's taking care of three kids. It took my kids away from their friends. It just changed our lives in innumerable, immeasurable ways.

Janice Kaikkonen
Now that you see that the mandates have been lifted to some extent, are you able to converse within the family about these things in a way that makes sense?

James Erskine
We didn't ever pull any punches with our kids about being honest with them about what was going on and why we were making the decisions that we were making. Again, it's hard to tell a 16-year-old or 17-year-old that they've got to come out of school and hang around with their goofy parents for a year or an undetermined amount of time. I mean, that was part of the problem at the time. Looking back, you can say, well, it was a year, it was a year and a half, kind of thing. But we didn't know that going into it. And I didn't know that going into it when I decided to quit, either. All of the mandates were lifted shortly after I quit, but I didn't know that. It had been getting worse and worse and worse.

And so, speaking with our children, I think the saving grace is that we've kind of given them a little bit of a sheltered space where they're not necessarily having to go out in public and be told every seven seconds, you've got to pull your mask up or you've got to wash your hands or you've got to do these kinds of things that are traumatizing to kids. But it's a give and take. You know, it's had negative effects. But we've managed to pull some positives out of it too, I think.

Janice Kaikkonen
Thank you.

James Erskine
Thank you.

Kyle Morgan
Any other questions?

James Erskine
Thank you for the opportunity.

Kyle Morgan
Thank you very much, sir.

[00:17:33]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 5: Shea Ritchie
Full Day 1 Timestamp: 07:36:48–07:59:02
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Shawn Buckley
So if we can have Shea Ritchie come to the stand. Shea, can you state your full name for the record, spelling your first and last name?

Shea Ritchie
Yes, Shea Ritchie. S-H-E-A R-I-T-C-H-I-E.

Shawn Buckley
And Shea, do you promise to tell the truth, the whole truth, and nothing but the truth today, so help you God?

Shea Ritchie
I do.

Shawn Buckley
Now, my understanding is that you are in the restaurant business.

Shea Ritchie
Yes, that's correct.

Shawn Buckley
And you currently have a restaurant that has been running for ten years?

Shea Ritchie
Yeah, this month is the tenth anniversary.

Shawn Buckley
And before COVID, you had another restaurant that you had been operating for roughly four years.

Shea Ritchie
Yeah, that's correct. It was called Chaise Corydon.

Shawn Buckley
What was the restaurant business like for you before the pandemic policies?

Shea Ritchie
To be honest, we had just opened, well, a relatively new location there. But we had gone through, you know, several months; we had figured things out. We were well into our, I guess, prime. We were fully operational, very busy. It was a great location.

Shawn Buckley
Right, so things are looking positive, and then what happened?

Shea Ritchie
Well, there was the introduction of the original mandates. I'm sure everyone can remember the two weeks to slow the curve. So—

Shawn Buckley
And I'll just interrupt. But they didn't specify that was a biblical two weeks, did they?

Shea Ritchie
Well, we still are in the dark. Yeah, so the original mandates came out. They were telling us to open and close, open and close. And we were fully compliant. To be honest, there really was no incentive not to; there was no one who was going out at that time anyways. So we had been doing our best to follow whatever the rules and give the leadership and the government the benefit of the doubt. And things just kind of spiraled off from there because the government couldn't even keep track of all the rules they were making up, and the enforcement just became a nightmare.

Shawn Buckley
Now, can you give us some details about when you say nightmare because you have some specific examples to share with us of the type of thing that you experienced?

Shea Ritchie
For sure. So the COVID rules and regulations fell under the authority of Manitoba Health; they were the be all, end all. But I guess that they were overwhelmed and understaffed at the time that they were supposed to go in and add all the extra COVID enforcement to their plate. So they had recruited liquor inspectors and other agencies to kind of help out. So we would have police; we would have liquor inspectors; we would have health inspectors

showing up all the time, you know, maybe 20 different people. And they would have different rules. They were contradictory. They were nonsensical: I was even told at one point in time by a health inspector— So this is one of the people who was trained specifically in these types of fields. A health inspector told me that we weren't allowed to use plates and cutlery because there was no possible way to sanitize them. So going through a dishwasher with chemical and heat was not enough to sanitize them for COVID, according to her.

And so I would have to get these rules and updates all the time. And the inspectors would quote rules that didn't exist. I'd have to go and challenge it, and go and say, "Wait a second, this doesn't make sense; like how come we're not allowed to use plates and cutlery?" Right? And then Manitoba Health would respond and send out the retraction: "Okay, disregard what she said; she doesn't know what she's talking about."

So we were going along fine as far as every other business in that regard until we got our first fine in the summer of 2020. And we were given a fine for people sitting too close together. So the specific rule that was given in the health order said that people who are at different, sorry— Tables had to be six feet apart or two metres from other or from different tables. And it's a really, really vaguely worded rule. And what I was told it meant,

[00:05:00]

and which made the most sense, is that if there was a group of people, they had to be separated from a different group of people.

So I got a fine because they found two people sitting close together. Sorry, there was two instances in a 250-seat restaurant where they found two people sitting too close together. They indicated that we were following the 50 per cent capacity rule. So that if you think about it now, we have a patio space that's half empty, and they saw people sitting 60 centimetres apart, which was the actual number. And if you can imagine what 60 centimetres is, it's pretty much enough to put your arm around a person. So the area is half empty. And people are sitting close enough that they can be touching. And I asked the inspector, I said, "Well were those people from the same group?" "Well, I didn't ask." So then I thought, well, this is ridiculous.

Shawn Buckley
Now, at the time, how many people could be in a group?

Shea Ritchie
Oh, man, it changed all the time. I don't know if there was an actual group size. There was no actual limitation on the group at that point. In the health orders— Actually, I do know because I went over this in court. As far as I know, at that current time, there was a capacity limit of 50 people in a different section of the orders, so if you were to have a wedding or other groups. But in our section, restaurants and licensed facilities, there was no specific limitation.

Shawn Buckley
Right, but I meant in a group like, let's say at a table, how many? There was no limit.

Shea Ritchie
There was no limit.

Shawn Buckley
So the health inspector tickets you for some people being within arm's length but never asked if they were part of the same group.

Shea Ritchie
No.

Shawn Buckley
And my understanding is that that ticket didn't go well for you.

Shea Buckley
Well, actually, the news is pretty favourable towards us at the time. So we had complained about the situation, said, "Hey, this is ridiculous; like we're actually trying to do our best here and follow whatever." Like the rules didn't make sense. But we were trying to do our best. And I just said respectfully, "We're being told different things all the time."

The health inspector who issued the ticket to me had previously come to the location and measured out all of the tables and said, "Yeah, yeah, yeah, everything is perfect; all your tables are separated." And our restaurant tables are smaller and we combine them. For instance, we have tables of two. And if it's a group of ten, we'll have five tables that we combine. It's more efficient because you can always break the tables apart. So a group of four is at a table of four, but a table of two isn't at the same group of four. So the rule said different tables had to be separated. But the inspector told us that that meant different groups of people, not tables; pieces of furniture didn't have to social distance.

So what happened then is they approved me to reopen. And now when they came, they said, "Oh, we saw some chairs that were too close." I said, "Well, in the rule, it says tables; it doesn't mention chairs. And you told me it was tables." And he admitted that in court. He acknowledged that he had told me those things. But it didn't matter at that point. And he acknowledged also that they didn't ask if they were from the same group or not. And they just didn't think it mattered. And out of all— I have almost $60,000 in fines from COVID.

We were only given two court dates for all of our tickets. This one did go to court, and the judge said that we were guilty. And she specifically said it doesn't matter if they're from the same household or not, they weren't allowed to sit within six feet of each other. So a husband and wife weren't allowed to sit at the same table even if they're living together, they drive together. You think it makes sense? But she adamantly said, "The only common-sense way to interpret this rule—" Because I actually quoted case law and said, "Look, if there's a rule here that's ambiguous. And it's clearly ambiguous because the health inspectors are agreeing with me. And the prosecution is saying that we have to separate the furniture." And then the judge said, "Well, it doesn't matter if there's different interpretations because there's only one that makes sense here, and you should never have come to any other conclusion." And she ignored the fact that the health inspectors had actually agreed with my interpretation.

Shawn Buckley
Right. So following that judge's logic, if a breastfeeding mother came in to eat at your restaurant, she would have to be separated by her infant by six feet.

Shea Ritchie
Yeah, very long straw, I guess.

Shawn Buckley
Okay. So you were found guilty of that one. What was the fine?

Shea Ritchie
$2,542.

Shawn Buckley
$2,000. I'm sorry?

Shea Ritchie
$2,542. This was when the rules first came out. And then they eventually changed the fines to $5000.

Shawn Buckley
And how many tickets in total did you receive?

Shea Ritchie
I think it was 10.

[00:10:00]

So I had two on the lower scale and then eight on the higher scale.

Shawn Buckley
Okay. My understanding is that for eight of them, they haven't even given you a trial date yet.

Shea Ritchie
No, I disputed all of them and they never— In fact, I thought they were just wasting my time. And in January, I got a memo from the government saying that one of the tickets, the second ticket I had been issued—which was about two or three weeks after the original ticket—they were giving me a court date. And so they gave me a court date for February 15th nearly three years after the violation.

Shawn Buckley
Now, as I understand it, that one was a bit of an interesting ticket because it kept getting changed. Can you tell us about that?

Shea Ritchie
Yes. The liquor inspector who issued the ticket— So keep in mind, not a health inspector, so someone totally different who admittedly in documented communication said he didn't even know what the rules were. So he gave me a ticket because he said people weren't socially distanced and because he saw people dancing. Now, at the time, there was no rule about social distancing. And there was a rule that mentioned dancing only to the extent that it said if you have a dance floor, you cannot use your dance floor, right? So the judge said that that's pretty ambiguous. But he agreed that yes, a dance floor is a specific type of thing. And it's kind of like an area where you're inviting strangers to all mix and mingle.

So the inspector who wrote the ticket acknowledged that we did not have a dance floor. But he said that there was four people out of approximately 200 that were dancing amongst themselves. And he said that nobody told them to sit down. And he saw them about 10 minutes later, and they were still dancing. So that was a clear violation. And in court, he said that we had created an impromptu dance floor. So he said you're allowed to have a DJ. You're allowed to have people in groups and people standing up and sitting. But if they are moving to the music, then you've created a violation. And in the cross-examination, I actually had the inspectors, the second one, admit that technically the entire restaurant and kitchen area could be a dance floor if people were dancing on it, according to this interpretation that they were applying.

And keep in mind that wasn't even my first fine, that's not my only fine for dancing. I had a police officer issue us a fine for dancing. And I have asked Manitoba Health, I've asked the Liquor Commission what's the legal definition of dancing after our first ticket so that we could have some clarification on what the hell it meant. And that, amongst other emails, were completely ignored. They were not interested in education; they were not interested in transparency. They would make up their rules; they would enforce them; and they didn't care if it made sense or not. They would just do whatever they wanted.

Shawn Buckley
Now, were there any changes to that ticket that the liquor licence people issued you?

Shea Ritchie
I apologize for not getting back to that. So the ticket didn't make sense. I looked at the rules. **I went over them with the inspector who wrote them. He originally in the phone call said, "I can't find the rule that you broke." Because he said that I broke the P210 Health Act. I said, "Well, where in the act does it say anything about this?" So he went over it. He couldn't find anything, so he said he would get back to me.**

He did get back to me later saying that he talked to somebody at Manitoba Health who helped him understand the rules better. And on an unrelated website, there was a set of rules, and I broke those rules. So giving him the benefit of the doubt, I said "Okay, well, did you know that these rules or this website existed prior to this ticket being issued?" And he said, "No, I did not." I said, "If you didn't know about this website, how come you're expecting that I would have known about this website?" Right? Assuming that this website, it was even legitimate. I said, "Don't you think it would be more appropriate to issue a

warning in such a situation?" And he said "No, no, no, you clearly deserved a fine." I said, "Okay."

So he put it down in writing. The reason for the ticket, not the original reason, is a new reason now. Because on this website, it says that people have to be seated; they're not allowed to be served while they're standing. And it says that people can't be dancing. So I said, "Okay." I took that email from him. I sent it to Manitoba Health, the authority on the topic. And I asked them to clarify whether or not those were a part of the official rules. Because it wasn't listed in the *Public Health Act*. And the *Public Health Act* did not refer to any other websites or other documents. So Manitoba Health wrote back clearly in writing, "Those are not the official rules."

So, again, I was in the media. People were wanting to know why we were getting all these fines and everything. And I said, "Well, clearly, we did not break any of the rules."

[00:15:00]

I sent that email to the liquor inspector. I said, "Look, great news, now. We've got Manitoba Health officially declaring that those are not the rules. And we didn't break anything in needing a fine." And that is when the liquor inspector decided to change the ticket because it doesn't make sense to give me a ticket for rules that don't exist.

So then he went back to the original rules, and they picked a rule in the official rules. And then that rule that we were now declared to be in violation of was serving people in an area not open to the public. And when I asked them where this took place—because all of the notes said that they saw people in this area, they saw people in that area—all of those areas that were listed were a part of our licensed premises or official service area. So I asked, "Was it in the basement? Was it outside on the roof? Like, where did you see people being served?" And again, in court, they testified that we did not break that rule. But because they use that rule, they said that that rule meant that people had to be six feet apart and they had to be socially distancing. So they still tried to say that the original reason for the ticket applied to the rules that didn't talk about it. And the judge was just as dumbfounded as I was.

Shawn Buckley
Right. So you were found not guilty on that one.

Shea Ritchie
Yeah. That judge actually took a very common-sense approach and declared us not guilty.

I would like to also point out though, the media had been favourable towards us in the first situation. And in this situation, I expected the same because I said, "Look, we've been given a fine for this violation. Manitoba Health has declared that we didn't break the rules." And I said, "Look, in the rules, there's nothing about this, socially distancing and dancing."

So the media, somehow at this point, all changed their narrative on what was happening. And we became the demonized restaurant where we were viciously putting people's safety at risk because we were letting four people dance uninterrupted. And the media left out the important parts that we were not breaking any rules. So in the actual— I think it was CTV did a report. They interviewed one of my neighbours, and the neighbour goes, "Yeah, it's obvious that people have to be seated; you can't have people standing up."

But they didn't even go and look at the rules. So they had another person who's not an authority say that we were breaking the rules. And that was their story about what had happened. Instead of saying, "Shea says this and here's the rules. And there's nothing that we could find. And look, Manitoba Health agrees with Shea." Like you'd think that a more balanced form of journalism would be something like that. It's like getting a speeding ticket: instead of talking to a cop, they talk to a guy on the street. And they're like, yeah, he looked like he was going fast. Right? No training, no background. It's just some hearsay of some random person. It was a very frustrating situation. So we were completely demonized and people were boycotting us. And there was like, "Oh my god, just go online and look up Chaise Corydon."

Shawn Buckley
Now, my understanding is that it's not wise to tick off a bureaucrat. Can you tell me, or tell us, what the liquor licence people eventually did to you?

Shea Ritchie
Well, I was sure that something was coming down the pipeline because the police officer, who gave us a dancing fine for $5,000 at a later date, said that he was planning on taking our liquor licence. And I asked him, I said, "Okay, well, the rules don't mention anything about dancing, so I'm not sure why you think that we're breaking this rule." There was no rule at that time about dancing. But then the idea that we were going to get our liquor licence pulled was completely new to me because we'd never had a liquor violation. These were public health order violations, and these are being enforced by non-experts. They're not even trained at all in the public health field.

So I had an impression that this might happen. And in 2022, the LGCA [Liquor, Gaming and Cannabis Authority of Manitoba] basically made an application to their board to have my liquor licence pulled and to have my restaurant basically, in all intents and purposes, shut down. And one of the reasons they cited for this reason to pull my licence was because I was a repeat offender. And I'd never had a conviction with a COVID fine or these issues at all. In fact, they were aware that their agents had been changing this ticket and had committed fraud, basically, by changing this ticket retroactively. And knowing that we weren't guilty because Manitoba Health exonerated us, I actually took that issue all the way to the CEO, Ms. Kristiane Dechant of the LGCA. And she said she looked at the documents and she saw no problem. And she didn't think her staff did anything unprofessional or criminal.

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So later, yeah, they pulled my liquor licence. And now it's funny that that ticket has been officially dropped in court, and they haven't given my liquor licence back. They haven't apologized. And they basically destroyed my livelihood at that entire location, and since, it's closed.

Shawn Buckley
Right. Because my understanding is you, just in that location, it wasn't feasible to continue operating the restaurant without a liquor licence.

Shea Ritchie
No. And it was in severe decline after all the negative media attention of us, being falsely labelled as degenerates or intentional rule breakers.

For the record, we were actually not breaking the rules. We were following the rules even if they didn't make sense. And the thing is that I was a very outspoken person. And I expressed my— I used my freedom of speech right to just say, "Look, some of these rules don't make sense." I actually wrote an article about what the Great Barrington Declaration was about, saying, "Wouldn't it make more sense to have a focused approach instead of just making healthy people locked down? Why don't we take our limited resources and protect the most vulnerable?" So I had been an outspoken person in that regard. I had sent several letters and emails to the enforcement people at LGCA and the Manitoba Health asking them for better clarity. And I had two people, I had a scientist from Manitoba Health and I had an inspector from the LGCA both in recorded conversations tell me that they agreed with me. But they weren't allowed to officially say anything because they would lose their job.

Shawn Buckley
Thank you. And I have no further questions. I'll ask the commissioners if they have a question. No?

I think we'll call one more witness and then we'll take a break. Oh, we should take a break now. So how about we take a 10-minute break then and return at 3.25 pm.

And Shea, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

Shea Ritchie
Thank you.

[00:22:14]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 6: Sharon Vickner
Full Day 1 Timestamp: 08:11:40–08:40:07
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Kyle Morgan
And welcome back. Our next witness is Sharon Vickner. Ms. Vickner, can I just get you to state your full name, and then spell your first and last names?

Sharon Vickner
I am Sharon, S-H-A-R-O-N. Family name, Vickner. V, as in Victor, I-C-K-N-E-R.

Kyle Morgan
And do you promise to tell the whole truth, and nothing but the truth?

Sharon Vickner
The whole truth, and nothing but the truth, so help me God.

Kyle Morgan
Can you tell us where you're from?

Sharon Vickner
Born and raised in Winnipeg.

Kyle Morgan
And what type of trade or profession?

Sharon Vickner
I am an ISA-certified [International Society of Arboriculture] arborist.
Kyle Morgan

Okay. Now I understand you were impacted quite a bit from the COVID-19 response, particularly regarding your employment, and I guess I would say your general well-being. Can you tell us a bit about what happened to your employment in 2020, what was going on at that time?

Sharon Vickner
Well, I did lose my job in November 2020. I can only speculate as to why. I was removed from my position, so I can't make a direct comment on the employer's part other than he said it was a financial concern. But prior to myself losing my job in November 2020, it was in November and it was a Wednesday, and myself and my employer had met up to discuss my success of the 2020 season, which I did phenomenal. And he gave me my new business cards and a gas card for the company vehicle. We went over how we were going to attack the sales of the following year. And that was a Wednesday.

On that Friday, Pallister went on the television and said, "Don't be surprised if we start naming names of those that got tickets during this COVID." The following week, I was told that I was no longer needed, and I lost my job.

Kyle Morgan
I understand you were working in sales at that time, is that right?

Sharon Vickner
Mostly, yes. Absolutely, yes, I was doing the sales for the tree care.

Kyle Morgan
Your employment would involve you attending to your customers and doing estimates, is that right?

Sharon Vickner
Yes, absolutely, and that's where my bulk of my mental health started to decline. The season for me in 2020 started for work in March, as did a lot of the talks about a potential Chinese Wuhan flu, or whatever you want to call it, came about. And so while I was going to visit strangers—for the most part to me, of course—I was consistently from March all the way to November hearing stories, unsolicited stories about the traumas that family members were going through with not being able to visit their family members in a care home or a hospital or travel to go visit a sick relative.

There's one story that really— Actually two stories that really stuck hard in my mind that I haven't really been able to shake, I guess that's PTSD. This one incredible woman went on to tell me, she was 84 years old and she was so happy to see me, and she went on to tell me that she came from a communist country. And she's got adult grandchildren, and her grandchildren are interested in her history. So she was telling her about what communism was about and why they fled from the country, and all the signs. And what she's seeing, what's happening in Canada and the rest of the world right now. And her own daughter told her that if she continued talking to her grandchildren about this stuff that she would never allow her to see her grandchildren again. So we cried together because the grandchildren were a huge part of her life.

And another quick scenario was this other gentleman. He was in his 80s as well. He had a wife that was extremely involved in community and philanthropy. She's been a huge name in the city of Winnipeg, actually, which I will not name, and she had passed away. And at that time, there was only allowed 10 people to attend a funeral. And I cried with him for probably 45 minutes because he loved her so much that he felt that she deserved more respect than 10 people.

[00:05:00]

And he never did have a service for her. So that's just two out of probably a hundred stories that— I should have wrote a book, actually.

Kyle Morgan
So just to summarize, you would visit with your customers, and

Sharon Vickner
Yes.

Kyle Morgan
invariably they would tell you their stories.

Sharon Vickner
Yes, I guess, I don't know, maybe they just see my kind heart, my nature. I never once talked about my personal opinions or what was going on in this world to any of the clients or potential clients. I was there as a professional, not as a person walking down the street sharing an opinion. So yes, I was invited to a yard to do an estimate for tree work.

Kyle Morgan
Would it be fair to say that you got involved in some type of advocacy work involved in the community about some issues you had noticed going on?

Sharon Vickner
Absolutely, I certainly did. Well, everything was starting to ramp up in 2020 where there was masking this, stand on a dot, follow these arrows, don't see this person, go tell on your neighbours. I realized that my friends that I thought were my friends since junior high and elementary school, for that matter, were really not my friends any longer because I didn't stand on any dots or follow any arrow or anything like that. So I was driven internally.

I'm going to say this on record: I was never a girl that was of faith. And good things, I guess, do happen out of these scenarios. The Lord found me, and when that happened, the Lord actually told me that I had a voice and I had a heart in the right place. And I definitely started standing up in an advocacy sense of educating and sharing love and whatever I could do at that time.

Kyle Morgan
Would I be right in saying that you got some tickets? As a result of that?

Sharon Vickner
Yeah, about $19,000 worth. Yes, that's not what's causing me my mental traumas, though, that's just part and parcel. I knew what I was getting into when I took a microphone or a bullhorn in my hand; I knew the possibilities. I just had hoped that the benefits of building communities within the fringe minority, I thought we could band together and find that unity where we could.

Kyle Morgan
Now you mentioned that you lost your job, was it October 2020?

Sharon Vickner
It was November 2020.

Kyle Morgan
Okay. Was there anything going on in social media at this time, regarding your advocacy?

Sharon Vickner
In what respect?

Kyle Morgan
Well, you had mentioned that you'd been trying to find your voice in the community. So I'm just wondering if there is increased attention on you at all at that time.

Sharon Vickner
Yes and no, actually. For the first while, I didn't even use my name at all. I never really said it. And then when it comes to social media, it just shows you about what's going on with censorship, way back then, and hatred, in the sense that some complete stranger ended up finding me. [Kolbie] something or other. I don't know. I don't know who this guy is. He ended up getting a picture of me with the company's logo on it, and he posted it and said, "Don't hire this girl," and he really slammed my character, really defamation of character in the big scheme of things. So that forced me to— I guess I should have just totally gotten off of Facebook. So forgive me, my friends, I stayed on. But I did change my name because I didn't want any fallout if someone searched me and found that I was standing up for what I believe to be the truth.

Kyle Morgan
Do you recall when that happened on social media? I'm just thinking about the timeline of your job situation.

Sharon Vickner
Right. That happened just prior, actually, I had to rethink that. It was about the very beginning of November when that occurred. Because I ended up telling my employer about it because I wanted him to know where I stood professionally and that this individual had done this to me. And that I had taken my picture off that stated the company I was working

for, and I changed my name so that there wouldn't be any backlash to his business or his potential clients.

[0010:00]

Kyle Morgan
Now, in your mind, why do you think you lost your job? You might have touched on that before, but—

Sharon Vickner
Again, I can only speculate. But it's just— Some say there are no coincidences. And I can't help but think that he was concerned that I may be unprofessional when I go to visit clients while I'm representing his business.

Kyle Morgan
Now I understand, unfortunately, you actually got arrested. Was that May 2021, around that time?

Sharon Vickner
Yes, it was. May 28th, I believe.

Kyle Morgan
Can you describe that experience to us?

Sharon Vickner
Well, thanks to James reminding me of something. I want to say that, firstly, I was not aware that I was on an arrest warrant. One of the others that were on the arrest warrant told me I was. Apparently, everyone else got a phone call to turn themselves in. I didn't do that. I didn't even get the phone call. I didn't even know until one of the fellows mentioned it to me.

And anyway, without going through that whole long process, I did get apprehended or arrested, I guess it's called. I don't know, I've never been arrested before. And it was interesting because when the police had put me in handcuffs and they put me in the car, they weren't wearing masks. I certainly wasn't, of course. And the first thing the police officer said to me, they said, "Do you know how pissed off we are?" And I went, "What do you mean?" Because I'm like a little talking girl, right? I'll tell him anything, right? And I have nothing to hide.

And they said, "Do you know what fentanyl is?" And I said, "I absolutely have heard of it. Yes." And he says, "We're the drug squad, and we're here arresting you." I couldn't believe that. I just point blank told him, "What a waste of taxpayers' money. You're supposed to be taking dangerous drugs off the street, and you're throwing me, a law-abiding citizen, into jail." And then, so when I ended up getting into the— I'll speed this up. I'm sorry, Kyle. I'm a little bit of a talker, and I'm a little nervous.

Kyle Morgan
That's okay, go ahead.

Sharon Vickers
When I did get out of the police car and they put me in the elevator, this is where the psychological whirlwind really began. They put me in this elevator, and there was initially two police officers that were tending to me, the ones in the car. But when I got into the elevator, there were six others and me, and it was like they did that intentionally.

And as soon as I was walking into the elevator, they said, "Now get in here and face the corner and don't say a word." And I'm thinking, oh, knowing me I can't bite my tongue. And I just told them that it was, "How humiliating. This makes absolutely no sense that you're doing this just for a freedom fighter." So anyway, long and the short of all of that, I ended up, of course, going through the scenario that they do: pat you down, la, la, la, la. And it's just full of lies. I guess that's what police officers do, so I'm not here to diss them if that's the proper procedure where they don't really tell you the truth, how long you're going to be there.

Anyway, I ended up getting put into a cell, and it was kind of disgusting, actually. I had to call them and tell them that— You know, you clearly know the character of who you're dealing with, like the floor had grossness all over it. It was a really vile room.

Anyway, I had to use the washroom. And this female cop walks me to the washroom and the toilet is completely up to the top, filled with yuck. And I just said, "Oh, you got to do something about this." And she said, she rolled her eyes and she said, "So you either got to go or you don't. We only clean it once a day." Well, that's a lie, of course.

I know that's not what you wanted to hear, but so I'm sorry. The whole thing is really kind of boggling my mind about being in jail. I haven't really wanted to think about it too much. So I guess what the hardest part on me, where it really started to stir my mental health, was clearly they had direction to cause me distress. And again, I don't know if this is normal, I really have no idea. So if it's normal, I guess it's just not normal for me.

I was in detention or the cell, or whatever you want to call it for, I believe, it was anywhere from 15 to 18 hours. I think it was a total of 18 hours I was in jail. And every five minutes, someone came and banged on the windows, and I'm not talking just a little tap. I know, someone says, "Oh, they're just making sure you're not, you know, dead," or whatever, right? But they knew why I was there. But every five minutes, they were banging on the window. And I'm going to say it, forgive me, women in the room,

[00:15:00]

but the women were the worst. They actually took their keys out and they crash, crash, crash, every five minutes.

And I know that they had to have been directed to do this because there was a billboard, a clipboard on the side of the wall, and I could see them sign it and I could hear them flick the paper. And there was about 45 different officers throughout that whole time, or 45 times they did that anyway so—

Kyle Morgan
You were arrested because you were getting tickets for gathering outside. Is that right?

Sharon Vickner
Yeah.

Kyle Morgan
Outdoor gatherings?

Sharon Vickner
Yeah, I think it was a P210, I think was the bylaw infraction of inciting gatherings.

Kyle Morgan
I think in May 2021, there was a gathering planned for the legislature here in Manitoba? And that's why a warrant was executed to arrest you? Would that be right to say that?

Sharon Vickner
I'm uncertain, exactly, because they never told me any of that. Not only that, they didn't even read me my rights when they put me in the car either. So that's what I had heard, that it was on May, I think it was just before May 15th. Because the last event that I had something to do with, that I was an organizer for, me and my team, was May 15th. And then, yes, I believe the following one was the legislature, and then the very final one on the 28th was the day that they actually detained me.

Kyle Morgan
Now you were released on bail.

Sharon Vickner
Yes.

Kyle Morgan
And I understand there was a particularly onerous condition of your bail?

Sharon Vickner
Yes, that is correct. And that's the one that I'm— Part of me is embarrassed to admit what I went through. But I guess this is what mental health does when you're a positive person and you've never had to deal with things like this and always around people and always have a friendship circle. It's extremely difficult. So on one of my release conditions, I was not allowed to be on public or private property, in private or public gatherings with anyone other than which I reside.

I lived alone. So that meant I couldn't be anywhere, at any time, with anyone, or I'd be criminally charged. I would have been thrown in jail.

So when they gave me that, when I was going to be released, I signed. I wanted to get out of there; I did not want to stay there any longer. So when I went to sign the documents, I wrote "under duress," because I certainly was. And then they called me back in front of the magistrate and said, "Well, you clearly need to call your lawyer." And I said, "What do you mean?" You know? Because you signed "under duress." And I said, "No, actually, I read it and I just don't agree with it. And this is why I'm signing 'under duress.'" I told them all the reasons as to why I signed "under duress." And they kept me there for about another hour after I had done that.

Kyle Morgan
How long was this bail condition in effect?

Sharon Vickner
One week short of a year.

Kyle Morgan
Can you tell us what your experience was during that year? As difficult as it might be.

Sharon Vickner
Well, it just pulled me out of any kind of support system. I wasn't allowed to— Aside from that particular release condition, the others on the arrest warrant, one was my spiritual guide, Pastor Tobias Tisson: I was not allowed to phone him, contact him at all. So I couldn't have any spiritual support from someone that I trusted.

A friend of mine also on there, I hope this is okay that I mention Dr. Gerry Bohemier. He was also on there and a huge support to me as well. And I was not allowed to be in contact with him either, nor was he with me.

My family had written me off because I had ended up in the paper, and they had said that I had dissed the family name. I didn't realize we were that important. So they wrote me off, and they still don't talk to me.

What had ended up happening, where I lost my job, no one was hiring me because of small industry. I guess, I don't know, word gets around, maybe. Or more importantly, my confidence was destroyed. So I went to a very, very dark place, which I had no idea I even had capability to do that. The first time that actually happened, I just wanted to disappear because, honestly, no one would have really known,

[00:20:00]

because I wasn't allowed to be anywhere, anyway.

I overcame that. And then it kind of spiraled more, when more of the— Like harassment in stores, for example. I'm sorry, but I did not wear a mask. I know how to take care of my health; I don't need something like that on me. It's just a suppression mask. But I was attacked verbally over and over again by managers and customers. The hatred in people's eyes, oh, my gosh, the trauma that so many people must be going through. I was taking that on my own self as it's painful to see people treat others like that. But this time, it was being treated to me.

It actually got to the point where, forgive me, Lord, it actually got to the point where I couldn't deal with it anymore because I couldn't handle what was happening to those around me. I took me out of the equation, actually, and I couldn't handle seeing children with masks on their face and little babies, and just all of the above that most of us know exactly what I'm talking about.

I actually thought, what would be the quickest way, what would be the quickest way that I could end my life? And I thought, oh, heroin. I'll just get a needle and I'll shove it in my arm and I'll die instantly. No, I did not look for it; nor did I go any further than that. But the thought entered my mind.

And just knowing that a thought like that entered my mind added to my mental health decline. Because I had no idea. I'm a loving person; I'm a peaceful person. I love life, I love nature. I never in my wildest dreams did I ever think something like that could come. I guess that's the devil for you, right folks?

But hallelujah, I think what really got me out of that is when you truly put your faith in something greater than yourself, you start to feel a hand on your shoulder when there's really no one there.

So I want to get this on record: I am of no harm to myself and I am of healthy, sound mind. I just want to make sure people know that I'm— Don't be concerned. I love life and I'm here for a long time.

Kyle Morgan
I think we're pretty tight for time. I wanted to ask you what you thought could have been done differently regarding the COVID-19 response. I don't know if you have anything quick you want to say.

Sharon Vickner
I do. I know I'm not supposed to have a piece of paper. But there's just one little statement I wanted to— Just one little sentence because I didn't want to forget it. And I think it might touch all of us. It says, "Holiness does not come from being removed from the world but from engaging it in it."

And that is exactly what I think should have been done differently. To protect our health, we need to be part of the world, and if we are removed from it, we're only going to get mentally ill. We're going to separate each other from everything. So what could they have done?

Well, tell us the truth, that would have been really great. And talked about our actual health, about vitamins and supplements. And how about playing outside? Getting sunshine? How about hugging your children? How about going to see your loved ones? All of those things is what they should have done.

They should have left our own health concerns or our own health solutions to ourselves. The government is overreaching. And they should have no say on how we tend to our own personal health.

Kyle Morgan
I don't know if there's any questions from the commissioners, Dr. Bernard Massie.

Commissioner Massie
This is very touching. I'm wondering how you're doing now. Did you gather a group of people around you that really helped you to go through life?

Sharon Vickner
Yes. I found some really incredible solid people that love me unconditionally, and I'm extremely grateful. I'm not, I'm not entirely healthy yet. I don't think any of us are. I think it's going to take a while for all of us, in the sense that there's constant reminders all around us, every single day, of what this plandemic has put upon us.

[00:25:00]

But as for, like I say, again, I am in a place where I do love life. And I know that there is so much more that I have to do.

So I'm not harming myself. I'm not looking to harm myself. But my mental health definitely needs a little bit more love, I guess, in a matter of speaking. A little bit more hugs. Hugs are good. Because my confidence was taken away from me during that whole process. Because that's kind of what they did to us, right? They tore our confidence down, and they forced us to be scared of people. I'm not scared of people, by the way; they're probably more scared of me. But thanks for asking.

Kyle Morgan
Yeah, go ahead Janice.

Commissioner Kaikkonen
I just want to say from my own experience that it's never too late to write that book on those hundreds of testimonies that you heard from people. Can you hear me, okay?

Sharon Vickers
Yeah.

Commissioner Kaikkonen
And also, I was reading Proverbs 29 this morning, and I can tell you there's some interesting scriptures in there that you might actually enjoy.

As far as the question, I'm just wondering. You did feel bullied by those in authority. Do you feel stronger for it, even with all of the mental health issues that followed? But do you feel stronger that you were able to write the words that you're signing "under duress," for example? Did that empower you?

Sharon Vickner
Did it empower me to be able to write those words "under duress"? Oh, absolutely. It actually did. Because I think I would have handled my time in— I would have probably navigated the circumstance after, in my head, differently. Because words are powerful, and we should be very mindful of our words at all times. It does show me that our justice system is broken, and it is not just in any form. Because if the words "under duress"— They shouldn't have followed through with any of those conditions because they would have been null and void, and they weren't null and void.

Commissioner Kaikkonen
So it just lets me come to the next conclusion. If the justice system is broke, I guess we have a lot of fixing to do.

Sharon Vickner
I'd have to say it needs to be torn down and put back together. Because we need to even change the word "government." Because when you take those two words, in Latin, it actually means mind control. And I don't think any body governing us should have anything to do with controlling what we do, say, speak, or put into our body.

Commissioner Kaikkonen
Thank you.

Kyle Morgan
Any other questions? Okay. Thank you, Ms. Vickner.

Sharon Vickner
Thank you.

Kyle Morgan
Thank you very much.

[00:28:27]

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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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 7: Pierre Attallah
Full Day 1 Timestamp: 08:40:07–08:57:23
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Kyle Morgan
We should go ahead with the next witness. It's Mr. Attallah.

Hello sir, can you state your full name?

Pierre Attallah
Pierre Nicola Attallah.

Kyle Morgan
And can you spell your first and last name?

Pierre Attallah
P-I-E-Double R-E A-T-T-A-L-L-A-H

Kyle Morgan
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Pierre Attallah
I will.

Kyle Morgan
Where are you from, sir?

Pierre Attallah
I was born in England and raised most of my life in Canada, in Winnipeg.

Kyle Morgan
OK. And what's your profession?

Pierre Attallah
I'm an IT specialist. I've got a BSc in computer science from the University of Manitoba.

Kyle Morgan
Okay. I understand you experienced some difficulties as a parent regarding COVID measures that were in place.

Pierre Attallah
I have two kids in school, elementary school at the time. I was actively involved in their school on a regular basis, on a daily basis sometimes. I was volunteering at the school. I was also working as lunch supervisor for an hour a day, which fit nicely with my other work schedule. I was praised by the parents, the students, and the staff.

Kyle Morgan
I understand your sons experienced some difficulty with the rules that were in place at school. Is that right?

Pierre Attallah
Yes, they were forced to wear a mask in school, and they were targeted by the staff because I didn't agree with the mask mandate that the school was putting in place, and I was speaking out against it. I was pointing out that the public health orders did not apply to any public school in Manitoba. Because I questioned the school about it, they said it was because of the public health orders. But when I showed them the public health orders, it clearly stated the opposite. And they insisted on forcing the masks on the kids.

Kyle Morgan
And how did your sons respond to the mask wearing?

Pierre Attallah
Well, my younger son experienced the worst. He was struggling to be heard, so he was constantly speaking louder than he normally would, which resulted in scarring to his vocal cords. And it led to a really hoarse tone of voice for him. He also developed scarring around his ears where the straps were. There was a day where it started to bleed, and he asked to call home, actually, from the school. And the school principal in the St. James-Assiniboia School Division at Valentine's School, she, the principal at the time, denied him the phone call home to talk to me. When he was trying to take his mask off, he was called into the office to be disciplined for that, and when he was in there, he asked to call home and speak to me, and the principal denied that request of him.

Kyle Morgan
Now you mentioned there was some injury to the vocal cords. How do you know there was an injury there?

Pierre Attallah
Well, he was getting speech pathology from the St. James-Assiniboia School Division speech pathologist. And I asked her if the chemicals in the mask were causing damage to his throat, and she corrected me. She said, "No, he's talking louder when he has the mask on, which is straining constantly for eight hours a day, straining his vocal cords." That was coming from the school's speech pathologist. She also, the school speech pathologist, also referred him to an ear, nose, and throat specialist to investigate it. So we went to the ENT specialist, and he confirmed that there was scarring to his vocal cords and damage to his voice.

Kyle Morgan
Now, did this specialist recommend anything?

Pierre Attallah
Well, I asked the specialist if he could get a mask exemption. Because if the speech pathologist is saying that the mask is causing him to talk louder and that's causing the scarring of his vocal cords, he should certainly be able to write an exemption, so that he could go back to speaking normally and have his condition get better. But he denied the request to give a mask exemption. He said that the boy has to talk quieter.

Kyle Morgan
Now your older son, I understand, might have experienced some effects also. Is that right?

Pierre Attallah
Yes. Because I was actively communicating with the principal of the school and the staff to not put the mask on them,

[00:05:00]

they were more actively watching my kids. And at lunchtime, the educational assistant who was in the room with my older son, she would watch him eat with her arms crossed and tell him to put his mask on constantly while he was eating. She would stare at him, cross her arms, tap her foot. And then, it led to him no longer eating because he was hungry. It changed his eating style. It was like a psychological abuse. At the end, when he did put the mask on, she would force him to say thank you.

Kyle Morgan
So did you try to speak to the school staff about these issues?

Pierre Attallah
Yes, when I found out that this was going on, I went to the school with a letter. It was a notice of liability. I also included an affidavit of my son's statement and a letter, again, asking them to stop forcing the masks on the kids. And the principal wouldn't allow me my

parental right to speak with the school staff. *The Public Schools Act* of Manitoba states that a parent has the right to speak to any school staff member in the school. And the principal would not let me show that letter to that EA [educational assistant]. She denied that.

Kyle Morgan
I believe you spoke to the Superintendent of the School Division. Is that right?

Pierre Attallah
I had, yes. I had a meeting later with the Superintendent of the Division, which is the highest paid employee of the Division. And he said that he was launching an external child abuse investigation. And that was a couple years ago, but I have not received any details of that investigation. I filed a FIPPA [*Freedom of Information and Protection of Privacy Act*] request to get more information about it. And the school division denied me, the father, access to any records of the investigation. I then contacted the Ombudsman to make a complaint about my FIPPA request, and the Ombudsman said it would take about a year to get to it. They weren't very interested in pursuing it. So I was experiencing several levels of governmental failure.

Kyle Morgan
Did you reach out to any other government officials at all?

Pierre Attallah
Yes. I wrote a letter to the Minister of Education because by this point, after the school had seen my written material and the notice of liability, they gave me a no trespass order, which prevented me from talking to anybody on the school property or even being able to pick up my son on school property. Which led to more humiliating and inhumane treatment by the school staff. I learned from my FIPPA request that they were told not to speak to me. So when I would show up at the school, if I said hi to a staff member, they would turn around, turn their back to me, and walk away without even saying hello. I wrote to the Minister of Education, and he didn't respond. That was Wayne Ewasko, Minister of Education.

Kyle Morgan
Did it ever cross your mind to take your children out of this school?

Pierre Attallah
Yes, that's an excellent question. My partner, their mother, wanted them in the school and was in favour of everything that was happening. And the school was favouring her testimony over my request.

Kyle Morgan
Now, just to get the timeline here. You said that you issued a notice of liability to the school staff. Do you know when that was?

Pierre Attallah
I gave them a couple, that would have been around December 2020, or 2021.

Kyle Morgan
Okay. And then they gave you a trespassing notice. When was that?

Pierre Attallah
That was shortly after I delivered the paperwork: the notice of liability and the affidavit and all the court documents that I had in the letter.

Kyle Morgan
You mentioned before that you were working as the lunch supervisor, is that right?

Pierre Attallah
Yes.

Kyle Morgan
And that was a paid position?

Pierre Attallah
It was a paid position, yes.

Kyle Morgan
And what happened with that employment?

[00:10:00]

Pierre Attallah
Well, the principal called me and was demanding my vaccination status. And I told her that my vaccination status was protected and private and confidential. At which point she wanted to end the conversation. And I asked her, "You said that you were going to explain testing procedures." But she didn't want to do that. She just had a bit of a chuckle in her voice and said that it was basically over.

Kyle Morgan
Do you have an opinion on vaccines, in general?

Pierre Attallah
Well, my father, back in 1955, he developed a vaccine for hay fever while he was getting his PhD in biochemistry at the University of [inaudible 00:10:54]. Back in 2002, when he was still alive, there was a SARS outbreak. And they talked a lot about all these policies that were implemented in COVID. They were all talked about in 2002. They weren't implemented back then. But I had a conversation with my father at that time. And I see him

as the expert. And I can tell you what he told me. He told me that he studied viruses like this in the past, and they come and they go, and they come quickly. And I said, "Dad, you made a vaccine. Can they make a vaccine for this?" And he said, "Well, it usually comes and goes too quickly. By the time you made a vaccine, it's already gone, so we don't make vaccines for coronaviruses."

Kyle Morgan
But you're somebody that isn't opposed to vaccines to begin with. Is that right?

Pierre Attallah
No, I've had all my vaccines my whole life and my kids prior to, they had received all. I was giving them vaccines as well.

Kyle Morgan
Can you describe any effects that your children might have to this day over the things that have happened?

Pierre Attallah
Yes. I mean, well, when they were not allowed to go to school, there was a major— I think, the age group of six-, seven-, eight-year-old children, as a whole, I mean, for my kids, I noticed it for my kids. But being taken out of the school system, it was very detrimental to their education. There was a major delay to their education as a result of that because it wasn't really possible to do the— The learning at home wasn't working. It was very infrequent, very short intervals of a video with a teacher. It just didn't make any sense.

Kyle Morgan
Looking back at everything that's happened, what do you think would have been better?

Pierre Attallah
Well, one of the things I noticed when the public officials, the politicians were speaking, they would always start their statements with "We believe," "We believe," and "We believe in science." And my dad taught me that there's no belief in science. Science needs to be understood, not believed.

Kyle Morgan
Are there any other effects that you've experienced, did you want to mention? Or I can open it up to the commissioners if they have any questions.

Pierre Attallah
I'll take questions from the commissioners.

Kyle Morgan
Okay. Did anyone have any questions? I think those are all the questions I had for you.

Commissioner Kaikkonen
Did the teachers at any point feel that they were bullying your children?

Pierre Attallah
Well, I can't speak to how they felt about doing it. But the school division seems to be hiring people that don't question that. I think if you're the kind of person that has a conscience, I think they limit it. Those people were pulled out of the system, and all that you are left with is these Marxist people that will do whatever they're told to do. Like in the instance of the EA who was told to target my son, I don't think— I'm not sure what their thought process is, but that's the type of people that they're putting in there.

I can also say that from the school system, I was completely disconnected from my children's education. I wasn't able to see the work they were doing. I wasn't able to speak to their teachers. And it escalated. It escalated. It was almost like gaslighting where they felt that the measures they took weren't strong enough. So after the trespass order came into effect, they said, "Well, now you can't speak to the schoolteachers." Later, it was, "Now you can't even email them." "Stop emailing them." "Don't say hi to them." It was complete escalation to the point where I was completely cut off.

And it affects, still today.

[00:15:00]

These things are still going on. And it affects my children's education and their ability to get the most out of their education. Because if I want to see some of their work that they worked on, it might take me two weeks of communication going through the principal just to get maybe an assignment that they worked on a few weeks ago. I don't agree with a lot of the things the school divisions are doing. They hold back all the student work for the entire year and give you an incomplete assignment bundle in June, on the last day, right before the teacher leaves, so you don't have a chance to ask questions. It's pretty ridiculous what's going on in the school system today. I applaud the people who are homeschooling. And that's my intention, is to move towards homeschooling for me and my kids.

Commissioner Kaikkonen
I was just also wondering about the schoolboard level. Have you checked out the policies? Because they receive public funds, so I'm just wondering how they could say that you're not allowed to have access to the school or to your children's records if they're accepting public funds.

Pierre Attallah
That's a very good question. In the no trespass letters, they do not provide a reason. It's completely arbitrary, which is a violation of the Charter of Rights. However, this school division, the St. James-Assiniboia School Division, their superintendent is the Chair of Mass.mb.ca, which stands for Manitoba Association of School Superintendents. They pledge their allegiance to global corporations, not to Canadians, not to Canadian citizenship. They call it global citizenship. Global citizenship does not include the *Canadian Charter of Rights [and] Freedoms*, Bill of Rights, any of that. It's a complete betrayal of being Canadian.

Commissioner Kaikkonen
Thank you.

Kyle Morgan
I don't know if there's any other questions. Thank you very much, Mr. Attallah, for your testimony.

Pierre Attallah
Thank you for having me.

[00:17:16]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 8: Tobias Tissen
Full Day 1 Timestamp: 08:57:40–09:16:26
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Kyle Morgan
The next witness is Tobias Tissen. Can you spell and state your full name, sir?

Tobias Tissen
My name is Tobias Tissen, T-O-B-I-A-S T-I-S-S-E-N.

Kyle Morgan
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Tobias Tissen
I do.

Kyle Morgan
Can you tell us where you're from, sir?

Tobias Tissen
I currently live in the Steinbach area. And previously, I moved to Canada from Germany, back in 2006.

Kyle Morgan
And what type of work were you doing prior to the COVID outbreak, I guess in early 2020? Do you recall?

Tobias Tissen
Prior to that, I was actually attending to my father who was on home care. He had had heart failure, and he passed away in early of 2020, April. I was on government support to take care of him and that's actually the beginning of when all the lockdowns hit and really, really affected us.

Kyle Morgan
I understand you were preaching at a church congregation during the same time, is that right?

Tobias Tissen
That's right. I was preaching, still preaching, at the Church of God.

Kyle Morgan
Are you a pastor? Would you describe— Sure.

Commissioner Drysdale
You know, our largest viewers are on the internet right now, and with all of the clapping—and I understand the emotion—but with all of the clapping and interruption, it's making that very difficult. We want to really keep this thing going, and some of the witnesses are a little nervous. So I please ask you again to restrain yourselves. At the end, absolutely, give your appreciation of the witnesses. But let's cut that down in between, please. Thank you.

Kyle Morgan
I know a lot of people refer to you as a pastor. Do you consider yourself a pastor?

Tobias Tissen
I don't really consider myself a pastor. Although I do assist, I preach, and I help in the congregation.

Kyle Morgan
Now, what do you recall once the first restrictions were put into effect in 2020? What do you remember from that time?

Tobias Tissen
So it affected us because they started capping off limits of people being able to go to church, and it went down to 50 per cent. And after that, they reduced it to 25 per cent, 10 per cent. And after that, I believe 10 individuals. And I believe, maybe even down to five.

We're a very close-knit congregation of about 160 people, and we really need each other. And there's a reason why church people gather, why they have church multiple times a week. It's because church functions like a family, and the family is there for one another.

Another way it affected us is, like I mentioned already, my father passed in April of 2020. He passed at a young age. I am only 28. I was 25 at the time. He was 48. And we were not

able to have a funeral like we wanted to. It was right at the beginning, but it was already so far locked down that only 10 people were allowed to be inside buildings. And we were forced to pretty much have an outdoor parking lot funeral service.

When it came to the burial, human is human and people flock together. And by the time my father was buried, RCMP showed up and were wondering what was going on. Thankfully, I had friends that handled all that at the time; I didn't speak to the RCMP then. But it shows how inhumane this response was.

Kyle Morgan
I believe the RCMP attended a church service you were at. Or maybe that happened more than once. Is that right?

Tobias Tissen
Definitely more than once.

Kyle Morgan
Can you tell us about that?

Tobias Tissen
I can't recall how many times they were out there monitoring, service after service, counting how many people walked into the building from the road. One instance we had on November 29th of 2020 was—

[00:05:00]

Back at the time, it was illegal to have any indoor gatherings, as well as drive-in church services. And so, we were determined— And let me make this clear, we're not being rebellious for the sake of being rebellious. We're very peaceful, law-abiding citizens. I can speak for our church that we are. And so, we feel an obligation before God to fulfill scripture, and scripture tells us that we should not forsake the assembling of ourselves together. So we were determined to at least have a drive-in service and show the hypocrisy of the government because while we were forbidden to have our parking lot filled, the big-box stores had all their parking lots flooded.

So we were in for a shock that morning, though, because by the time I came to church—well over an hour before it was set to start—there was a tow truck on scene. And there was police on scene. By the time it was 45 minutes prior to service, an RCMP cruiser had blocked the entrance way to our parking lot. And there was a lot of vehicles. Word had gotten around: people knew there was going to be a church here that was going to be open. And so, people pulled in, and there was no way to get onto the yard. The whole highway ended up being blocked up. And we brought out a pickup truck close to the end of the driveway there, and I delivered a bit of a sermon. We did some singing, peacefully, and we disbanded from there.

At the same time, though, big-box stores were open; parking lots were filled. Same time, there was a car rally for the farmers of India, and people stayed in their car just like they stayed in their car at our parking lot. Nobody was fined there. Nobody was in trouble. But

the church and myself both received a fine for that instance. The church received a fine of $5,000, and I received a fine of $1,296.

Kyle Morgan
I believe you received a number of other tickets on other occasions. Is that right?

Tobias Tissen
Many. Many for simply being there for people. Just like we've heard other witness reports, there was a lot of loneliness, a lot of people having no one. And church was like their avenue of socializing, of getting together with somebody, and exchanging human needs, spiritual needs. And I had to be there.

Being a preacher is not a career. Being a pastor is not a career, although maybe it's viewed as such. But being a preacher is a calling, is something that someone feels responsible before God and that someone would do without pay. Pay is not what makes a pastor; it's their responsibility. I've got to help people's spiritual need.

Kyle Morgan
And I understand you were arrested also. Is that right, sir?

Tobias Tissen
That's right. I was arrested on October 18th of 2021. A warrant has been out prior to that for about six months, and I was literally hunted down. On the night of my arrest, my family and I were having a gathering at a park. My mother, who was living with us, had decided to move to Europe, and so it was her last evening, and we went out to have a little goodbye gathering. And someone saw me at the park, reported it, and as soon as I pulled off the park, there was several police cruisers that went and hauled me off.

Kyle Morgan
And how long were you in jail for?

Tobias Tissen
I was in jail for 45 hours—two nights—and it was a horrible experience. I've never had a run-in with the law before, never been to jail before. And I was placed in a cell facing away from the clock. I had no idea what time it was, basically ever.

[00:10:00]

For one night, I was in custody; the next day, I was moved to remand. And in there, I had to stay. I had half an hour within a 24-hour period to get out of my cell.

Kyle Morgan
And then you would have been released on bail with conditions, is that right?

Tobias Tissen
That's right, I was released on bail. I could have been released sooner, but I didn't agree to the conditions at the time because the conditions prohibited me from going to church. And I could not, I could not in conscience, in good conscience, sign that. And so, the lawyers worked for me to amend those conditions so that I was able to still go to church.

Kyle Morgan
Is it true that your children would have witnessed your arrest? Is that right?

Tobias Tissen
That's correct. My children are still traumatized. I have two boys and a little girl. The oldest is seven, the second is four, the baby is 10 months. My wife was actually just a few weeks pregnant when I was arrested. And my boys witnessed not just the arrest but multiple times of officers coming to our door. Not just one officer, but two, three, sometimes five coming and handing tickets. To this day, like we live in Steinbach, when I talk of going to Winnipeg, they're like, "I wanna stay home." It'll be something that at their young age, they won't ever forget. The night of my arrest, the whole congregation went out to the police station, and they were singing and walking around the building. I have a little picture of my two little boys peering into the station, hoping to catch a glimpse of me. And it's, it's heart wrenching.

Kyle Morgan
We know that there's been a lot of controversy and division in a lot of areas over what's happened. Was there any division in your church or that you experienced?

Tobias Tissen
There was none. We're a family. Everyone had my back. I'm part of the most amazing church. And not just in Steinbach, we're a global church. Worldwide, messages were pouring into my family of support and prayers.

Kyle Morgan
Within the wider community, did you experience a lot of support?

Tobias Tissen
There was a lot of friends, absolutely. But there was also a lot of hate going on. It is something that I feel was part of the government's tactic to put something out there to divide humanity. The saying goes "divide and conquer," and that was their motive.

Kyle Morgan
Do you remember if there was much transmission of COVID in your church congregation, COVID-19?

Tobias Tissen
Probably someone had it. But we're all old enough to know to stay home when we're sick. And when someone felt ill, they stayed home. We had, not that I know of any outbreaks, no COVID deaths, no reactions, and everyone is still there.

Kyle Morgan
Were there any other effects on the people of your church congregation? Did any of the government restrictions affect your congregation in any way?

Tobias Tissen
Absolutely. When the restrictions came in, in the beginning, we were like, "What is this? This is so new." We didn't know exactly what this was, so we stayed home for a bit. And then we went to drive-in. And pretty soon, we found out it's not the same. People were struggling spiritually that needed support and couldn't get the support as freely. So we felt like, rather have the fines, rather have all that, but we've got to be there for each other.

Kyle Morgan
Was there also a school associated to your church? Was that affected in any way?

Tobias Tissen
We have a private school, and every year we have a graduation ceremony, a little bit of a presentation and a school picnic. And of course, those years when those gatherings were limited, we couldn't, which was really sad for the children,

[00:15:00]

really, the whole congregation because it was a fun day for everybody to get together.

Kyle Morgan
I'll ask you one last question that I've asked all the witnesses: What do you think should have been done differently in the government's response to COVID-19? Does anything come to mind?

Tobias Tissen
There should have been more of a feeling out of, "How are people handling this," instead of a crackdown of a "dictative" approach. There should have been a— "How are you treating this?" I mean, if they have the resources to send all those officers to one little church, why not come out and see: "How are you all doing? What are you doing about this? Are you protecting yourself? Are the sick ones staying home?" And allow us to use our common sense.

Kyle Morgan
I think those are all the questions I have. I don't know if the commissioners have any questions for you. Let's go ahead, Dr. Bernard.

Commissioner Massie
Yeah, I'm wondering if the oppression or the restriction that was put on the practice of religion is not triggering some sort of questioning from people that were not particularly inclined to do religious practice, to wonder whether this shouldn't be something they might consider in the future. A sort of, why is it that this was targeted as something that needed to be crushed?

Tobias Tissen
Definitely. Well, there were a number of people that came out to church that normally wouldn't have. And I'm sure the question was raised in many people, how come big-box stores stayed open? How come liquor stores stayed open? But why was the target on the church? And I believe many were awakened.

Kyle Morgan
Any other questions? Go ahead, Janice?

Commissioner Kaikkonen
I actually have a lot of questions, but I don't think we have time. I'm just wondering, when you went to court, did you have an opportunity to ask about the discrepancy between the box stores and the churches being open or closed?

Tobias Tissen
By the time we got to court, they took our rights to use the Charter, based on a previous court ruling that the Justice Centre [JCCF] with several churches challenged the Province. And all of those concerns were raised by those lawyers—I was a part of that lawsuit—and the Chief Justice Joyal found that our Charter of Rights were not violated.

Commissioner Kaikkonen
Thank you.

Kyle Morgan
No more questions? Okay. Thank you very much, Tobias.

Tobias Tissen
Thank you, sir.

[00:18:46]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 9: Michael Welch
Full Day 1 Timestamp: 09:16:32–09:45:44
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Shawn Buckley
So, Michael, can you take the stand? Our next witness is Michael Welch.

Michael, I thank you, you've been waiting patiently all day. I'll ask if you can state your full name for the record, spelling your first and last name, please.

Michael Welch
Michael Welch, M-I-C-H-A-E-L W-E-L-C-H

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

Michael Welch
I do.

Shawn Buckley
Now you have been a radio journalist for 15 years.

Michael Welch
Yes.

Shawn Buckley
And my understanding is that you have your own show, and it's called "The Global Research News Hour."

Michael Welch
Yes. That's correct.

Shawn Buckley
Can you tell us just a little bit about the types of things that that show would typically cover? Let's not go into COVID. But pre-COVID, how would you describe the show and what types of topics would you be covering?

Michael Welch
Well, the show ultimately was kind of a merger: a merger attempt between an academic website, the Centre for Research on Globalization, or globalresearch.ca, and the network. Because my show, or rather, the radio station, which is a campus community radio station, so there's a bit of a difference there from the mainstream media. We tend to feature topics and investigations that tend to elude the mainstream media. We'll get into all sorts of subjects: focusing on a lot of the questions around 9-11, for example; focusing on a lot of the issues surrounding where the terrorists come from; where there's, for example, the claim that Russia had somehow influenced Trump and maybe helped him win the election. I mean, I'm not necessarily saying Trump is good or bad. But there are some questions there that didn't get asked. So all of these sorts of questions, typically following foreign policy or economics, financing. These are subjects that we cover, and we pretty much span the spectrum from the left to the right.

Shawn Buckley
Right. So your show would be covering things that the mainstream media wouldn't be digging into, and pre-COVID could be considered kind of, you're chasing leads that could be going against the mainstream narrative even.

Michael Welch
Pretty much. Yeah. That's what it says right at the outset. We investigate claims that are not addressed in mainstream media.

Shawn Buckley
And pre-COVID, my understanding is this wasn't a local show, and it's still not. But basically, your show is syndicated so that it's carried on a number of different radio stations across Canada and maybe even outside of Canada.

Michael Welch
Initially, it was just the station. But we expanded, okay, and we got other stations across the country. I think at its max, it was maybe 15 across Canada and a few stations in the United States.

Shawn Buckley
Right, so pre-COVID, your show is becoming more popular and more popular and more popular.

Michael Welch
Yes, that's correct. As far as I can say.

Shawn Buckley
Okay. So now, when COVID hit, am I correct? You didn't change your approach. You still would then be looking at issues that the mainstream media was ignoring. But there were questions that needed to be asked and looked into.

Michael Welch
Yes. With regard to COVID, I started publishing that sort of skeptical slant. Okay, let's take another look at, maybe, something like taking a second look at COVID, and I did a series of stories starting in September of 2020.

Shawn Buckley
Okay. Can you share with us some of the guests that you had on your show?

Michael Welch
Sure. I think my first guest, with regard to COVID, you mean?

Shawn Buckley
Yes.

Michael Welch
My first guest was Sucharit Bhakdi who is a very critically acclaimed doctor in Germany. He was, you know, published hundreds of articles. He was on a very prestigious board.

[00:05:00]

But he was saying these things about— At that time, I mean, he couldn't say too much about the vaccine. But even so, what he was saying was that COVID is not as deadly as everybody's being led to believe. And then, there were quotes of the statistics to back him up. I mean, maybe for the very elderly, there's a little bit of a gap there. But you couldn't quite justify, at that time, that this is something that should be, you know, pursued as something and then have all this social distancing and everything else.

And we also had, who else? I had Mark Crispin Miller, who's not a doctor, but he's a media person specializing in propaganda. And I guess you could probably tell a separate story. But he was also saying, "Well, what is this, all this stuff that's coming out? It appears like propaganda." I had Meryl Nass; I had Jane Orient, who was the head of the American Association of Physicians and Surgeons. Peter McCullough came. You know him.

Shawn Buckley
Yeah, and some difficulty arose after Dr. Peter McCullough was on your show. Am I right about that?

Michael Welch
Well, I had decided that I wanted to arrange a debate between the official story of COVID, with expertise in talking about it, and one of these, call them dissident doctors. So we'll put one against the other and see what falls out. But I realized that the person who would be having the more mainstream take, he just said, "Well, I think you should reconsider this Dr. McCullough. I mean, he's being sued in the United States." And then he basically— I was saying a debate. He was thinking, debating Trump, if you know what I mean, somebody who's going to interject. I mean, Peter McCullough is not going to be an unusual figure. He's not Trump-like, exactly. But I had to phone back Peter McCullough, and say, "Gee, sorry, I can't get you on because I can't get a debate."

I tried other people as well. And they were even worse saying, "Well, this guy is just, you know, it's Flat Earth Society." And Peter McCullough, given his credentials, I mean, pre-COVID, before he started giving his own testimony, he would be considered a really serious expert. But as soon as you step out of line in terms of COVID, you're smeared.

Shawn Buckley
Now can I have you clarify so that everyone understands what you mean when you say, "as soon as you step out of line on COVID."

Michael Welch
What I mean is that if you don't repeat the main messages of the World Health Organization, the CDC, and all the governments that are in charge, you're not credible. I imagine that would happen with Sucharit Bhakdi as well. It doesn't matter, apparently. I mean, it's so easy just to lose credibility. All you have to do is go against the mainstream narrative.

Shawn Buckley
And you had your own experience. So is it fair to say that in the 11 years before COVID hit and you're running this show and more and more stations are picking it up that really you had never had a serious listener complaint.

Michael Welch
I've never, I don't know. I mean, I suppose somebody might have complained, and they didn't tell me. But as far as I know, I not only was without complaints, I had a fair number of awards both within the station and nationally for my work. I was well respected as the news director for a few years. I think I was fairly well respected by our audiences.

Shawn Buckley
Right.

[00:10:00]

Now, can you tell us how that changed with you're running COVID shows and you're basically addressing issues like, "Is the vaccine safe and effective?" That's when it really changed for you, isn't it?

Michael Welch
It seems so. I found myself getting a lot of complaints. I don't know how many. But yeah, like staff told me I was getting complaints. I just talked to a colleague once, I just met out in a marketplace or something, and then he was— Good, friendly guy and everything. But he said a lot of his friends are saying that this guy's show is just not— It's pretty bad. Essentially, it seemed as if my show was going from one of the best shows on CKUW to one of the worst.

Shawn Buckley
Okay. And I just want to make sure I understand. So you'd basically had 11 years really of positive comments. You'd won awards; the show was growing.

Michael Welch
Yeah.

Shawn Buckley
And you hadn't changed the type of news reporting you were doing. You were always doing that digging that the mainstream wasn't doing. But now it's on things like the COVID vaccine.

Michael Welch
Yeah. I mean, I can only think, and I don't know if I'm stepping out of line by speculating here. But I think the people who were listening, like everybody, I suppose, they were so terrified by COVID and then seeing all the deaths in Italy and then there's all this monitoring of the hospitals and so many people are dying that they're scared. And then, here comes somebody, the authorities laying down directions: this is the way we move forward. And people say, okay, okay, okay. So when somebody comes out and actually tries to contradict that, I guess, you're going to see them as like the most malevolent form of life ever known, you know?

Shawn Buckley
Right. I'll ask our AV person, David. I've got an exhibit up on the computer. Can you show that? So my understanding is this is a news article from the *Vancouver Sun*, dated March 13th, 2021, and the headline, "COVID-19: Radio station at SFU temporarily suspends program linked to website with pandemic conspiracy theories." This is about your show, right?

Michael Welch
Yes, it is. And just to correct it, it's not the [ranked] *Vancouver Sun*, it's the Vancouver *Province* [sic] [*Vancouver Sun*].

Shawn Buckley
Okay. And then I'm going to scroll down a little bit.

So the first paragraph here, "as health officials battle the spread of pandemic misinformation." And, so, you're basically being branded as spreading misinformation for having guests on like Dr. Peter McCullough.

Michael Welch
True. Essentially, yeah, that's it.

Shawn Buckley
Okay. And so what happened with your show and this radio station?

Michael Welch
Well, like after this came out?

Shawn Buckley
Yes, after this came out.

Michael Welch
Well, like it said, they suspended the show. I had written them a letter to sort of help them with the process and decide, like while they were trying to figure it out, I'd send them the basics: it's based on solid science; this is what it's all about. Michel Chossudovsky had put out— There was a bit of a glib about a CBC article that was dissing his thing, and I tried to correct that in case there were any doubts. And the astonishing thing is I hadn't heard anything back.

Shawn Buckley
So, David, can you pull up the exhibit, computer again? My understanding is this is your letter.

Michael Welch
That's right.

Shawn Buckley
And we will enter it, it's already entered as an Exhibit, it's WI-6. And the news story is Exhibit WI-6a so that people watching and the commissioners will be able to see it. But I just want to scroll down to something you said that—

I think it was your third point. Oh, nope, nope, just wait. Yeah, so the first full paragraph on this page if you don't mind, I'll read it. Because I think,

[00:15:00]

what it reminded me of is that saying, "First they came for the Jews, and I didn't stand up. And then they came for the Christians and," et cetera, "and then when they came for me, there was no one left to help."

But my understanding is you got no reply from this letter. But I just want to read so that people who can't see it clearly understand one of your points.

And you say:

> **But ultimately what I would like you to carefully consider that you are being targeted by forces who will take down voices based on smears appearing in the media, such as allegations Global Research is a part of a Kremlin operation (?) And if you do take down Global Research News Hour because of its association with Global Research, who will be next? Will Canadian Dimension Radio or Canadian Foreign Policy Radio, or any other successful media running effective anti-NATO content be next? Consider that the long** haul of this enterprise places the station on a track that ultimately requires them to fully conform to the direction of the mainstream in terms of meaningful conversations.

And can you explain for us what you're saying there? What your concern is? Because I think you're saying something very important about censorship and conforming.

Michael Welch
We talk about freedom of speech. To be clear, what we're talking about is to be free to have freedom of dissenting speech: I am free to say something that you don't like; you are free to say something that I don't like. What we're talking about here is efforts to distract from that or to get around that by simply saying, "It's misinformation, it's disinformation and, therefore, we should get rid of it."

There are too many examples of information— I mean, there's stuff that they say is disinformation or misinformation. But it's pretty clear that dissenting views, they should be heard, get out in the open, and then let's debate it out in the open. It's simply not acceptable to have one group of scientists talking about COVID and vaccinate, lockdowns, and social distancing, and all that, and the other people are absent. As we mentioned before, they don't appear. And there are legions of these doctors out there, and I made a point of trying to talk to them to get the other side. We're going down that road of freedom of speech, and we can't let that fable of disinformation—of anything that goes against the government narrative—prevail. It's got to get out in the open. And that's fundamentally what I have to say and what I'm trying to demonstrate as a part of my job in my role as a journalist.

Shawn Buckley
Right. And had you ever experienced this type of thing before where there was pressure on **you to conform with a government narrative on any topic in your career as a journalist?**

Michael Welch
Like I said at the outset, one of the reasons I came to the radio station in the first place is because this is a place where I can ask these questions, and I'm wide open to go wherever I like, as long as it's carefully measured. So no, I didn't. Now, it's different. And I don't know where this is headed. Hopefully, it can be stopped, perhaps through an inquiry like this one. But I don't know.

Shawn Buckley
And just so that things are clear, this station did drop your show.

Michael Welch
Well, they said it would be withdrawn temporarily, and that was two years ago. So it looks like it was a permanent.

Shawn Buckley
Right. So CJSF in Vancouver has dropped you for two years now.

Michael Welch
Yes.

Shawn Buckley
And some other stations have dropped you, also.

[00:20:00]

Michael Welch
Yes.

Shawn Buckley
And then for the first time, the Board of your local station on this issue, basically, made it clear to you that you have to be careful.

Michael Welch
I heard from, I think, it was the Chair of our Board. I mean, I met her outside, and we were just having a conversation. But then at the same time, the conversation got kind of serious. And she looked me in the eye and said, "We've got to be keeping with the government narrative. All the doctors are saying that, all across the board." And she's trying to say, "So you're going to align with these policies, aren't you?" And I basically said, "No." But I mean, yeah, that's definitely something that's pretty sharp on our mind.

Shawn Buckley
So if there was one thing that you would like to see happen in the area of journalism going forward, what would you like that to be? Where do you think we've gotten off the rails where journalists like you are being basically pressured to follow the government narrative?

Michael Welch
Are you talking just in my journalism or journalism broadly?

Shawn Buckley
However, you'd want to answer that. You're an expert in the field; you've been a journalist for the last 15 years. So I'm really just asking for your insight, whether it's locally or do you think nationally, however you'd like to answer.

Michael Welch
I think that we have to be more open to other ideas, like I have been. I think we have to listen; we have to, in particular, we really, really have to be in touch with community members. Because I am a community broadcaster, and I think that local people should really take precedence, and we should listen to them. Like we've listened to a lot of fine people— I've listened to a lot of fine people today, and I think I have a colleague who's already collecting information for people to interview.

I remember talking to someone who had been vaccine injured. And she said that when she talked to a mainstream media person about— Is she going to get her story published? She ended up, he or she, I guess, ended up saying, "Well I can't because if I do, I'm going to lose my job." I haven't confirmed that. But I'm just reporting what that person says. Me, I don't think we should be fired for trying to do our job and reporting from actual people.

Shawn Buckley
Thank you. I don't have any further questions for you, Mr. Welch. I'll ask if the commissioners do. So the commissioners don't. Mr. Welch, on behalf of the National Citizens Inquiry, I sincerely— Oh, I'm sorry, I misspoke. One of the commissioners does have a question for you.

Commissioner Kaikkonen
Thank you for your testimony. Do you know if the media that condemned you in Vancouver takes funds from the federal government right now as part of the federal government's initiative to prop up media financially?

Michael Welch
Are you talking about the Vancouver *Province* [sic] [*Vancouver Sun*]?

Commissioner Kaikkonen
Yes.

Michael Welch
Oh, yeah. I haven't really looked into it to tell you the truth. It's quite possible because a lot of them are. But I don't know. I mean, the way it started in my view is that it started with an individual. The whole CJSF saga began with one individual attacking the station and talking to the program director and trying to get her to take that awful "Global Research" show off the air. And I think she even threatened to find a way of condemning him if they don't.

[00:25:00]

And so she went to this reporter, and then the reporter took interest and that's all. But, yeah, to answer you, I honestly can't say.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
But in a way, and sorry, we have another commissioner question. But I just wanted to interject. In a way it's interesting. So here we have one media station, or *The Province* [sic] [*Vancouver Sun*], so a media outlet, basically complaining about another media outlet reporting. Like, when we all think about that, that in itself is interesting. Do you see what I'm saying?

I mean that would be like your radio station, your show, complaining about what some other media outlet is doing in order to create pressure for that other media outlet to drop a story or position. I mean, that's an unusual take in the absence of fraud or corruption, is it not?

Michael Welch
Yeah, I personally wasn't fond of it. I guess it's a bit of a conflict of interest. You know, it's not the way I want to be introduced to the people of Vancouver. But yeah, it's unusual to see radio stations going against each other that way.

Shawn Buckley
And I'm sorry Commissioner Massie, I jumped in.

Commissioner Massie
I was going to ask you: How do you see the future of this type of journalism in Canada or in other countries in the environment we're in right now? Because I'm not seeing a lot of news stations that are able to openly go counter-narrative and make a decent living out of it. Do you see that people will ask for it, eventually, and it will actually come back? Or is it going to be suppressed, like it is right now?

Michael Welch
I hate to be negative. But it doesn't look too good. I know that the campus community radio network, like it's the network of stations that arrange things. And even though we are charged with the responsibility to dig deep and find a different view of things, collectively, we seem to have marched pretty much in line. And so even myself and a few others who are countering the narrative, even in this network, it's more the minority than the majority. I find that things, so far, are not working in our favour. And even in internet media, there's these increasing tentacles of conforming to standard narratives. It's something that I had not thought would be possible five years ago.

Commissioner Massie
Thank you.

Shawn Buckley
Mr. Welch, I think that's it for questions. And again, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony and sharing with us today.

Michael Welch
Okay. Thank you very much.

[00:29:12]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 10: Michael Vogiatzakis (Part I)
Full Day 1 Timestamp: 09:47:03–10:05:50
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

PART I

[00:00:00]

Wayne Lenhardt
Mike, could you give us your full name and tell us where you live, and then I'll do the oath with you.

Michael Vogiatzakis
Michael Vogiatzakis. I live in St. Andrews, Manitoba.

Wayne Lenhardt
Okay, and you own a funeral home?

Michael Vogiatzakis
I'm general manager of Voyage Funeral Home

Wayne Lenhardt
Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth?

Michael Vogiatzakis
I do.

Wayne Lenhardt
Pick your own starting date, Mike, and tell us what you noticed that was different during the COVID epidemic relating to what you were seeing at your funeral home.

Michael Vogiatzakis
I think it all starts when COVID started and the government put so much fear into us that even myself was afraid and thought I'd never see my family again because I thought I was going to die. I thought, geez, we're the guys who are going to be touching these bodies that are dangerous and that have COVID and the blood is infected. Am I going to see my family again? Every time we went to a care home, we were frightened. We had staff meetings talking about this and offering staff to maybe not come to work if they didn't want because of what we were going to be facing. The fear was so real that it scared us.

I remember my mom— When they said you couldn't go see your parents and you couldn't be with family. My dad had passed away a few years earlier. When I went to my mom's house, I sat across the table from her, and I said, "Mom, don't come near me. I don't want to get you sick. Please, mom, stay on that side of the table." And she goes, "Oh, don't be silly. Give me a hug." I go, "Mom, I can't hug you, stay on that side of the table!"

And then reality kicked in one day when I went into a care home. A friend that I grew up with since I was a little boy, his dad came to the funeral home and said, "Mike, I have stage 4 cancer. I'm going to die. My last wish is for you to come to this care home and take me into your care once I die." He goes, "You promise me you'll do that." I said, "Yes, sir." It was three months into COVID, and I got a call from the care home, and this gentleman passed away. So I made my way up to the care home.

As I was proceeding to take him off the hospital bed, it was just me and a nurse alone in a room. I looked at this nurse, and I said, "Do you mind me asking how this person died? I'm just curious." And she said, "Oh, he died of COVID." I said, "Yeah, but this is a palliative care ward. This is comfort care. Aren't people here just for comfort care? Aren't the people in here, everyone on this floor, don't they have cancer?" And she said, "Yes." And I said, "Can I ask you a question?" I said, "What does the death certificate say?" She says, "It says COVID." And I banged my hand on the table and I said to her, "Listen, I want the truth. This is my friend's dad, and I want to know how he died." She said, "I don't want to lose my job. I don't want to lose my job. He died of cancer." Of course, he died of cancer. And I said to her, "You have five minutes to change this death certificate to the proper cause of death, otherwise, I'm going to turn on my phone. I'm going to go on Facebook live, and I'm going to make a mess out of this." Five minutes later, this nurse came back with a new death certificate that said that this gentleman died of cancer.

My fear of getting sick and dying, instantly, went away. I knew there was something wrong and I knew that I was not in danger. And I was in every COVID room that you could imagine. Double COVID, double mask. You can't do this. You can't do that. That puts a lot of fear into a person. From that day on, I walked into care homes with confidence. At times, I didn't wear a mask because when you're removing somebody from a bed, you don't want things poking in your eyes. You want to be able to see what you're doing. You want to be comfortable with what you're doing. So that day changed my life as a funeral director, and it changed the staff's perspective on things.

During these two years of COVID, I want to go behind closed doors: behind closed doors where families weren't allowed, where I was able to look at your families in the eyes and see the fear that they were going through, the confusion. A lot of these families were lost and they were scared. It puts tears in my eyes when I talk about this because it is real. What the government did is real, and it hurt a lot of families, and it hurt a lot of people. And it killed a lot of people. People died alone, and nobody should ever die alone. Nobody should ever be alone at the end of life. To hold your dad's hand or to say, "I love you" or just for your loved ones to know that you're at the corner of that bed means everything in the

world. But no, they took our rights away as human beings to say goodbye. They took our rights away as parents to be there for our children.

[00:05:00]

They took our right away to go into a hospital and say goodbye.

It reminds me of a story of a lady that was in the hospital, and she could hear her mom calling her clearly. And as her mom was calling her, the hospital called security and escorted this lady out of the hospital. On the two-way radio, she heard that somebody had passed away, and she looked at the security, and said, "Was that my mom's room?" It was her mom's room. They took her right away to say goodbye to her mom on her death bed. And how's that right? How's that right for us as human beings to put up with that? How's that right for a government that we voted in to do this to their people, to straight out lie to us?

I want to just take you behind the scenes. I want to share some stories with you: stories that are going to touch your heart; stories that caused division and hate and anger and split a world in two, instantly, just like that. It breaks your heart to be able to go into these rooms and to see the hurt in people's eyes, to see the fear in their eyes, to know that they're going to die alone.

I'm going to share a story with you about a care home that I went into. As I went into this care home to take this lady into my care, I was about to put her onto our stretcher. In the bed beside her, there was an older gentleman. He looked at me and he said, "Please take me with you, please; they're going to kill me, please take me with you." I looked at him and I didn't know if he was mentally sound or if he was just being delusional. Then he looked at me and he said, "There's a glass of water just over there." He goes, "Pass me that glass of water; I just want a sip of water." And I said, "Sir, I can't give you that water." I didn't know if he had congestive heart failure. I didn't know if something was wrong with him, and I didn't give him that water. I put this lady into my stretcher, and I started to take her out of the room. He looked at me and said, "My kids hate me. My kids haven't been here for me. What did I do wrong? Why are my kids treating me like this?" And I said, "Sir, this is not your kids. It's the regulations that the government's put forth. Your kids can't come and see you because they're not allowed to come and see you." And this gentleman started crying, and my heart was truly broken for him. It reminded me of my dad, laying there helpless, nobody to help him, nobody to talk to.

Our older generation was locked in homemade prisons—homemade prisons, locked in their rooms, three or four people. As funeral directors, when we go to a room and we take somebody from that bed, we clearly see if a person was changed, if a person was taken care **of, if there was bed sores. And we saw all of that and more. At times, I had to call people to take the catheter out because that's not my job. What they did to people was disgusting. These older people worked so hard to build this country for us. They left their countries to come to Canada because Canada was a land of opportunity. Canada was a place where you could raise a family. Canada was a place where you could have freedom. Bang. In a fast second, they took the freedom away.**

This gentleman, as he was crying, he said to me, "Can you say a prayer for me? Can you please say a prayer for me?" I didn't know this gentleman. It's really not our job to talk to other people in the hospitals. Our job is to go in and take the person out who passed away. I went over to that gentleman. I held his hand and I said a prayer for him. He cried the whole time and he said, "Don't leave me here alone. They're going to kill me."

I had to leave for the funeral home. As I left the room, you walk down this hallway where all these eyes are just staring at you. These poor people who were in hallways in wheelchairs were waiting for their turn. Waiting for their turn to die. These are your parents, your loved ones, that nobody had a chance to see what was going on behind those doors other than funeral directors and doctors.

Let me tell you, the screaming and the noise and the beepers. There's nights I can't sleep at night. There's nights I wonder what's wrong with my head because I hear these noises. And I see these people's eyes, and I see their tears and I feel them. I go home many times and I hug my son, and I say, "Buddy, dad loves you." "Dad, don't hug me. What are you doing? Are you crazy?" But he doesn't know what you've went through that day and the pain that you felt and the pain that you saw in other human beings.

When I got to the funeral home with this lady, it wasn't even an hour later, I got another call from this personal care home. The gentleman that I prayed for, the gentleman that he begged me to take him with me, he passed away. So I took this gentleman into my care next, and my heart was broken. I'm a man, and I cried for this gentleman all the way back to the funeral home.

[00:10:00]

I told his story to his family, and the kids were heartbroken. Is that something you can get over, to hear that? To know that your family member died alone, that there was nobody there to help him, that there was really nobody to care because the care homes and the hospitals were overstaffed? Confusion—

Wayne Lenhardt
Mike, did they change any of the regulations relating to how you ran your funeral home? Did that impact the families?

Michael Vogiatzakis
Absolutely. I mean, everyone has a right to have a funeral service. Everyone has a right to say goodbye. Everyone has a right to have closure and healing in their hearts. And they took that away from us. They took your right away to say goodbye to a loved one. The only thing that gives you closure sometimes is to attend a funeral service, to be comforted with friends, to hear a pastor say those comforting words that you need to hear to heal your broken hearts. They took that away from us in a fast second.

They suggested that we should cremate people, and there should be no viewings. We did the opposite because we stood up for the people of Manitoba and Winnipeg. When somebody said they wanted to see their loved one, we 100 per cent allowed them to see their loved one. And nobody got sick. We embalmed people and we didn't get sick. We had our hands in people's bodies, because that's what happens during embalming a lot of times, and we didn't get sick. We were breathing in the fumes. And a lot of times when you're in these rooms, you don't want to wear masks because you don't want to poke yourself with something.

They changed the way funeral service ran. They changed the way funerals were held. You would go to a church service with a casket where you need six pallbearers. But the limit is five. How do you carry a casket? These poor families had to carry a casket of their moms and dads by themselves, five people. I broke the rules finally and I said, "Enough of this.

Enough of this. We're going to hire your pallbearers at the funeral, and they're going to work for us that day." The inspectors didn't like it, but that's just the way it was. Because families suffered enough, and we weren't going tolerate this anymore. Somebody had to stand up and make a difference for these families. And that somebody just happened to be me.

We had an outbreak of suicides like we've never seen before. Suicides that would break your heart. The families come in. Not only are they dealing with a suicide, but they're dealing with vaxxed and unvaxxed and all this silly nonsense and tossing people out of the arrangement office because they weren't vaccinated and they didn't have a right to be there. Well, little did they know that their funeral director was unvaccinated too.

It was a game that they were playing with our minds. It was a game that they were winning because of fear. You throw a little fear in the air. You throw a little anger in the air, a little confusion in the air. Bang, you got everyone. Would it happen again? In a fast second, because people are weak and fear overrides everything. All they have to do is tell you you're going to die. Nobody wants to die.

Wayne Lenhardt
Did you see any difference in the mortality statistics, the kinds of deaths you were seeing and numbers?

Michael Vogiatzakis
Sir, I can honestly tell you that our funeral home went out and bought extra equipment. There was so much hype that there was going to be so many deaths. We bought extra stretchers. We bought extra tables. We bought extra shrouds. We did everything we had to do to prepare for this overwhelming amount of death that was going to happen. And I can tell you that never happened. The death rate was exactly the same. As a matter of fact, the death rate was probably lower. But the suicides and the drug overdoses rose that death rate to be even as it was other years.

The one year, our funeral home lost a whole whack of money. When do funeral homes lose money? They don't. You weren't allowed to have services. You weren't allowed to do this. You weren't allowed to do that. Families changed the way they did things.

So many families are in pain right now. So many families are suffering mental illness. When you're suffering mental illness, you can't even get help. I talk to a lot of people. A lot of families call me and say, "Could you talk to my son? He's thinking of committing suicide." I've taken these kids, personally myself, to the hospitals, and they're simply turned away. No help. And one of them did commit suicide. One of them committed suicide after I did my best to help my friend's son. But there was nothing I could do.

Wayne Lenhardt
Is that unusual in your business?

Michael Vogiatzakis
Suicides have been here since the beginning of time. But not at this rate. And they continue. Drug overdoses, we've never seen at this rate. I can tell you right now that if you lost a loved one during COVID of a drug overdose or a suicide, there was a six- to eight-week hold

because they're going do an autopsy. Imagine that: you've lost your loved one; you're suffering this pain; now you've got to wait six to eight more weeks, in your mind, picturing that your loved one is sitting on some cold table somewhere. It was heartbreaking to see for families.

I want to share a story with you about suicide. A heartbreaking story that makes me cry every time I think about it.

[00:15:00]

Christmas will never be the same for me because of this story. There was a gentleman who was non-vaccinated, and he was going through school to be a professional. He wasn't vaccinated; he refused to get vaccinated. And that was his right. It was his right not to get vaccinated. But in turn, he lost all his friends because his friends wouldn't hang out with him anymore because he was going to make his friends sick. He lost his job because he wouldn't get vaccinated. He got behind in his rent, in his apartment. It was close to Christmas when he was at his house, depressed, lonely, and hurt when the phone rang. And how I know this, I read the suicide note.

The phone rang, and it was his parents. He was so happy to see that his parents were going to call him, somebody that loved him, somebody that cared about him. And his parents said, "We have some bad news for you. We don't want to hurt you, but you can't come over for Christmas this year because we don't want you to get us sick and we don't want to die. So it's best if you stay home this Christmas." This man told his father and mother that he loved them unconditionally and he understood. But deep down in his heart, they put a huge sword. You know how they say, "The tongue is sharper than the sword."

After he hung up with the phone, he wrote his suicide note and he took his life. I could tell you a few weeks later, just before Christmas, that family was at the funeral home crying over his casket instead of having him home for Christmas. These words the dad said are stuck in my head forever. "If I can only turn back time. If I can only turn back time." And I said to him, "Sir, you can't. What was said was said and what was done was done. We just need to move on."

Wayne Lenhardt
We talked outside about what you were seeing when you were preparing the bodies. We talked about blood clots that you were seeing. Can you tell us a bit about that and was that unusual?

Michael Vogiatzakis
So blood clots are part of life. When a person dies of a stroke or dies of a heart attack, they had a blood clot. So blood clots have been here forever. Have blood clots been here like the way we're seeing them now? Absolutely not. I have one of my funeral directors here, and mortician, and it would be great to get him to come up here and tell you what he's pulling out of bodies. He's our main mortician. He's the one who does the majority of the embalmings for the funeral home, and you should hear his story because it needs to be heard.

Wayne Lenhardt
Well, maybe I'll put it to the commissioners right now. If you have any questions and if you're interested in exploring that phenomenon of the blood clots, we'd be happy to bring Mr. Mike's associate that works with him, who apparently is quite knowledgeable on this.

It's getting late, but is that your wish, Commissioners? Okay. Are there any questions of Mike at the moment, and then I'll let his colleague come up and talk just on the blood clots for three or four minutes. Any questions from Commissioners for this witness?

Okay, thank you very much, Mike.

We'll bring Mike McIver.

[00:18:47]

[Michael Vogiatzakis' testimony (Part II) continues on Winnipeg Day 3, Witness 11, Full Day 3 Timestamp: 08:25:10–08:30:48.]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Witness 11: Michael MacIver
Full Day 1 Timestamp: 10:06:15–10:16:03
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Wayne Lenhardt
Could you give us your name, spell it for us please, and then I'll do the oath with you.

Michael MacIver
Michael McIver, M-I-C-H-A-E-L M-A-C-I-V-E-R.

Wayne Lenhardt
You live in Winnipeg?

Michael MacIver
I currently live in Winnipeg. Yes.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during this testimony?

Michael MacIver
I do.

Wayne Lenhardt
Could you tell us about your experience with these blood clots that apparently were unusual that you guys were seeing.

Michael MacIver
Well, I've been a funeral director for over 40 years and embalmed thousands of bodies. And basically, there's two types of clots. There's an ante-mortem clot, which is a white fibrous clot that occurs prior to death. And then there's the post-mortem clot, which is a red jelly-like clot. And I've been seeing a high preponderance of these white fibrous clots since the COVID thing.

And at the offset of COVID— I consider myself a critical thinker and try to disseminate the information as I see it. Right at the offset, Teresa Tam was giving me some information that seemed to be conflicting, and then soon after that, the message was politicized. Prime Minister Trudeau was up there. Pallister government was up there. And I become highly suspect of some of the information that was being presented to us, the public at large.

So I started to look in terms of my profession at what I was seeing in the way of COVID. And I was seeing these white fibrous clots. Over the years, I've seen them occasionally. But almost with every single embalming, I would see these large clots. And I brought Mike in and we have video footage of this. I don't want to be disturbing or anything, but part of my job as an embalmer is to facilitate the removal of clots. And usually, that's relatively simple. I use pressure, and it removes the clots and these sorts of things.

But because of the size of these clots, I have to use a new technique of embalming, a restricted style of embalming that expands the vascular system to facilitate the removal of these clots. And I lack the scientific reasoning to explain why this is. But I see a strong correlation from the COVID thing to these clots, and I can't explain why. But I thought it would be an interesting adjunct to a strong testimony that's been presented here today.

And God bless each and every one of you who've suffered through this, and as a funeral director, I've seen many. And as Mike just testified, we've seen people suffering because of the, I would say, the ineptitude of the government. The government was elected. They're an extension of us, the people. They should be operating on our behalf and not be a dictatorship and telling us how things are.

Wayne Lenhardt
I don't want to get too far afield here, but I think it's fair to say then, from what you're saying, is that you've practised for 40 years as a mortician and you have not seen the severity and numbers of these clots.

Michael MacIver
That's correct.

Wayne Lenhardt
Except when COVID hit, is that fair?

Michael MacIver
Shortly thereafter. Especially, I'd seen reports of the various clots in Europe with the AstraZeneca thing, and this and that. And so, I started looking to see if I could physically or visually see clots myself, and sure enough, almost every body I was embalming that was affected with the COVID. And then, shortly after the vaccine implementation is when I'd seen a higher preponderance of the clots.

Wayne Lenhardt
Okay, I think I'm going to ask for any questions from the commissioners now. It's getting late.

Commissioner Drysdale
I just want to be clear about your testimony. Are you saying that you started to see these clots in 2020 before the advent of the vaccines?

Michael MacIver
Well, just prior to 2020, St. Boniface Hospital had a high respiratory— They had a high incidence of flu and they had this unknown thing circulating. It wasn't defined as COVID at that point.

And then a few months later, in around the end of March of 2020, they put down the restrictions and all those sorts of things.

[00:05:00]

And then shortly thereafter, they fast-tracked some of these vaccines. And I think AstraZeneca was one of the first, and there was a lot of, especially in Europe, they seemed to purport that there was a lot of people suffering strokes and heart attacks and all these sorts of things.

It was shortly thereafter where I started seeing more incidents of these clots. All the bodies at the various hospitals—the Health Sciences Centre, St. Boniface, and all the rest of them—they had the bodies clearly marked with a magic marker, COVID+. And, so, of course, I'd be practising aseptic techniques: protecting myself in the eventuality if I got stabbed or something with a needle or these sorts of things. I was very vigilant in observing what was happening with the body. And, of course, you try to minimize your work area to prevent contamination of the area and these sorts of things. And as Mike alluded to earlier, we didn't see the danger.

Initially, there was a large fear factor, you are kind of apprehensive about— Especially since I have suffered 33 heart attacks, I got blood cancer and all these sorts of things and probably have a greater propensity towards catching something if ever. And I didn't catch anything, and I soon thereafter lost my apprehension and trepidation of going into the prep room.

But it was shortly thereafter that I started noticing these clots. And I called Mike in, and he **started photographing and videotaping what I was seeing. It's too graphic for the screen here or the public, but, you know, in the future, if something ever does come of it, I just wanted to present this information as an adjunct to what's already been presented here today.**

Wayne Lenhardt
Mike, I've just talked to Shawn here and he has three photographs that came out of the Toronto hearings. We'd just like to put this up and ask you whether the ones you were seeing were similar to these.

Michael MacIver
Yeah, that's exactly what I was seeing, and those are what we call ante-mortem clots. Basically, the body— When it suffers a vascular injury, the body goes through hemostasis. It wants to prevent the body from bleeding out. So the liver kicks out an enzyme that reacts as a catalyst to the thrombin that's circulating through your blood. It converts the fibrin, which is a liquid protein, into a string-like protein and that forms a patch to plug up the vascular damage. And sometimes, if too many white blood cells and plasma get built up in there, it starts backing up and forming an extra-large clot. For the number of clots, I can't surmise that everybody that suffered COVID is suffering some form of vascular accident. You know, they talk about maybe some sort of heart damage or these sorts of things. And again, I lack scientific reasoning to explain it.

Wayne Lenhardt
Can you recall even the month that you started seeing these?

Michael MacIver
That would probably be more towards May, June, because we were kind of restricted—

Wayne Lenhardt
Of which year? May, June of which year?

Michael MacIver
We were restricted in what we could do at the funeral home originally. They limited the capacity of the funeral to like five people at one point. And then Mike was getting very frustrated with the rules and regulations and seeing all the heartache and heartbreak out there, where he just said: "Let's just do it," you know, pardon a better term, "the hell with these government officials and their—"

Wayne Lenhardt
I'm going to press you one more time, was it May or June of 2021 or 2022 or '20?

Michael MacIver
Yeah, it would have been in around 2021.

Wayne Lenhardt
Okay.

Michael MacIver
Yeah.

Wayne Lenhardt
Okay, any more questions from the commissioners? Okay, well, thank you very much then.

Michael MacIver
Well, thank you and God bless each and every one of you. Thank you.

[00:09:48]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 1**

April 13, 2023

EVIDENCE

Closing Statements: Ches Crosbie and Shawn Buckley
Full Day 1 Timestamp: 10:16:13–10:21:45
Source URL: https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html

[00:00:00]

Ches Crosbie
Ches Crosbie is my name. I'm the Commission Administrator. I have a Queen's Council. I'm from St. John's, Newfoundland and Labrador.

Commissioners and everyone in the audience and out there, we've heard very compelling testimony today, but you may recall that in the opening remarks of counsel, he talked about hatred. Well, we've certainly heard the theme of hatred throughout the testimony of the folks who testified before this Commission today.

People may wonder why this is an inquiry into the truth because oftentimes we hear of inquiries which are inquiries of truth and reconciliation. But this, I submit, cannot be an inquiry of truth and reconciliation until the perpetrators, the perpetrators of the hatreds and I believe the crimes we've heard about today, come to terms with what they've done. There are apologies. There is true reconciliation. And there is accountability, which may often include—and for many people, those in leadership positions, must include—answering to the criminal law.

Can I have the slide that we made available a little earlier?

In this country, we have something called hate crime. Section 319, sub 2 of the *Criminal Code of Canada* says, "Everyone who, by communicating statements, willfully promotes hatred against an identifiable group, is guilty of an offence." So what is hatred? It's not defined in the code. Rather, it's defined in case law from the Supreme Court of Canada. For example, *Keegstra*, written by Chief Justice Dixon in 1990: "Hatred is an emotion that, if exercised against members of an identifiable group, implies that those individuals are to be despised, scorned, denied respect, and made subject to ill treatment on the basis of group affiliation."

You see before you an editorial or opinion piece that was published in the *Toronto Star* on August 26th. I think it says 2021, and it goes like this: "If an unvaccinated person catches it from someone who is vaccinated, boo hoo, too bad. I have no empathy left for the willfully unvaccinated. Let them die." And it goes on in that vein.

We can get into the reconciliation phase of this Commission if and when the authorities in Toronto, the police and the prosecutors, lay charges for this act of hate speech.

Thank you.

Shawn Buckley
Thank you, Honourable Mr. Crosbie.

We will be adjourning our first day of the Winnipeg hearings of the National Citizens Inquiry. Every time we have a full hearing day at the National Citizens Inquiry, I tell people that your life will never be the same. And I think those of us that have watched this online and have experienced it, personally feel that way. And I just thank all those brave Canadians that have been willing to tell their story.

I have to tell you that as with every set of hearings, we've had a number of witnesses withdraw even just today. It's because of fear of repercussions, some for fear that they will lose their jobs, some for fear that there will be backlash from their friends and family. And so here we are in mid-April 2023, in Canada, where a lot of us still do not feel that it is safe to simply share our story. And that is the ultimate of silencing: when we're not free to even just tell others what our experience has been. So that's why this is so important. We're going to continue tomorrow. We're going to continue marching across the land. And we're going to continue telling our stories.

Thank you.

[00:05:32]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
WINNIPEG HEARINGS

Winnipeg, Manitoba, Canada
April 13 to 15, 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.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 00:42:50–01:30:20
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
We're very excited that you're participating with us today. We actually are going to have two asks for those of you that are in the audience and those of you who are watching online. We are a band of citizens that just got together with the idea that we needed an independent look at how all levels of government have handled the COVID-19 pandemic because this is the most significant event for most of us alive today in Canada.

We've never gone through an experience that has so shaped our country and so divided us and so shaken us up. And we all know that we're going to be facing the consequences and the changes that it's going to bring forth going forward, for generations. And so we were just passionate about the need for an independent look. But this adventure that we've started, that's growing and growing, is only going to succeed if we can reach all Canadians and, in fact, really the entire world. This needs to be done in every single country: an independent-of-government, citizen-run inquiry into why the decisions were made the way they were and why all the institutions acted the way they did.

Now we're here today. We've run three hearings in Truro, Nova Scotia. We've run three hearings in Toronto. We ran a day of hearings yesterday in Winnipeg. We have had one mainstream media outlet here for maybe 40 minutes in this whole time, and yet on social media, we're starting to have tremendous success. But the reality is the mainstream media is not going to cover us. And there are some clear reasons for that: because if the citizens in Canada get control of their institutions again, get their institutions working for them again, then it is most probable, in my opinion, that the editorial boards of the mainstream media will be facing criminal charges. So why would they cover proceedings such as this?

So how do we get the word out? And this is our call because what we're finding is there are a number of you out there that have a large footprint in social media. Some of you are podcasters, and I'm talking to you all around the world, not just in Canada. We've got to ignite this around the world. If you are a podcaster, start podcasting about the NCI and we'll give you guests, we'll give you our spokesperson, we'll give you witnesses. We'll help you put us out and plug in and tag us. If you've got a Twitter account—or look, we're on every social media—tie into us and push us out on your networks.

Again, this is a citizen initiative and it only works if you the citizens, and not just of Canada but of the world, start participating. Start taking personal responsibility for doing something. Stop watching. Start doing or this fails, and it doesn't fail just for me: it fails for you and it fails for your kids. Time is short for us to get our institutions working for us again and so the time for sitting on the couch, the time for not participating is over. You are here to decide who you're going to be, and it's decision time, and I'm inviting you to make that decision.

We also have a second call out. In Toronto, we had an embalmer who was very nervous about testifying, very nervous about sharing her story about what she was seeing in the bodies after the vaccine was released. But she was brave and did it, and she placed a call out to other embalmers to participate. Yesterday, we had a surprise at the end of the day where it turned out we had an embalmer in the audience and—without us knowing this, just a witness on the stand told us—that embalmer took the stand. We were able to show that embalmer one of the exhibits that Laura Jeffery, the embalmer in Toronto, had shared with us,

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and he confirmed, "No, I'm seeing this in the persons that I'm embalming also." And so now we have two. Now we're putting a call out for embalmers to contact the NCI because we need your testimony. Can you imagine if we put together a panel of you to have an open discussion amongst yourselves for the public to watch about what you're seeing because your evidence can't be disputed.

You are finding things, at least this is what we're being told now by two embalmers: you are finding physical changes that cannot be discounted in the persons in whom you are embalming. You are finding— I don't even know what to call them because they're not blood clots, they almost look like earthworms to me. And they're making it difficult for you to embalm because they're plugging up the arterial and vascular systems, and you're having to remove them. And this is new. That you've never seen this before, and the public needs your confirmation: You've seen changes in the blood and the blood clot. You have seen changes in the types of death following vaccination, including different changes in pattern for baby deaths. You have seen things that the public, if they become aware of it, will not be able to deny your evidence is crucial. So we're calling on all embalmers to contact the NCI because you have a special type of evidence that we need to get out there.

Now for my opening, I have to just say, because I'm going to be commenting on the legal system, that this is my opinion. And isn't it funny that I have to say that to try and protect myself because we know that when doctors or nurses, any medical professional steps out, they're sanctioned; they basically lose their licence to practise. It's a form of punishment to create censorship and scare the rest of them from actually taking self-responsibility for their actions and speaking out regardless of the costs and acting ethically regardless of the costs. I haven't seen lawyers being disbarred for taking on COVID cases or speaking out, but to borrow the title from Mr. Huxley's book, we truly are in a brave new world today. And so, to try and protect my licence to practise law, I'm just saying this is my personal opinion. I'm hoping that lawyers are still allowed to have personal opinions on the legal system amongst other matters.

Now, there is in my opinion, in my experience, there is—and people in this room will agree with me—a perception that during the COVID crisis, and to today, the court system has failed us. I've heard that time and time again from persons that are concerned about how

governments handled the COVID crisis. There is a perception that the court system failed us and that is my perception also. I have to say that I am personally grieved with how the court system has handled the COVID crisis, and I was called to the bar in February of 1995, so I'm working on my 29th year of practice.

I've tried to focus on constitutional issues. I've done a lot of criminal work, a lot of *Food and Drugs Act* work to try and keep our access to natural remedies available. Probably within the first 10 years of my practice, I had run a thousand trials. I was a high-volume trial lawyer trying to ensure that our rights were protected. That's always been my focus. And so when I give you my opinion of the legal system, I want you to understand that that comes from basically my entire career of practice, working on my 29th year.

The rule of law is simply the principle that the law applies to everyone equally. It's a very simple process or concept.

[00:10:00]

You don't have to think long and hard to understand how that is important to a liberal democracy. If we're not all subject to the same laws, if we're not all treated fairly in that the law applies to us equally, we don't have the rule of law. What we have is tyranny. And it's funny, the word tyranny, it conjures up negative emotions, but if you look at the definition, I mean, it's actually not a scary thing at all except in its application. But tyranny is just absolute discretion.

You could have a tyrant that actually made really wonderful decisions for the populace. We could have Plato's philosopher kings making great decisions for the benefit of the populace. That would be pure tyranny, but our experience wouldn't be negative. But why it's negative is because in all of our recorded history with the very rare exception, as soon as a government or a ruler has absolute discretion over our lives, very bad things happen to the populace. So that's why when I use the word tyranny, we react to it actually emotionally. So you understand that the rule of law is our protection against tyranny. Because if the government or our kings or our rulers or our bureaucrats, if anyone who has been delegated power over us is subject to the same application of the law as we are, then we're protected. Then we don't have tyranny, and that is why the rule of law is so important.

Now what shocked me with this COVID experience and I think what shocked so many people is that we were expecting the court to basically be a mediator between ourselves and the government. I mean, I know I was expecting— Okay, the government's doing things. I'm going to expect that the court is going to be between the government and myself and if we are going to have the rule of law, then both parties have to be treated equally in the courts.

Now we have a fundamental problem in how our court system and how our justice system has been designed. And that is that we have built into it a conflict of interest that is not consistent with the rule of law, and when we get control of our institutions again, we are going to have to get rid of this conflict of interest. So I just want to speak a little bit about how this played out and how unfair it was. And one thing I've seen in trial after trial where I've had clients that said, "You know, I didn't know that was illegal; like, I didn't know that was a problem—" And invariably, the court will say, and I've heard it time and time again: ignorance of the law is no excuse. Early in my career, I would just accept that as a reasonable proposition.

Actually, I agree it is a reasonable proposition. Because if you have laws and somebody could just say, "Well, I didn't know it was there," and that was some reasonable excuse, then basically you don't— The law is invalid, like you basically can't apply it. There's actually a good policy reason for ignorance of the law not being an excuse into whether or not you're culpable. It could speak to what should flow from a penalty.

But why I'm going into this is— You know we have an inner voice? As time went on and I watched how the legal system was applied to government and I watched how courts would allow our police system to get away with breaking the law over and over again,

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and just who was charged and who wasn't charged, it came to me that whenever I would hear a judge say to one of my clients, "ignorance of the law is no excuse," that inner voice would add "except for the government and the police." This has happened because of a conflict of interest that I'll explain. But what disappointed me about the COVID experience was kind of a complete abandonment of the law by both the police and the government.

Now we all know about our *Charter of Rights and Freedoms*. We all know about our Charter rights, and actually there are some really wonderful rights in that document. You know section 7: Everyone has the right to life, liberty, and the security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice. What a beautiful right. Courts have made it clear: that includes rights that we already had under the common law to autonomy over our own bodies, where, you know, you can refuse a medical treatment. Prior to COVID, that was sacrosanct in our legal system, in our medical system—the right to deny a treatment—and it's guaranteed in our Charter.

We have freedom of conscience, we have freedom of expression, we have freedom of religion, we have the Charter right to freedom to assemble. I mean, it's a fundamental right to be able to protest. It's a fundamental right to be able to go to church and worship. It's a fundamental right to have your own opinion according to the Charter. Now what's interesting is, here we are in Winnipeg, Manitoba, second day of the National Citizen Inquiry hearing in the year 2023. And the year's important because in this time in 2024, will it be legal in Canada to hold proceedings like this? Will it be legal for me to share this opinion in a year? I don't know and if I'm a betting man, I wouldn't know how to bet.

But we have these wonderful Charter rights and then we have section 52 of the *Constitution Act, 1982*, the same British statute that includes our *Charter of Rights and Freedoms*. It sets out that the Charter is the supreme law. I mean, it basically reads: the Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force and effect. And what that means is, if you have any law— Let's say a mandate saying you can't assemble, you can't have a group of more than 40 people outside, you can't go to church. Well, that law is below our constitutional right to worship. That law is below our constitutional right to assemble.

So one of the things I learned—probably about a year and a half ago—I was involved in an organization that was forming to start looking into crimes that were committed in the COVID pandemic. I got segued into this NCI, I want to call it an "experience." It's really a movement. This is a movement because this is just Canadians getting together.
I mean the strength of this is that it doesn't depend on any person or any groups of persons. So when I'm inviting the podcasters of the world to get involved, when I'm inviting every listener to push us out, I don't care if your social network is 10 people, push us out because

that's how we're going to make a difference. And that's what we are. We're a movement of people that are basically demanding to know what happened so that we can collectively decide how we are going to manage our affairs in a peaceful way going forward. That's what this is about. We're not here to grind an axe. We're here to find solutions so that our children's future is protected and that Canada once again becomes a beautiful place to live where we treat each other with respect and kindness. That's why we're here and that's what this movement is about.

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Now one of the things that grieved me, though, is when I'm talking to police officers—in fact, you know, it might have been Vincent Gircys, who testified in Toronto; he might have even been one of them that told me. In fact, it might have been him who first shared it with me, saying, "You know when I talk to police officers, a lot of them don't understand that actually the Constitution is the supreme law of Canada. They're not familiar with section 52. They actually haven't been trained." So you, literally, could have police officers that, to their core, want to enforce the law—who are dragging people out of church, who are pulling veterans out of a line and throwing them on the ground and kicking them—who don't actually understand that they are not upholding the law, that the supreme law of Canada is the Constitution. If they had been trained in this, if they had truly understood that for us to continue to be a free nation, free of tyranny with equal application of the law, and that the supreme law was our Charter—were the rights that were being encroached upon by the police— And you know what? It's not an excuse to say you were following orders.

We established that at Nuremberg, and I explained this principle on an earlier opening address. People in authority that want other people to do bad things understand that if they take away your personal responsibility that you can get people to do terrible things. So it was Himmler that was the head of the SS and he was giving a speech to a group of SS that were about to go out and murder a whole bunch of people. It might have been the speech given before the Night of the Long Knives, but it was a speech given before they were basically to go out and murder a list of individuals. And he literally said, "It's not you. It's not your finger on the trigger, it's not you pulling the trigger. It's me." And he was saying this because he understood if he took the responsibility for what they were doing, they would follow orders.

And so when we had the Nuremberg trials, and I say "we, the civilized world," "we, the citizens of the world" had to establish the legal principle that it is not an excuse to harm and kill other people that you were following orders. And so, police officers that dragged people from church services, that threw protesters into cars—it's not an excuse that you were following orders. And doctors that are following orders from your colleges, whatever those are. In Alberta, there was a direction that you were not to treat early COVID. It's not an excuse for you legally that you were basically following directions from your college. If we get control of our institutions, there will be inquiries into criminal liability for the actions of a lot of players here. So police officers didn't understand that in enforcing the mandates, they were violating the law.

But let's turn to the courts because we have just experienced the most significant government intrusion into our lives that any of us have experienced—and more significant intrusions than many would have experienced during wartime in Canada. I used to have clients that did pretty terrible things and would be subject to house arrest with conditions that were more favourable than conditions that you and I were subjected to by our government. And we had not committed a crime.

So here we have the biggest government overreach in our history, and we're all expecting, "Well, okay, but surely the courts are going to step in and be that mediator between the government and the citizen—not treat the government with any privilege because we can't have the rule of law if one side is privileged over the other." Because remember, the rule of law is the equal application of the law to everyone including governments. We have court cases where citizens are saying,

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"Well, the government went too far; the government encroached upon my rights." We don't have the rule of law if the government position is privileged in any way. We have tyranny, by definition.

It is April 2023. I cannot think of a single court decision in Canada that will, if the government does a similar thing— Let's say monkey pox. Remember we heard that one? We're being told that there might be another pandemic. So let's say something else comes along and they do the exact same things: They lock us down. They force us to wear masks. They do everything they can to coerce us into taking a vaccine or some other treatment. I cannot think of a single court case that will act as a brake on government actions going forward. Now there may be one that I'm not aware of. But I can tell you, I ask other lawyers whenever I have a conversation, "Can you think of a single case?" And no one can.

And there have been a few tricks that have been used by the courts to do this, and one of them is mootness.

So here we have this supreme law of Canada, these Charter rights, and people would start court cases saying, "Wait a second, I have the right to assemble. Wait a second, I have the right to get on a plane without a passport." They start these court proceedings and a whole bunch of resources goes into them on both sides. I mean, affidavits are sworn. People go through examinations for discovery. Arguments are made. There's motions, blah, blah, blah. They get all the way down this path and then the mandate is dropped. Then the Crown prosecution service applies to court saying, "Well, throw this out. It's moot because they can get on a plane now. They can get on a train. They can assemble however they want. They can go there right now to the park and assemble." You can't grant them any relief and case after case after case is thrown out, dismissed by the court.

What they've done then is they haven't made a decision that would put a brake on the government going forward. I'm sorry, when I'm locked in my house for not doing anything wrong, I want a court to decide whether that's okay or not. If you're told you can't go on a plane and fly within Canada or a train, it doesn't matter that you can now. You want to know, was that legal? Did that violate our constitution? Because, otherwise, they can do it again. I mean these are the most fundamental decisions that need to be decided by a court and they have not decided them.

Now the few that have allowed— This has proceeded, either the mandate is still there or the court had said, "No, I'm not going to throw this out for mootness." They have agreed, "No, there's been a Charter violation, but the government's action is okay." We've got this silly clause, section 1 of the Charter, which is kind of a safety valve. Section 1 reads, "The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it," and here's the mischief, "subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." What the courts do is basically say, "Well, yeah, there is a Charter breach, but the government was okay, in this instance; it's demonstrably justified in a free and democratic society."

So basically, those decisions tell the government, "Not only is there no brake on you the next time this happens, but you are justified in doing this." So basically, rubber stamping what the government has done. Now this is part of a systemic problem and that's indisputable because in all of Canada, I can't think of a single case. We're in a situation where we cannot deny to ourselves that the court system is giving deference to the government.

Many of you have heard—and I know there's going to be a witness today who might speak about it—Ontario Court of Appeal case *CG v. JH*. For anyone watching, the site is 2023 ONCA 77. So there was a family court case.

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Basically, one parent wanted to get a child vaccinated and the other didn't. They're having a fight in court and at the trial level, the family court judge didn't side with the father who wanted to vaccinate and just said: "Listen, we shouldn't give deference to government, so I'm not just following the public health authorities." Well, it goes to the Ontario Court of Appeal and the Ontario Court of Appeal has said "No, courts, you can take judicial notice," is the term. "You can consider it as fact, without proof, that if Health Canada approves a vaccine that that is prima facie evidence that they have considered it safe and effective. And you can then draw the inference that it's safe and effective."

It is clear that the Ontario Court of Appeal had no idea that the legal test for the approval of the COVID-19 vaccines didn't require proof of safety and efficacy. In fact, the word "safety" and the word "efficacy" isn't even found in the test, and we had Deanna McLeod speak to us about that yesterday. So the vaccines didn't have to be proven to be safe and effective and they weren't. And yet, we have the Ontario Court of Appeal directing lower courts to take judicial notice that if Health Canada has approved a COVID-19 vaccine, it's been proven safe and effective. But let's say they had been proven to be safe and effective, the problem is that the court is giving deference to the government line and that is not consistent with the rule of law.

So there are three things inconsistent with a court system that protects its citizens. I'm just going to speak mostly about the third one. Judges funded and appointed by the government are not consistent with the rule of law long term. A professional government prosecution service is not consistent with the rule of law. And if you want to hear an Orwellian term, I can't think of a better one than Department of Justice. The big problem is, and the elephant in the room is, the conflict of interest caused by the fact that the Attorney General, federally and in every province—that directs our justice system; that sets the priorities for the police; that set the priorities for the prosecution service, which is a government prosecution service—is a member of the Government.

Think about that. We want the courts to not treat the government any differently than us. But the person who sets the priorities for enforcement, the person that sets the priorities for the police, the person that sets the priorities for the prosecution service is the Government. The Attorney General is a member of cabinet. This is a clear conflict of interest that is inconsistent with the rule of laws, and in my experience, the Attorney General is almost a hundred per cent of the time against citizen rights and for Big Government. I told you before, it was probably within the first 10 years of my practice, I'd run over a thousand trials. I have time and time again been in court arguing that there's been too much government power and that rights have been encroached.

I can tell you that unless it's just so clearly obvious that the prosecutor would be embarrassed not to admit that there was a Charter violation and something should be done, where you just simply can't deny it, a hundred per cent of the time they have argued against rights.

Let me tell you about a case that has haunted me for a long time, just to illustrate why I've refused, although I've been asked several times. I do a lot of circuit courts and courts in small centres in BC, and I've been asked if I would be the prosecutor. I've refused a hundred per cent of the time in my career because of the culture of the service.

But I had a case when marijuana was still illegal,

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and this would be, probably, a good 15 years ago. We hadn't gotten even to our debate forced upon us by the compassion clubs, which led to legalization. So according to the Federal Department of Justice this was really serious stuff. I forget now whether it was just a neighbour smelling cannabis while they're outside barbecuing. But the police came to believe that that my clients, a young couple—they were probably both around 26, 27—young married couple, no kids, had some personal use cannabis in their house. I know this is a shocking crime.

So the police get a search warrant that they execute in the middle of the night. It was like one or two in the morning. So this couple actually wakes up with the police turning the light on in their bedroom, surrounded by SWAT people with machine guns pointed at them in bed, with the police's faces covered, and everything. They're just shocked because they're being screamed at to not move. And the husband tells the police, "Let me slip out of bed and get some clothes for my wife so that she can dress under the covers because she's naked." But "for officer safety, we can't tolerate that," so they rip the bedsheets off and embarrass the hell out of her. I'm just upset talking about it. I get to watch the Crown counsel explain to the Court why this is okay. And you know what? It's not okay.

Time and time again, just go sit in a court, whenever there's a Charter argument, and you will never see the Crown counsel argue for our rights. That is because the person directing Crown counsel, the person directing the priorities for our justice system is in cabinet of the government. They are not directing the prosecution service—they are not directing the police—to privilege our rights. And slowly and slowly and slowly our rights have been reduced and reduced and reduced. Our Charter came into force in 1982, and with a splash, courts were creating all these rights. We've got this machine: this prosecution service is a machine. I remember on one constitutional case it was me against 12 DOJ lawyers. There's unlimited resources and they just wear you down. But this machine is in there, time after time with all these resources.

You know, for most of my practice in legal aid for a criminal file— So from picking up the file to when you finish the first day of trial, and most of them finished in the first day of trial, you get paid five hundred and forty dollars. It's hardly enough to run your office, but the Department of Justice lawyers are getting their benefits and big salary and yet, ask the police to jump, and you have every expert you want. Legal aid, you have to beg and beg and beg and beg, and you might get an expert in 10 per cent of your cases. It is so unfair by design, by the government that controls the justice system, deliberately allocating resources so that they can slowly and surely grind away our rights. And what happens is, we've now seen the cage door shut. That's what we saw with COVID. It's been a slow and

steady erosion, and now we've seen this cage door shut. And it's because of a conflict of interest.

So I'm going to end there. We're going to have a witness later today who's a retired judge, who is— I don't want to be a spoiler, but the way this person put it kind of just encapsulates how far down we have gone and how much we need to get that institution working for us again.

I wanted to, before we call our first witness, just briefly watch a video of some of news clips that we experienced during COVID. We just thought this would be appropriate to bring us back to the type of experience we had. So, David, if you want to run that video; then, we'll march into our first witness.

[00:40:00] [Video is missing audio from 00:42:50–00:42:58]

[A video of news clips was played announcing emergency measures, including school closures and restrictions on indoor and outdoor public gatherings. Below are transcripts of the audio content.]

[Video clip] Kelvin Goertzen, Minister of Education
Today we are announcing that we will be suspending classes in Manitoba effective Monday March 23rd for a period of three weeks, a week before spring break and a week after the regularly scheduled spring break. We believe that our schools are safe. However, the experience in other provinces and other parts of the world tells us that proactive measures lessen the impact of the spread of COVID-19 and lessens the negative impact on individuals.

[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer
I've recommended the closure of all Manitoba schools effective March 23rd. It's hoped that these proactive actions will help limit the impact of COVID-19 on our communities.

[Video clip] Brian Pallister, Premier of Manitoba
Manitobans are stepping up and they are doing what they can to help flatten the curve, and we thank them for that. Manitobans have led the way by listening to the advice of experts, and I commend all Manitobans for recognizing the critical needs for social distancing and for proactive measures to keep themselves and others safe. We are taking further decisive action by declaring a State of Emergency in the province. This will be valid for 30 days and prior to the end of that 30 days, of course, we will evaluate to see if there's a need to continue.

This puts us on an emergency footing and gives us a readiness that we need in these uncertain times. Understand that this is a temporary measure. Understand that we do not enter into this lightly, but this is part of our need to respond to ensure that we can continue to assist Manitobans in doing our part to protect the well-being of all of us here and all Canadians and global citizens. We respect the rights and freedoms of our citizens. We have stood above throughout our history in protecting the rights and freedoms of others.

Recently, of course, we have stood out and up on behalf of the rights of people who we feel have their rights threatened in another Canadian province by legislation that's been put forward there. And so we respect rights. However, we must continue to use every tool we have in our possible availability to flatten the curve here and to protect, do our part to

protect all Manitobans. The measures that we're taking today will enshrine, quite frankly, what has already been happening in Manitoba. We have not had reports of people violating the advice that Dr. Roussin and others have been giving. And so I want to say clearly that my promise and our government's promise to Manitobans is that these measures will end as soon as possible and will only be used if absolutely required.

[Video clip] Heather Stefanson, Minister of Family
Our government is continuing to take unprecedented steps in response, to respond to COVID-19 in every sector across all government departments. Based on the advice of the Chief Provincial Public Health Officer, licensed child care centres are suspending services at the end of the day and for the next three weeks. During this uncertain and challenging time, we need Manitobans to rise to the challenge.

[Video clip] Brian Pallister, Premier of Manitoba
We now have the mandate through law to be able to ensure the 50-person gathering. But I would ensure, I would ask Manitobans to participate. The best defence we have isn't just a government officer going and trying to stop a restaurant from opening. The best defence is if you come across a situation, and I encourage Manitobans, if you come across a situation where people are not observing the social distancing rules, I'd like you to go on the internet and tell everybody not to shop there.

Don't go there. Do the necessary things right now, the short-term pain that we have to, we know we all have to share in to make sure we have a longer-term gain. So we're not making the decision today that it will not change because we have to be nimble. We have to be ready. But we think we're taking the right steps based on science, and Dr. Roussin is the more qualified person to speak to this.

Know the penalties are onerous, and they're there, and they're there for a reason. They're there to deter behaviour that's unsafe, unhealthy, and that, frankly, is not in keeping with Manitobans' reputation as good citizens. So we don't make laws for the majority of people. We make laws as a consequence of the behaviour of some in the minority. And that is not something we've seen yet, but if we see it, we want people to know we're serious about clamping down on it, and that is what these measures are there for.

[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer
As you have just heard the province has declared a State of Emergency. Today I am issuing orders under the *Public Health Act* to reinforce

[00:45:00]

the social distancing measures that we have already been applying. The following measures will be in place effective 4 p.m. today and will be in place for a period of 30 days.

We are limiting public gatherings to no more than 50 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. This does not apply to a facility where health care or social services are provided. Retail businesses, including grocery stores or food stores, shopping centres, pharmacies, and gas stations can remain open, but must ensure separation of two metres between patrons assembling within the business. Public transportation facilities must also

ensure that people are reasonably able to maintain a separation of one or two metres from each other.

We are limiting hospitality premises where food or alcohol is served, or any theatres offering live performances of music, dance, or other art forms as movie theatres to 50 people or to 50 per cent of the capacity of these premises, whichever is less. These establishments must also be able to ensure social distances of one to two metres between their customers.

I'm ordering the immediate closures of all bingo and gaming events. All wellness centres offering physical activities, gyms, fitness centres, and athletic clubs and training facilities will be closed. We are taking these steps to ensure people make changes to their day-to-day lives, which you have already seen many Manitobans do. This is to strengthen our message regarding the need for social distancing and the need to act now. With these orders in place, Manitobans have a clear message on the roles that they can play to protect themselves, the people around them, and our communities.

Pharmacists are being required to limit the number and quantity of prescription drugs being dispensed. This is being done to ensure continued supply and prevent the stockpiling of prescription medications. Only a one-month supply will be provided at this time. Stay home if you're sick, cancel events, and very important, use reliable sources for your information. The Act makes it an offence to contravene any order, and so it can be fines or even a term of imprisonment under the Act.

[00:47:31]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 1: Patrick Allard
Full Day 2 Timestamp: 01:30:26–01:55:56
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Kyle Morgan
So our next witness is Patrick Allard. Could you state your full name, sir?

Patrick Allard
Patrick Allard, P-A-T-R-I-C-K A-L-L-A-R-D

Kyle Morgan
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Patrick Allard
I do.

Kyle Morgan
How old are you sir?

Patrick Allard
Oh. Nineteen eighty-one: forty-two? Forty-one.

Kyle Morgan
Where are you from?

Patrick Allard
I'm born and raised in Winnipeg. Winnipeg's north end. Been there my whole life.

Kyle Morgan
What kind of trade do you have or what work do you do for a living?

Patrick Allard
I've owned and operated a renovation company, a residential renovation company, for the better part of 20 years.

Kyle Morgan
I understand you got quite involved in the community in Winnipeg during the COVID period, if we can call it that. Can you tell us a little bit about what happened in 2020 when all this started happening?

Patrick Allard
Yes, watching those videos that we just watched with Premier Pallister and Heather Stefanson, who's our premier now, who used to be the health minister, and Bruce, in here. It brings back a lot of memories, probably for everyone watching. You could tell that they had no idea what they were doing. And I knew that when I was watching it, and I thought, somebody has to step in, somebody has to do something. And like a fool, I waited for my government to do what was right. That wasn't happening. We saw these arbitrary closures of businesses. I mentioned I was in renovations. I was deemed essential. I didn't know how insulting that was to be elevated amongst other Manitobans just because of what I chose to do for a living. I didn't realize that the tattoo artist or the hair stylist, they also have mortgages and kids to feed. So how was I any more important than that? So I had to speak up for those who were deemed non-essential, those who were harmed. I decided to be very loud, public, put my renovation company on hold, and use my voice to stick up for the little guy.

I saw a lot of pain, a lot of hurt. I started being vocal on social media for starters in early 2020. I heard stories of people not being able to see their grandparents or their parents in a nursing home. And I didn't just hear stories, but we had a family member of ours—a 95-year-old matriarch of my wife's family—was locked away in a nursing home for three weeks and never recovered from that loneliness. And we had a funeral shortly after that. My family has pictures in their minds as to what their mother looked like, their grandmother, after being alone for three weeks. Mike Vogiatzakis testified about some of these people that he saw as well. So it's not an anomaly. So speaking of the little guy—that I had to help protect and speak up for—was these elderly people who had no one to talk for them.

And then they shut the schools. They put placards on play structures. They were harming children mentally by making them feel that they're going to harm their grandparents, they're going to harm their friends by playing with them. The two segments of our society that we needed to protect are the ones that we did not. We alienated the elderly and locked them away to rot.

[00:05:00]

I keep saying they're our most precious resource because they have stories and a lifetime of things in their minds that you don't get until you get to their age. We pushed them away like they were yesterday's news. And then our children, we were scarring them right from

the beginning, scaring them, and that we're going to have to fix for 10 years or so. Or it could take decades. I saw this very early.

So we organized our very first protest for May 9th, 2020, in front of the legislature. And I thought we were doing a good thing. I thought we were going to attract a lot of positive attention, but it was exactly the opposite. The *Winnipeg Free Press* labelled us as a bunch of right-winged extremists, racist, white, Anglo-Saxon, everything that they could do to try to get us painted in a negative light. And I didn't understand that. I didn't understand, why is this? Why? Hasn't protest always been an encouraged event, no matter what? And now we're being labelled all these names. I didn't quite get it. So that was May 9th of 2020. And that's where the story really begins, I guess.

After being defamed in the paper, people started gravitating towards myself and Dr. Gerry Bohemier, who's going to testify later today, who was part of that as well, took the face of that one. He took the brunt. I didn't like them picking on Dr. Gerry, either. So I became somewhat the face of the opposition in Manitoba against these measures. It started going from there. We started holding rallies and attracting more people. People could see that they're not alone anymore. And we were doing a good thing. That continued on.

There were more press conferences that Pallister went on and threatened on TV saying, "If you break the public health orders, you'll get your name mentioned on TV." Dr. Roussin mentioned about possible jail time. And we continued protesting. I continued awaiting these fines, these tickets. They were not happening. So I thought the government was just bluffing. We continued on.

November 4th of 2020 was when I was first ticketed for breaking the COVID health orders. That was for gathering in a public outdoor place with more than, I think it was five people. And we were more than five people. We were about 30. I got ticketed. And to my understanding, that was the first ticket in Winnipeg. There was another gentleman who was ticketed along with me. I believe the ticket fine was for $1,200 and $1,296. And it just continued on from there. November 29th, 2020, I heard that there was a church, Minister Tobias' church, the Church of God, out near Steinbach that was going to hold a service. And because the churches had been locked down or shut down, I decided to go and— If I wasn't going to get answers from the government, let's see if we can get answers from God. And being raised in a Christian home, I decided I'm going to go and maybe this is the time to go back to church. So I went out there.

Growing up, my father always told me that the police are your friend. If you need help, you can go to the police. I showed up there in Steinbach. And on the side of the road, as Minister Tobias testified, there was about 30 police vehicles, probably about 40, 50 police officers, RCMP officers, all in a line with masks on, and preventing these churchgoers from going to church. It was at that moment that I realized the police are not always your friend.

[00:10:00]

The RCMP, at that time, were on the wrong side of the law. And that's really the moment when I realized—I think the gloves are off now.

So I continued being a loud voice, continued protesting. We held many wonderful rallies. We had mental health rallies because as Mike Vogiatzakis has testified yesterday, mental health was on a huge decline. He's seen a high rise in suicides. We heard Ms. Vickner talk yesterday about her thoughts of despair. And we had mental health rallies, just to get people together to hold hands, to sing, to hug, to shake hands, to know you're not alone.

For those efforts, I was ticketed as well and I was dragged through the media. I asked for all of this because I knew the good that was coming out of it was, I believe, worth it. The joy I would give people just to make a post that there's going to be a rally, that they get happy for 20 minutes of their life: I think it was worth it. And from that point on, from the Church of God incident, I believe I received another 14 tickets. Kyle, you might know better. You might have it there. But all for gatherings.

And after about 10 tickets, the promise of Premier Pallister about getting your name mentioned on TV was brought to fruition when the Winnipeg police put out a press release saying that there's been an arrest warrant set out for five Manitobans plus another visiting individual. And out of that, we became the infamous Manitoba Five. Five of us were arrested for breaking COVID health orders—put in jail. The police exercised a warrant. I was put in a cell, just treated like every other criminal, I guess. But my crime, as per the police officer's disclosure, was that Mr. Allard was seen shaking hands and hugging people. This was the extent to my criminality because they didn't have anything else.

To be the police officers to write that, I don't understand how they could even do, how they thought like that. I might be missing parts of the story, but I know you'll refresh my memory. But that led me to having some bail restrictions. And I was, like Sharon talked yesterday, she was not allowed to communicate with certain people. The five of us that were arrested with those warrants, I was named on that as well. Thankfully, I have a family that I could speak to, but some of the other people didn't and were left alone.

One of my bail restrictions was that I do not plan, promote, or incite gatherings that fall contrary to the public health orders. So it kind of put a stifle on my protest planning. So when Dr. Roussin allowed 150 people to be present at a private or a public outdoor location—unless you were at the time vaccinated because there was no limit for vaccinated individuals—and so we were allowed, if we weren't checking vaccine passports, to have a group of 150. So I made a Facebook post asking for 150 people to block the road to the Winnipeg Blue Bomber Stadium. I think it's a dumb move to block any road, but I was angry that the Winnipeg Blue Bombers were hosting a game with 40,000 people—could be 30,000, 40,000 people, vaccinated individuals only—when people like me were not allowed in. So I wanted to put a wrench in their works.

I got a knock on the door,

[00:15:00]

plainclothes police officers. What that means, those are detectives. They announced themselves as the major crimes unit. People who arrest murderers, rapists, drug dealers, all the worst crimes you can imagine in your life, show up at my door, and I'm in a towel. They said I'm under arrest for the Facebook post. And I said, "Well, would you allow me this—" Shawn just talked about a similar story. I asked, "Would you allow me the decency to get dressed?" And they said, "Nope." They shoved me against the wall and my towel dropped down, outside on my front steps. And thankfully, I was wearing some undergarments. But nonetheless, that's quite tough for the neighbours to see. Quite tough for me to have the neighbours see. My daughter sees this. And she's seven now, and that's the first time that I spent the night away from my daughter. She remembers this. Why was Daddy gone that night? Because I spent the night in jail with wet underwear. They were wet because I was in the hot tub. I should clear that up; they didn't let me get dressed. They pulled me away, and I spent the night in jail. And once again, got out on bail restrictions.

I think shortly after, restrictions were removed, and it kind of gave me a little bit of freedom. I was treated a little bit like all the other unvaccinated people. I wasn't discriminated against as much. But then that led me to filing some Charter challenges. We were in court. We had our challenge dismissed because of a previous court ruling in the *Gateway* challenge. We're at the appeal process with that.

Through this all, I also received two mask tickets. One was shopping without a mask. One was going to the law courts without a mask. And I got to say, I brought up my daughter. She was the only kid in her whole school of 600 that never wore a mask. And people asked me, "How did you do that?" And I said, "Well, I went and spoke with the principal. And I kindly mentioned that my daughter does not wear a mask. And we had the conversation respectfully." We have to respect people, even if they disagree with you.

And she was allowed to participate in two years of school with no mask. His deal was that she was going to set her off into the corner and have her own little workstation. And I said, "Well, if you put the other individual that looks a little bit different than the rest of us in that corner, you put the disabled child over there, and you can put the person with dark hair over there, and then you can put my daughter in the fourth corner." And he said, "Well, that doesn't sound appropriate." And I said, "You're right." So she got to spend the two years with all her friends like a normal kid treated like all the others, even though she didn't have a face covering. I understand, listening to Mr. Attallah yesterday, that not all the children had that luxury of being able to do that. And that hurts me.

Sorry if I'm rambling. But I just saw a need to speak up, especially when I knew from very early on that this was a— they say, "trust the science," this was political science. Before it came to Canada, there was COVID deaths in Italy, in nursing homes. I thought, that's very sad that people are dying in the nursing homes. Of course, it is. But this is a fact of life. People do die. What are the numbers? And I started doing some comparisons, and I compared the numbers of deaths in the Italian nursing homes year over year over year, month over month, and it never changed. So I thought, what's going on?

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I knew that this wasn't an unusually deadly killer, like people bring up the Spanish flu. This was nothing to do with that. So I don't understand the government—what they did, how they jailed me, how they ticketed me, how they treated everyone else for just going shopping without a mask, getting together, going for church. Yeah, I got so many stories to tell, so many things to say, but I don't want to ramble on too much. I kind of want to give you the gist of—

Kyle Morgan
Mr. Allard, I know that you attended a lot of rallies in Winnipeg. There's a lot of different gatherings that were going on. Do you recall your observations about what was taking place at those rallies and the enforcement that was taking place?

Patrick Allard
If you were protesting the COVID orders, you would be ticketed. You would be fined; you could be jailed. But if you were protesting other events, perhaps Black Lives Matter, Every Child Matters, these seem to be accepted. Some members of our legislative assembly here called for our arrest for protesting. Then the very next day, they would participate in a

protest for the Manitoba Hydro Union or the Black Lives Matter rally, and that was okay. The rule of law is supposed to apply to all, I thought.

Kyle Morgan
Were you present at these other gatherings?

Patrick Allard
I was.

Kyle Morgan
So you had firsthand observation, is that right?

Patrick Allard
I was actually identified by police officers and asked me why I was there. I said, "Well, I heard there was a rally and I'm the rally guy." So they pointed me out, and I made a point of this because now I was participating in a rally that was approved, still against the COVID orders. They knew me, and I'd already been ticketed at this point, but they didn't give me a ticket for that one. Only if you protested the COVID orders.

Kyle Morgan
Thinking back about everything that's happened, how do you think society should have responded to this COVID phenomenon?

Patrick Allard
Well, I think we could have taken Dr. Jay Bhattacharya's advice with his Great Barrington Declaration, and instead of locking away and forgetting the elderly and the vulnerable, we should have protected them. We should have allowed the rest of everyone to govern themselves how they see fit: to raise their families the way they want to raise them, to live their life they want to live. The government should be there not to take our rights away but to protect our rights. And they should tell us when there's a danger, tell us what the possible issues could be if we take the danger into our own hands, and that's it. We understand that by going out, we had the potential of being sick or whatever, we took that on ourselves.

But we learned in the *Gateway* challenge that the government themselves had zero evidence: the government admitted this under oath that they had no evidence to suggest there was any outdoor spread. That's how I interpreted it. And yet, they still put a prohibition on outdoor gatherings. We also found out in that same *Gateway* challenge that the PCR test that allowed all of this to happen— Dr. Jared Bullard from Cadham Laboratory, who did the majority of the COVID tests in Manitoba, testified under oath that 56 per cent of the PCR tests were false positives. So if they told you there were 1000 cases, that's only 460. So it was not as severe as they were telling you. They were not following the science themselves. That's what we could have done. We could have followed the science, the real science. But I fear that we've gone down this path, and like Shawn said at the opening, we may go down this path again and there's really nothing that we can do

[00:25:00]

besides just stand up and say no. And without rambling any further, if you have any other questions, Kyle.

Kyle Morgan
I don't think I have any more questions, maybe some of the commissioners do. Okay, thank you very much for your testimony.

Patrick Allard
Thanks a lot.

Kyle Morgan
Thank you.

[00:25:36]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 2: Jeffrey Tucker
Full Day 2 Timestamp: 01:57:43–02:28:09
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Wayne Lenhardt
I have Mr. Tucker on my screen. Good morning, Jeffrey.

Jeffrey Tucker
Yes, good morning.

Wayne Lenhardt
If you could give us a brief bio for our listeners. I gather you're with the Brownstone Institute. I don't have much more information on you, but apparently—

Jeffrey Tucker
Yeah, that's fine. I'm an economist by training and I've worked at a number of different institutions. I was working at an institution that hosted the Great Barrington Declaration in October of 2020, and then subsequently founded the Brownstone Institute, which specializes in public health and economics. I have several books that I've published and one I've written on the subject of the government response to COVID, which is, in my view, universally negative in every country it was tried, without exception.

Wayne Lenhardt
Some of the people that know you here at the Frontier Institute have said that you're very versatile and that you would be able to, perhaps, give us some idea of what actions we could take as citizens for a phenomenon like this.

So to give you a bit of context to work with, I watched this right from the beginning. And it became obvious to me after Donald Trump was diagnosed with COVID and was cured in a couple of days that early treatment was clearly available, not only available but actually worked. And early treatment was basically prohibited for most of the COVID phenomenon. And I think if it had been allowed, a lot of—for example, Dr. Bhattacharya's testimony yesterday would probably be irrelevant because I think the treatment very clearly worked.

We had Trump. We had Rudy Giuliani, got cured in a day. We had personalities— Joe Rogan got cured in a couple of days and so did Dan Bongino. I mean, this was available, but it was prohibited. And we were told that there was no cure for COVID. All you could do is go off and quarantine for 14 days and take aspirin. So let me throw it to your discretion here. Is there something we could have done in order to lessen or basically eliminate most of COVID?

Jeffrey Tucker
Public health has always said that when a new respiratory pathogen comes along, the most important thing is to find out the ways to make sick people well. And medical science has a long history of dealing with respiratory infections, and this is what medical doctors were saying throughout February of 2020. They were saying, "don't panic. We know how to fix this. We have plenty of cures. We know that getting out in the sun is very good for you, vitamin D. There are other medications that are available you can use in a combination, whether it's vitamin supplements or ivermectin can be very good, antibiotics for secondary infections." A lot of people thought hydroxychloroquine had seen some success with SARS-CoV-1, and subsequent random control trials have confirmed that.

Wayne Lenhardt
Can I stop you for just a moment? I've forgotten to swear you in. So will you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Jeffrey Tucker
I do.

Wayne Lenhardt
Thank you.

Jeffrey Tucker
So this is the priority of public health, always in the presence of a new pathogen. And by the way, there's always a new pathogen. So everything mutates from everything else. And this is the way the microbial kingdom works. It's just constantly mutating. And a pandemic means that it's not yet endemic, meaning that it impacts a lot of people at the same time. And then the usual way you get out of a pandemic is through natural exposure and an upgrading of the immune system. That has been going on since the beginning of time, since the beginning of the human experience on earth, we evolved to coexist with pathogens.

So the role of medical doctors in public health has been to focus on making sure that sick people have the means to get well.

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That was not a consideration. At least, I can only speak for the U.S. case because that's the one I know the best, but it was not a consideration at all. The NIH and the CDC just completely rejected the idea of early treatment.

And all my research points to one very grim reality: which is that very early on in the pandemic response the sole goal was to protect everybody from the pathogen through lockdowns and restrictions of mass meetings, closing of all indoor and outdoor congregate venues in order that we could wait for the vaccine to come along. The idea of the vaccine was that it would protect you against infection and transmission. And then we'd end the pandemic through this new technology called mRNA platform technology. And that would give the pharmaceutical companies a big boost, and everybody would love them and be grateful.

Well, that was the scenario that was mapped out sometime in February of 2020 by English and American public health officials. None of that scenario turned out to be true at all. First of all, the lockdowns and the banning of meetings, the dividing of the workforce between essential and non-essential, the plexiglass, the masking, none of that actually stopped the pathogen. It probably redirected or delayed maybe, although it's hard to say that there's a whole lot of evidence in that respect either. We don't see any real difference in virus trajectories between areas that were locked down and those that were not.

I mean, we have the case of Sweden, which had never had any lockdowns or school closures. They went through the pandemic like everybody else and they have some of the lowest mortality losses in all of Europe and no deaths among healthy children at all. So the lockdowns didn't really work to protect people from the virus; people were going to get it anyway. And the masks, all the random control trials show no evidence that the masks actually protected against the pathogen.

And the vaccine was— People think it came out fast. It was actually delayed relative to what they believed. I thought it was going to be rolled out by the summer. It kept being delayed and delayed. Some speculation that it was delayed for the U.S. election in November. It came out two weeks later, but once it was deployed, the evidence came in pretty quickly that it would not protect against infection. Whatever protection it did provide was very short term, maybe a couple, three months, and that it certainly didn't stop the transmission of the pathogen, which is to say it had no real contribution to make in the achievement of herd immunity.

So all this entire time, people kept getting sick. Now, remarkably, the people that were advocating for early treatments and had found a nice cocktail of things for people to take who get sick were censored; their voices were censored online by social media companies, and they were dismissed and denounced by major media at the behest of government officials that were running the pandemic response.

So this went on for the better part of two years. Now, in a lot of countries, and I'm speaking about Central America and Eastern Europe and many places around the world, people figured out that a combination of ivermectin and zinc and doxycycline, to prevent against secondary infections, was enormously successful. India had a miraculous experience really with ivermectin, and it was true all-over Central America. Mexico, El Salvador, these are not prescription medications. They were available over the counter and handed out to everybody, and it really helped the population. But in the U.S., and probably true in Canada too, these things were almost impossible to get.

And it was all because we were relying exclusively on the vaccine to solve the problem of the pandemic. The vaccine turned out to have not achieved anything like what they had predicted. And in fact, there's a lot of evidence that the highly vaccinated were also even more, and this is from all over the world, more likely to contract COVID. And sometimes even more likely to have adverse reactions

[00:10:00]

due to immune dependency enhancement. So what that means is that the vaccine rewires the immune system in ways that make it smart only against one variant, but when the variant changes, it increases individual vulnerability to the new variant.

So all of this could have been anticipated. In fact, was anticipated. I'm not a medical doctor or a scientist in this field at all. But I knew all of this from just ninth grade biology class and from reading a first-year medical textbook on virology that I downloaded in the early part of the pandemic. So I could have predicted everything that happened. But for some reason, the officials behind this response did not understand this. And so they began to impose vaccine mandates and threaten people with their jobs.

Our data indicate that millions of people were displaced from their professional positions, either by being outright fired or just being afraid of the vaccine mandates, not wanting the vaccine, being afraid of being fired, getting fed up with being badgered and harassed and criticized and then demonized as being unvaccinated. You remember the U.S. administration said that the pandemic was entirely the fault of the unvaccinated, which is completely false. So lots of people's lives were dramatically disrupted through these vaccine mandates that turned out to have absolutely no public health justification at all.

Wayne Lenhardt
Do you see anything that the average citizen or any groups of citizens could have done in order to derail this process as it was happening?

Jeffrey Tucker
There was a great deal of fear in the air. We all have fantasies of alternative scenarios. What if the artists had stood up and said, "We're not going to be silenced?" What if the dance halls had not closed? What if the churches had stood up and said, "We're going to continue to let people worship God?" What if the small stores had just opened in any case?

The problem with all those scenarios is that while they might have worked on a mass level, we have plenty of evidence of the people who did do that were arrested, like the previous person who testified here, were arrested and harassed by the government. And a lot of people can't afford fines; they don't want legal entanglements. They certainly don't want to go to jail. So many people were just terrified into going along.

You also have the additional problem that mass gatherings now, even protests, are not as easy as they used to be due to facial recognition technology. We saw in the case of January 6, 2001[sic], everybody who was on Capitol Hill that day has been chronicled in a book and many have been jailed. Others have been harassed and forced to testify, and their lives have been ruined solely for speaking out for political reasons. So these days, it becomes much more difficult to protest these kinds of actions due to these new technologies. So I understand why people were afraid to get out and protest: nobody wanted to be demonized, and even private gatherings in those days were extremely difficult.

In western Massachusetts, I can tell you that anybody who held a house party was in danger of being demonized by the local media. What people were doing, and it's not necessarily the police but individuals were doing, was flying drones around the community and discovering houses with lots of cars parked out front in the evening and taking pictures of them and sending them to the local press, which would put these pictures of these

houses on the front page of the newspaper and claiming that super-spreader events were going on. That alerted the local public health authorities, who went in and fined and harassed people there, including chasing down people and their licence plates. So this was a kind of reaction that we never would have expected in any kind of civilized country that calls itself free with rights for the individual. It's almost like all that stuff just got put on the shelf.

Wayne Lenhardt
So what do we do going forward to make sure this doesn't happen again, in your opinion?

Jeffrey Tucker
Well, I think in the first instance we need to find out more truth about why all this happened.

[00:15:00]

And why is it that our representative government suddenly became disabled? I mean, the people we vote into office to protect us and serve our interests were silenced and disempowered. We need to find out exactly why that happened.

A major problem, I'm not sure about that in the Canada case, but in the U.S., a major problem is that a lot of this is clouded under secrecy under the excuse of national security. So it was a national security response. This began on March 13, 2020, where the policy rulemaking power was transferred out of the Centers for Disease Control over to the National Security Council. That meant that everything is locked in secret. So this is a major problem. Just finding out the truth about what went on is extremely difficult.

I've got a whole team of researchers that's dedicated to this on a full-time basis. And we've run into all kinds of stops. I mean, even filing Freedom of Information requests have not been entirely successful due to redactions for national security reasons. So that is a major problem. So finding out the truth is one thing we have to keep at it.

The second thing we really need to do is convince our legislatures and the people who represent us to end the possibility that anything like this could happen again. And the only way to end that, to my mind, is to completely repeal the quarantine power of federal governments because we've seen how they've massively misused this. I mean, quarantines in the past have never been used for healthy populations. You would never use a quarantine for a healthy population. That just never happened at all in human history. And then suddenly, whole populations, hundreds of millions of people, were subject to quarantine rules by governments. So that power needs to go away. Most governments in the world never had that kind of extreme quarantine power until sometime in the 1940s. And the reason they didn't have it was because it was so subject to abuse. So I would like to see that completely gotten rid of.

Another thing that we really need to tackle is the inordinate power of the public health bureaucracies. That really has to come to an end. And the only way I know how to do that is to permit our elected representatives to be able to fire employees when they're up to no good or even just dramatically cut their budgets. I think something needs to happen to prevent that from happening again.

On the problem of censorship, we saw many cases, we have vast amounts of evidence, amounting to tens of thousands of pages of documents, that show that governments were cooperating very closely with social media companies, big tech companies, and media companies generally to censor dissenting voices in ways that are contrary to all conceptions of free speech. So that sort of close, collaborative relationship between Big Tech, Big Media, Big Government, and for that matter, big pharmaceutical companies, really needs to come to an end. We need a clear wall of separation between government, media, tech, and the pharmaceutical companies, or else we're going to face the situation of continuing collaboration and abuse of the population's rights in the future. That's extremely important.

Wayne Lenhardt
Is there anything that we could have done in order to do that while this was happening that you can see?

Jeffrey Tucker
I think we were all very naive in the early days. We didn't really want to believe that companies like Facebook or companies like Microsoft and LinkedIn and so on were cooperating so closely with the federal government. I think we've all been shocked to discover this.

We knew that people were being censored or throttled in their reach or just blocked and banned. We didn't know it was happening at the behest of government agencies. So I don't think there was really anything that we could have done. One thing I think we'll know for next time is just to have less trust in our public health agencies and these big social media platforms and the

[00:20:00]

major media that served as a mouthpiece for government for the better part of two and three years.

So to my mind, citizens need to start looking at alternative media sources and using different kinds of technologies and getting promises from the companies that we're dealing with that they're not going to cooperate with Facebook and Google and Microsoft and the rest of these companies that have showed themselves to be so thoroughly compromised. I think it's extremely important that citizens get control of their privacy again. That could mean turning to completely different forms of communication between ourselves, bolstering our local communities, in-person meetings, and relying less on these centralized sources.

I hope that happens the next time they try to pull something like this because they certainly have lost trust. Every poll in the United States—I'm not sure about Canada—shows that there's a mass loss of trust in media and Big Tech and in public health, generally in government as a result of this experience. I hope that loss of trust translates into something good, which is that we stop relying on these companies and trusting big media as much as we have in the past.

Wayne Lenhardt
Yeah. Okay, I think I'm going to ask if the commissioners have any questions for our guest.

Commissioner Drysdale
Good morning, Mr. Tucker, and thank you for your testimony.

I have a question. You talk quite a bit about, and there's been a lot of news about the cooperation between the big tech companies and the government. You know, I was raised in a time when every town, every city, had its own little newspaper and its own little set of reporters. And I'm wondering, I haven't heard a lot said about what happened to those traditional media sources, those newspapers with those reporters, working at them in every community, who were competing against each other and telling the story and doing investigations. Can you comment a little bit about what happened, or what you believe may have happened in those traditional print media areas?

Jeffrey Tucker
Yeah, everything changed over the last 25 years. Print media began to be replaced by the internet. And then, the industry became entirely reorganized so that even local media was entirely dependent on centralized media sources, to the point that they no longer really had much independence, and that remains true today.

Another problem is that a lot of the reporters— And this became a huge source of frustration for me over the course of three years. A lot of these local reporters know better than to report things that are contrary to what the dominant mainstream media is saying because they don't want to harm their careers. Because every local media essentially wants to be bought out by a more centralized media, and the reporters want to hang on to their jobs and then experience advance.

So these days, we really are having more and more to rely on citizen journalism, which is taking place at places like Substack and Twitter, ever since Elon Musk took over, and other venues. It's really the only place you're going to get kind of independent news because the entire industry has gone through such a dramatic upheaval to the point that local news is not really local news anymore. I mean, I know this myself. I remember one time I got a call from CNN to talk about some economic subject, and I was surprised over the following week that my one clip appeared in thousands of local venues all over the country, all branded by the local station. I mean, it wasn't local news, but it was all branded under the local station. So this is how it works. It's all become industrially centralized and canned, and therefore, easy to control by government.

Commissioner Drysdale
You know, we always talk about, in Canada and the United States, the free market, free market of business, free market of ideas. It sounds to me like you're not describing a free market of information.

[00:25:00]

Jeffrey Tucker
Yeah, not at all anymore. It became very important during the pandemic years especially for centralized government powers to control information flows. And that impacted everything from early treatments to opinions on lockdowns. You know when groups in the U.S. and Canada protested, the media swung into action demonizing them as disease spreaders without any evidence. So you know, controlling the news has become very important to corrupt bureaucracies and governments.

Commissioner Drysdale
You know I'm old enough— Perhaps I shouldn't bring this up, but I'm old enough to remember the Vietnam War and the coverage that the American and Canadian press had of that event. And to my mind, that was not quite comparable; this is an order of magnitude different. But it was something that tugged at the very fibres of the American society. And can you comment a little bit about the difference between the way the press either challenged or did not challenge the government narrative and how they reacted at this time?

Jeffrey Tucker
This time, it was almost a universal agreement that these actions, we should be clear, are without precedent. I mean, in our lifetimes, they're really— In hundreds of years, really, we've never seen anything like this. It was as if rights and liberties that we had won over the course of a thousand years of historical progress suddenly didn't exist. You'd think that it would have been a greater source of controversy, but it was just the opposite. I mean, the media was acting as if this is just the way you do pandemics. I can promise you: this is not the way you do pandemics.

The actions of governments all over the world, which basically are copying the China model, had no historical precedent whatsoever and should have been enormously controversial. But instead, the media just completely fell into line. And now, you see what's going on: They just basically stopped talking about it. Media these days will report on things like ill health, or the loss of education on the part of students, or growing amounts of teen and young adult mental disorders and problems, and the rise of depression and drug abuse, and all these things that are a fallout from the lockdown years. And yet, never mention that it has anything to do with the public health response. So the censorship, some of it self-censorship, is still going on.

Commissioner Drysdale
In Canada, and I believe the United States is the same, we have legislation, and in Canada it's called the *Anti-Combines Legislation* [sic]. I believe that's not quite the real name, but the intent is to prevent monopolies from removing our free market. The reason I say that is because when I listen to what you say, and you being an economist, I listen to what you say and I believe what you're describing is a monopolization of these venues, and that is supposed to be illegal in Canada and the United States.

Jeffrey Tucker
Well, when the monopolization benefits a very powerful people, apparently there's nobody left to object to it, which is why I think the ultimate solution to this is a kind of decentralization citizen journalism. I mean, it's a very painful process. People have to wean themselves from their attachments to national media, you know, turn off those notifications, delete those apps. It's the only way we're going to get from here to the truth. I don't think the antitrust authorities in any country are interested in busting up big media at this point because it's serving their interest too much, sadly.

Commissioner Drysdale
Is there not precedent, particularly in the United States, for antitrust laws to be applied to large industries?

Jeffrey Tucker
Yeah, there is. But not usually when those large industries became monopolized with the cheers of themselves. And so we've seen over the pandemic period that these monopolies have served very powerful interests. So they don't have any interest in busting them up, unfortunately. There's plenty of antitrust to do these days. But it's not likely to happen. And in fact, I'm not even sure how it really would happen. I think the most important thing we could do right now is to unplug national security from its controls over our big media venues. And we're nowhere near being done with that, unfortunately.

[00:30:00]

Commissioner Drysdale
Thank you very much, sir.

Wayne Lenhardt
Are there any other questions from the Commissioners? No. Okay, well, thank you very much for your interesting presentation.

Jeffrey Tucker
It's my pleasure. Thank you so much for having me.

[00:30:26]

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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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 3: Diedrich Wall
Full Day 2 Timestamp: 03:01:37–03:40:21
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
So now, if that's it for questions, I would like to call our next witness, Mr. Rick Wall, who is attending virtually. And Rick, can you hear me?

Diedrich Wall
Yes, sir.

Shawn Buckley
Okay, so first of all, I'll ask if you can state your full name for the record, spelling your first and last name.

Diedrich Wall
Yes, sir, my full name is Diedrich Wall, D-I-E-D-R-I-C-H, last name is W-A-L-L. Most people call me Rick, but that is my full name.

Shawn Buckley
And we'll call you Rick, because that's what you're comfortable with, and I'll ask you if you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Diedrich Wall
I do.

Shawn Buckley
Now, Rick, you're almost being provocative today because you have a Canadian flag behind you. And I never thought I would, as a Canadian, where my inside voice will say, "Oh, boy, that's kind of an act of rebellion, a Canadian flag."

But you have some interesting involvement in what I'll call the Trucker Movement. So let me just introduce you, and then I'll ask you to explain your story and what happened. But my understanding is that you are the owner of a trucking company in southern Manitoba. And your company does a lot of cross-border shipping since 2009, but you've been running the company for 11 years now.

Diedrich Wall
Correct.

Shawn Buckley
And that you became very involved in the trucking protests. Am I correct about that?

Diedrich Wall
Yes, sir.

Shawn Buckley
And in January 2021, you started getting involved in anti-mask rallies in Winkler.

Diedrich Wall
Yes, sir, correct.

Shawn Buckley
And then for the first couple of months of 2022, you became involved in the Freedom Convoy?

Diedrich Wall
Right.

Shawn Buckley
But you were actually involved in what might be the very first cross-border blockade on January 17, 2022. You were one of the organizers of the first blockade. We'll talk about that later, but I'm just introducing you right now.

Diedrich Wall
Correct.

Shawn Buckley
Okay. But before we get to the trucking part of this, I want you to share with us something that happened with you in an outdoor church. Because my understanding is in May of 2021, you got involved in an outdoor church. So can you share with us your experience there and what happened?

Diedrich Wall
Certainly can. I'd just like to take a quick opportunity to say thank you to the entire team at the NCI. I feel extremely humbled that I was asked to present or to share my story here today. And just thank God for all of you people on the Commission that you guys are donating your time in doing this. I think it's an extremely important part of Canadian history, so I commend each and every one of you for doing that.

Again, I'm a God-fearing father of three, and the last couple of years have been rather interesting to say the least. But yes, my journey in the freedom fight, well, I guess I became quite leery early on when the pandemic first started. There wasn't much scientific proof or anything at that point on which way was maybe the right or the wrong approach on this whole thing. But my critical thinking got the best of me early on.

Early in 2021, a good friend of mine organized the first freedom drive within the Winkler, Manitoba area. And I started helping and participating shortly thereafter. And then in early May of 2021, at this point, churches and everything were locked down. And of course, we as Canadians, or I guess like-minded people such as myself, felt extremely violated that our constitutional rights to worship freely were now officially stripped from us.

And so, we thought it'd be a good idea to organize outdoor church worship services. You know, "what's the harm in that" was our thought process during that time. But this was, of course, when the implementation of the outdoor gathering size had decreased to five, I believe it was. Outrageous to think that, that you're only allowed to gather with five people outdoors. But, yes, it was during that time.

So we organized— The first one was on May 5th, correctly. It was just at a public park. We made sure we stayed off— Like there's a big stage in the city of Winkler where we conducted this. But we stayed off public property, except for the fact of the actual grounds that we were at.

[00:05:00]

We stayed off the stage. We just kind of set up our own little setup and had somebody come out to bring a message, sang some praise and worship songs.

All the meanwhile, we had our Chief of Police not in uniform, off duty, with his personal vehicle. He parked close to the stage and monitored basically our every move and counted how many people attended and therefore got in trouble for it sometime later.

Shawn Buckley
So can I ask how many people would have come out to this event?

Diedrich Wall
If my memory is correct, I would say between 70 and 100 people. We did this two consecutive Sundays in a row. So both times, I think, it was probably pretty average between 50 and 100 people, or somewhere in there.

Shawn Buckley
Okay, and I just want to make sure that I understand. So you've got 70 to 100 people in an outside park, am I right about that?

Diedrich Wall
Correct.

Shawn Buckley
And they're singing hymns,

Diedrich Wall
Hmm, hmm.

Shawn Buckley
and they're listening to somebody give a message.

Diedrich Wall
Correct.

Shawn Buckley
So basically, they're listening to preaching.

Diedrich Wall
Yes.

Shawn Buckley
And the Chief of Police who's known, because this is a small town, is there in his private car photographing who's there.

Diedrich Wall
I understand your question. Oh, so you're asking whether he was in his private car taking photographs? Is that your question?

Shawn Buckley
Yes. Yes.

Diedrich Wall
Yes. In fact, that was the reason why he was there. He documented the event. Therefore, I guess, justifying them later on, fining all three of the organizers for these two events. We were all ticketed for each event. Ticket amounts were— They were for not complying with public health orders and they were for $1,296 each. I received two of them.

Shawn Buckley
Right, so for your participation outside, singing hymns and listening to a sermon, basically over $1,000 in fines.

Diedrich Wall
Correct.

Shawn Buckley
And this is in the town of Winkler, Manitoba.

Diedrich Wall
Yeah, it's actually a small city. It's considered a city, but yeah, in the city of Winkler.

Yeah, it was very saddening to witness this time, especially when it came to church-related things. I mean, you think we live in a country where we should have the right to worship.

And it was hard to put it into meaning, what those times are like. And again, when you guys play these clips in between of our public health officers and Premier announcing these measures— Those raw feelings come back. And yeah, it's still hard to believe that we went through that time.

Shawn Buckley
So can I ask you how it affected both you and your family not to be able to attend church? Because my understanding is because of the fines, you guys only did the outdoor church twice.

Diedrich Wall
Correct. Yeah, they made it pretty clear that any time going forward we were going to organize anything like this, that more tickets could be issued. So, and again, memory doesn't serve me well enough to know exactly if that was one of the only reasons why we stopped. Because at this point, I myself was in the same shoes as Patrick that just testified.

You know, you get to a point where you see how unlawful, within the sense of law, all of this was at this point. And where do you finally draw that line and say, you know, it doesn't really matter how many fines I'm going to get. I'm going to do what I'm convicted to do: what I feel God's leading me to do and what I know is true to do.

So I mean, again, I don't recall exactly what the reasons were why we quit doing the outdoor worship services. But at this point, we continued on and had consistent outdoor rallies in the city of Winkler, kind of like they did in the city of Winnipeg as well.

And that was ongoing. And again, even at those rallies, we had consistent police presence again, documenting, and so forth. But as far as tickets go, those are the only two tickets that I received throughout the entire duration of the last couple of years.

Shawn Buckley
I know that we've been asking witnesses what could have been done differently, and it seems to me clear that for protesting, the freedom protesters just had to get the Black Lives Matter people there and they would have been okay. But we live and learn.

Now you got involved in what I'll call the Emerson, Manitoba—the first protest on January 17th, 2022.

[00:10:00]

Can you tell us about how that came about and what that looked like?

Diedrich Wall
Yes, certainly. Shawn, you're breaking up a bit there, so I hope—

Shawn Buckley
And you were too, but you're better now. Are we okay on your end?

Diedrich Wall
There we go. Okay, you're just breaking up there a bit.

But yes, so basically, I run a trucking company, cross-border trucking company. So for our company, it's extremely important that we can cross the border. That is [inaudible: 00:10:32]

And me and my wife talked about it many times and prayed about the whole situation. If the time would come— I'm sorry, I seem to be breaking up here.

Shawn Buckley
We can hear you fine here.

Diedrich Wall
Okay, awesome. So we basically said, too, when the time would come for the truckers to take a stand, we were not going to take a back seat. And again, there was talk about the vaccine mandates being imposed on the truck driver, which again we have to remember: The truck drivers were the heroes throughout the entire duration from when COVID started up to this point. You know, willing to go where nobody else was going to go. And so, they basically went from hero to zero pretty quickly.

And now, when they had basically imposed the mandates, I think, on most industries at this point, it was time to [inaudible: 00:11:27] truck drivers as well, for those that had chosen for whatever reason, some very obvious reasons at this point, to not get the vaccination.

And again, we told ourselves that if that point came, we were going to take a stand. And when it was announced that on January 15th, '21, Canada would start to implement drivers needing to be vaccinated or have a negative PCR test upon arrival or, otherwise, would need to quarantine for 14 days, and also, could likely be ticketed.

With that said, within literally a couple of days, and a bunch of help from a whole lot of people, we were first. We called it a slow-roll protest at the Emerson— That's the Manitoba–U.S. border on highway 75, just south of Winnipeg, and that was on January 17th. We arrived there at 3:45 a.m., if I remember correctly, or maybe it was 4:45 a.m. But it was very strategically planned: we know how busy that port is when it comes to truck traffic, and Monday mornings are always the busiest.

So we did that very strategically, and of course, our plan was to basically abide by all traffic laws. We had no intentions of blocking the road. We just basically wanted to slow traffic down and come out with our flags and signs, and basically, show our dislike with the decision the government had made for truckers at this point. And so, that's what we did. We basically showed up there and we started— When I say "slow-roll" for those of you that don't know what that is, it's just literally going basically as slow as a big rig is going to go, low-gear idle. You're walking faster than that. So that's what we did there on January 17th.

Shawn Buckley
So basically, you backed up the traffic probably for miles. Can you still hear me?

Diedrich Wall
Oh, now I can hear you, Shawn.

Shawn Buckley
Okay, so I asked, did you back up the traffic for miles?

Diedrich Wall
Yes, certainly did. It was very effective. We had a lot of support out there from our supporters. And it was pretty interesting to see how many truck drivers that were basically caught in a slow-roll taking up a lot of their day were very supportive as well. Of course, there was some that were very upset, rightfully so. They didn't understand what was going on there. But, yes, we definitely accomplished what we set out to do.

And I mean, the event caught media attention globally after the first couple of days. And it was the start of the trucking movement. While I have to state that the Freedom Convoy to Ottawa, this was already in full stages of planning. I had no participation in planning for the Freedom Convoy to Ottawa.

But we just saw it was important to do this protest at the border on January 17th, literally, two days after they imposed this mandate for the truckers on the Canadian side. We thought it was strategically important to do it at that time.

Shawn Buckley
Now, you didn't plan the Ottawa trucking protest,

[00:15:00]

but you did have your trucks participate. Can you tell us about the participation of the trucks from your company?

Diedrich Wall
Yeah, for sure. So yeah, we were very much involved, not in an organizing aspect of it. But again, I go back to what I stated earlier that me and my wife prayed about it and thought about it long and hard and our involvement, our company's involvement, because we all saw what happened to a lot of people that participated. And I'll get into that a little bit later

and to what our involvements ended up costing us. But in that sense, we were content with the fact that we could literally lose everything.

It was a pivoting moment in the whole movement, I feel, but we just felt totally at peace with it because I go back to stating what I said earlier. You know, it felt like a true conviction that this is what we needed to do. And no matter what the outcome would be at the end of the day, we would still feel good about that decision because we followed the path of what's true and right instead of just sitting back and—

Shawn Buckley
I'll just interrupt you, but if you can, because we've got some time constraints, if you can tell us about your participation, what your company did.

Diedrich Wall
Absolutely. So we had nine trucks in total from our company that participated in the Freedom Convoy going to Ottawa. Only four of them went all the way to Ottawa. Five of our trucks went slightly, just a little ways into Ontario—Kenora, Ontario. It was a stopping point there, turned around and came back and started organizing for the next protest in Manitoba. Four of our trucks carried on to Ottawa and stayed there for the entire duration.

Shawn Buckley
Then my understanding is one of your trucks in Ottawa got towed at the end when the government marched in.

Diedrich Wall
Yes. I have to make a correction on that. The truck didn't in fact get towed, but basically what the enforcement group— I don't know what group confiscated these trucks, but basically what they did— The trucks they could drive out, they drove out, and the ones they couldn't drive, they towed out. Our driver's truck, they were able to get into it. Our driver still to this day doesn't know how they started it because he had both sets of keys with him, and he was not present when his truck was taken. I must also state that it was an owner-operator truck. The driver owned his own truck but leased on to our company, and yes, it got confiscated and was impounded.

Shawn Buckley
And there was a $1,300 fine, I think.

Diedrich Wall
Correct. Yeah, that wasn't the exact amount but, yeah, within the realm of $1,300. After a week of confiscation, we were able to get it out. But the interesting part was, it didn't just sit in the compound and we could just pay our fine and get it out.

This was a truck and trailer. They physically ripped the licence plates off of both power and trailer unit. And of course, I mean that's a registration to travel up and down the road, so we had to get permits just to get the truck back home. I thought that was a rather interesting—something that I don't think would have been necessary, but, yeah, it was just very unique.

And then, also, our permits to operate within the province of Ontario was pulled for an entire month.

Shawn Buckley
Well, maybe those people that took the plates off were some of these good Canadian ambassadors.

Diedrich Wall
That could likely be.

Shawn Buckley
Yeah.

Diedrich Wall
I thought it was interesting.

Shawn Buckley
Now you talked about a Manitoba protest. And this is an important topic because we're in Manitoba today, and people from Manitoba know about the Manitoba protest and it did get some media coverage in the nation. But a lot of Canadians actually don't know what happened in Manitoba with your protest and definitely internationally. Like internationally, everyone knew about the Ottawa one. And I think it's important for you to share in some detail what happened here in Winnipeg, Manitoba.

Diedrich Wall
Yeah, certainly. So like I stated earlier, obviously my heart was set to go to Ottawa as well. I really wanted to go, but after doing some more thinking about it, we thought it was important to organize something in Manitoba because a lot of people couldn't go to Ottawa. It just wasn't feasible for whatever reason.

So we decided to stay back and organize another slow-roll, actually right back at Emerson. And again, this was strategically organized for the date of January 29th. This was when the Ottawa convoy was to be expected to arrive in Ottawa. So we thought it would just be uniform. Again, we're all in the same fight to do it on the same day to get back to the border at Emerson.

And this time, we were there for a longer duration. We were there from January 29th to,

[00:20:00]

I believe it was, February 2nd. So we were there for quite a few days. Same thing again, you know, just a slow-roll. We didn't block the road, but again, it was much more effective even this time than it was the first time. We definitely had our voices heard, we feel. So I'll just carry on here with how we ended up at the legislature building, if that's alright?

Shawn Buckley
Yes, please do.

Diedrich Wall
We were at the border slow-rolling until February 2nd. I believe it was on February 1st, I had somebody reach out to me from another group of organizers within the city of Winnipeg. They were saying that they were planning a protest there and they would love for the truckers to join them. So we did some thinking about that and thought it would be a good strategic move if we go to our local legislature building within the city of Winnipeg. And of course, it would be smaller scale, but, in a sense, the same thing as to what was happening in Ottawa.

So we took that opportunity to refocus our efforts and took a day off. But then on January 4th [sic], once again early in the morning, I believe it was at 3.30 a.m. or something like that, we arrived in front of the legislature building and set up the trucks. And the trucks that we had there currently, four of them, I think we came there with big rigs, and then the rest of it kind of just formed on Broadway and Memorial. The rest of it formed kind of like Ottawa, smaller scale. People started setting up, you know. We had people with food trailers come out, all kinds of things like that.

Shawn Buckley
Can I just stop you? It wasn't just your trucks that were there. There were other truckers, there were like 40 or 50 trucks.

Diedrich Wall
Yes, sir, I think at the height of it, there was around 50 trucks and then, of course, a lot of other participants. There was one Saturday where a whole bunch of farmers came out and brought their tractors out; I mean, the boulevards were lined with the farm equipment, farm tractors. And yes, a lot of big trucks and a lot of local supporters came out throughout the duration of the protest there. It was an amazing expression of, not expression but it was just the whole event was just— I can hardly put it into words, you kind of had to be there. It was very interesting from an organizer perspective. It was a very unique and interesting experience. I can only speak on behalf of myself who went through it. I was one of the organizers there throughout the entire time.

So the continuation of the negotiations with the Winnipeg Police, they were awesome. I can't give them enough credit: they were very respectful to us, but they had a job to do. There were daily negotiations as to things we could and could not do. But I mean their strategy was to eventually get us to leave, which that ultimately did happen after a couple of weeks.

Shawn Buckley
Now was the protest peaceful?

Diedrich Wall
Yeah, 100 per cent. The only un-peaceful event at the legislature protest was what we believe was an Antifa supporter. It was somebody that did not support the movement, that basically came through the crowd with an automobile and struck several supporters that

were there at the event. That was a pretty scary moment that happened early on in the protest. That individual was arrested, I believe, if I remember correctly. I didn't follow the story too much afterwards.

But that was the only un-peaceful thing that I would have recalled. It was just like Ottawa, just a smaller version, all the stories you hear: People coming to support. Farmers coming out bringing fuel for the big trucks. Huge groups cooking food every single day for everybody. No, there was just more unity there than anything else.

Shawn Buckley
So it was really the community coming together in a joint protest to seek change.

Diedrich Wall
Absolutely. I'd like to also add, just to answer your question more thoroughly whether it was a peaceful protest. And someone might be able to correct me and remember this better that was at the event— The Chief of Police, after everything was said and done, deemed this to be one of the most peaceful protests in the history of Winnipeg. So we took some credit for that. And there too, we tried to do our utmost throughout these negotiations daily with the Winnipeg police to meet with what their ask was of us, at the same time, trying to hold the line and keep reminding them as to why we were there as well.

Shawn Buckley
Now, my understanding is the purpose of being down there was you guys were requesting a dialogue with the provincial government and Premier Stefanson. Am I correct about that?

Diedrich Wall
A hundred percent. That was our ask. We merely wanted a conversation with the Premier's Office, and we were denied that right the entire time.

[00:25:00]

And what was kind of painful about that, I'll make it really quick. I believe it was a week, or maybe two weeks, after we left the site that our protest ended, the Ukraine thing started. And of course, I respect everybody. I mean, I respect the Ukrainian people. They definitely had the right to do— Well, they gathered at the legislature building, basically.

And Heather Stefanson had no problem coming out addressing her concerns and her support for these people, which I think is awesome. That's great that she did that.

But we just thought as organizers for our event— We're Canadians. We're pleading for you to have a conversation with us. And our ask isn't anything complicated, right? We're asking to simply have our constitutional rights and freedoms back.

But yet, she had no problem addressing them when she denied our rights and ignored us the entire time we were there. I thought that was a pretty sad example of a public servant that's supposed— That's there for all Canadians, not just for a select few.

Shawn Buckley
Now, we've heard the same from some people that were at the Ottawa protest. We had Tom Marazzo indicate that at no time did any member of the federal government actually speak with them.

But at the end of the day— And I just thank you on behalf of Canadians and actually the entire world because you truckers woke us up. And at the end of the day, there were some changes made because of the actions of truckers like you. And I know you've thought about that, but it just seems to me that you guys exposed some things. Can you share with us what you think was accomplished?

Diedrich Wall
Absolutely. So the question was asked many times by a lot of people: What do you guys feel that you accomplished? What was your wins? For me it was pretty simple, as most will remember. During the protest time, different provinces started to announce that they were going to start lifting restrictions, including Manitoba. Before we left, they announced that they were going to lift the mask mandates, which we thought was huge. I mean, no credit to self or any of the organizers. I think most of us were all fairly like-minded: it was all a group effort. But the group effort, we believe, was a huge contributing factor to them announcing these mandates being lifted.

I strongly feel the mandates would have been in place for much longer had we not protested. Some of the biggest wins that I would take away from it: First of all, the corruption right down to the core from our local municipalities right up to the federal government that was exposed. I think many people did not realize how deep it went. I know for myself I didn't.

It was amazing, again, going back to Ottawa where the *Emergencies Act* was invoked, I believe for the very first time, for breaking up a group of peaceful protesters. I thought that was the definition of insanity in a so-called free country that we live in. So huge wins I would say was basically exposing the corruption.

And another one, just the unity that the government had worked so hard to try to break apart within Canadians for a couple years. We saw clearly that Canadians, when it just came human to human, we respect and love each other. We love our country, and there was such a massive movement of support for the trucking protests.

I thought that that was a huge win, just showing the world that no, Canadians don't hate each other. It doesn't matter which side of the aisle you're on, especially when it comes to the vaccine. I mean, that's been a disturbing conversation to me for the entire time. Respect each other for who you are as individuals, not for medical decisions you make, which the government wanted us to do.

So it was a sense of unity and bringing people back together. Again, those are a couple of the big wins. Again, like I said, we saw mandates started to lift and so we thought we accomplished much. And to this day, I mean, had it not been for the entire process of what the truckers did, I think we would live in some very different times.

Shawn Buckley
I think most people would agree with the statement, and I've heard people internationally say it to me, that watching the Canadian trucker movement actually was the first glimmer

of hope because we can't think of any other example where a group of people actually stood up to say no. And the fact that you guys accomplished something shows that actually the only way for us to get our rights back is for groups of people to stand up and say no.

Before I hand you over for commissioner questions—

[00:30:00]

But I just wanted it to be clear. You guys didn't end the protest in Winnipeg just because you decided to go home. It was made very clear to you guys, by the police, that they were going to move in and basically do what was happening in Ottawa.

Diedrich Wall
Yes, correct. So just trying to rethink here now what the date was. The date lapsed my memory. But yeah, there came a day where, again, this was just one of our morning sessions with Winkler police, just a typical negotiation session. And they did come in with a document basically stating that we had a day, I think it was February 22nd if I remember correctly, but that we basically had a day to get everything off the premises and have everything cleaned up or trucks were going to start to be towed. Same thing as was happening in Ottawa.

They stated the fact, as well, that the *Emergencies Act* was still in effect and that they would use it if needed. So yeah, we were definitely forced off the property; again, we all left willingly. There was no hesitation from anybody; as we stated earlier, it stayed peaceful from beginning to end.

Shawn Buckley
Thank you. And I'm just going to ask the commissioners if they have any questions for you, Mr. Wall. And they do have questions.

Commissioner Drysdale
Thank you for coming out this morning, Mr. Wall. There's a few things you said that I was curious about. I've heard testimony over the last number of days from folks like yourself who were facing making a decision, and they weighed whether or not they would speak up or whether or not they would take an action, perhaps make an arrest or break up a protest. And they weighed that against the loss of their income and their pensions. I think, Mr. Erskine, I believe it was, a police officer who had made that statement. And what you said, and I wrote it down, was that you and your wife discussed whether or not you were going to protest and you realized that you could lose everything.

Can you tell me what you meant by that? Is that what you really believed? Why did you believe that? And how did you come up with the decision that you were going to move ahead anyway?

Diedrich Wall
I think that's a great question and thank you for asking it. Basically, when I say that we could lose everything, I guess I was pertaining that we basically were putting our entire company on the line. And we employ about 40 people, so that's a pretty substantial number, and of course, we'd be putting all those jobs in jeopardy as well.

But at the same time, we felt content with the decision, to the fact that— Like I said, I felt truly convicted. I felt a conviction from God, I'm a God-fearing man, that this was something that we needed to do. And the Bible teaches us that he will provide regardless, and so we felt we were going to be okay, whatever that okay looked like. If everything you know— Let's say, for example, that our participation would strip our rights to our registrations, licences, and so forth to be a trucking company, which it did within the province of Ontario. And I mean, there was many threats throughout the duration of the Ottawa convoy or Ottawa protest. So that concern was very real at that point already, and we knew going into it that there was a real risk of that happening.

Commissioner Drysdale
So I just want to be clear I understood what you were saying. So you were fully aware that you weren't just risking your own income, your wife's income, your family support, but there were 40 people working for you, which would have translated potentially into hundreds of people that would be affected by that decision. But you still felt the conviction to go ahead with this.

Diedrich Wall
Yes, sir, yep that's 100 per cent correct. And it wasn't without much consideration and then talking to our office staff. I mean, I can't think of one that wasn't supporting what we were doing.

And again, I felt it was a very bold move for a business owner. You didn't see many businesses, especially larger businesses— I shouldn't say you didn't see many, you saw lots of smaller businesses participate, but I mean it was a pretty bold stand to take. But again, my convictions were very bold, and there wasn't much question about it. And again, it was with the support of our office staff, which I am extremely grateful for to this day.

Commissioner Drysdale
My last question has got to do with your community in Winkler.

[00:35:00]

Winkler is a rural city in Manitoba; it's quite a close-knit community and it has a reputation for a faith-based life.

My question to you is— When you took the initial actions where you had the services, if you will, in the city park, how is that portrayed in the local media and how did that affect your relationship within the community of Winkler following that?

Diedrich Wall
That's a great question. So basically, our local media wasn't really much different than the mainstream media when any of these events were covered. So there wasn't much, and to this day, there isn't great support. I mean, some of the stuff that's happening to this day, they're starting to cover it a little more accurately, I feel, but there was no real support from the local media.

As far as support from the local community, it was absolutely huge. And you're absolutely right, I think Winkler's considered the Bible Belt of Manitoba, if not for Canada. And I truly

feel that these last couple years have really brought that out into light because the community like you said, it's very tightly knit. And yes, there's those that don't agree, which God bless them for it. We live in a country where we should be allowed to disagree with each other respectfully. But yeah, like I said, very well received by the community. There was never a sense of feeling that we really should stop doing this because the community just isn't supporting it and really rather have us not do it. So yeah, it was very empowering to continue ploughing forward.

Commissioner Drysdale
Thank you, sir.

Diedrich Wall
Thank you.

Shawn Buckley
And there's more questions.

Diedrich Wall
Thank you.

Commissioner Kaikkonen
Good morning. I just have a quick question about the service in the park, and I'm just wondering if you saw the Chief of Police at other points come out in his own vehicle, his own personal vehicle without a uniform, when you were doing the slow-rolls or any other moment in time? Or whether you felt that at this time, it was maybe your faith that was being targeted?

Diedrich Wall
That's a great question. I think with all due respect, I actually know this Chief of Police personally, and I'll be honest, I would consider him a friend. What he did the last couple years, I don't think was a nice thing to do to a friend quite honestly, but I do understand he has a role and a position, public servant duties that he needs to uphold as well. You know what? With all due respect, I don't think it was an attack on religion.

The Winkler police, they were very much monitoring all the different rallies. Like, we have so many different rallies within the city of Winkler and area. They were constantly monitoring us regardless of— And I mean, most of the other ones were just protesting against all the other mandates. So yeah, it was pretty consistent monitoring, regardless.

Commissioner Kaikkonen
Thank you.

Diedrich Wall
Thank you.

Shawn Buckley
Rick, it looks like the commissioners have no further questions. On behalf of the National Citizens Inquiry, I want to sincerely thank you for sharing your testimony with us.

Diedrich Wall
Thank you all so much and God bless each one.

[00:38:44]

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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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Moderator Statement: Shawn Buckley
Full Day 2 Timestamp: 02:43:54–03:01:33
Source URL: https://rumble.com/v2i6qmk-natonal-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
So welcome back to the National Citizens Inquiry in Winnipeg. We thought that after this break we would start with another video clip. So just to kind of bring us back and remind us of what we've experienced. So I'll just ask David if he would switch us to the clip.

[A video of news clips was played informing the public of emergency measures, including restrictions on public gatherings, closing of non-essential businesses, school closures, the community ambassador program, masking restrictions, vaccine mandates, and vaccine side effects. Below are transcripts of the audio content.]

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer
Effective April 1st, all non-critical businesses will close. We know that in effect currently, public gatherings are limited to no more than 10 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. Effective April 1st, all restaurants and commercial facilities that serve food are prohibited from serving food to customers in their premises. Bars will be closed. Personal service businesses such as hair salons and massage therapy offices will be closed.

[Video clip] Kelvin Goertzen, Minister of Education
Today following the advice of Manitoba's chief provincial public health officer, we are announcing that Manitoba's K–12 schools will have their in-school classes suspended indefinitely for this school year.

[Video clip] Brian Pallister, Premier of Manitoba
Stay home. Stay home and stay safe. This is not the time for large family gatherings. Don't risk making this weekend's Easter dinner a celebration with fewer people around the kitchen table next year. Do not do that.

[Video clip] Brian Bowman, Mayor of Winnipeg
Starting Saturday, we'll be initiating a community service ambassador program that will get ambassadors out in the community to look for, to help educate, and create awareness to those who are not respecting the public health directions. This includes closed city areas like athletic fields, skate parks, play structures, and picnic shelters. We'll be utilizing our bylaw enforcement officers to start warning and ticketing those who will be making use of the closed city facilities with penalties of up to $1,000 and the potential of up to six months imprisonment.

[Video clip] Brian Pallister, Premier of Manitoba
We must do everything we can to continue flattening the COVID curve. We must stick to the fundamentals that have allowed us to be where we are today. And that is why we are extending the state of emergency for an additional 30 days. What we are doing is working. And we must continue to do everything we can to continue flattening the COVID curve.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer
The Prairie Mountain Health region is being elevated to the restricted level or orange in our pandemic response system immediately. Group size will be reduced to 10 individuals both indoor and outdoor. Masks will be made mandatory for indoor public places as well as any public gatherings. The entire province of Manitoba is moving to critical or red on the pandemic response system.

[Video clip] Brian Pallister, Premier of Manitoba
I'm feeling so sad at the loss of so many Manitobans, I can't begin to describe to you.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer
This sacrifice over this time will save lives.

[Video clip] Brian Pallister, Premier of Manitoba
Manitobans have a chance to point fingers and blame people like Dr. Roussin or me and that is unproductive behaviour. Everybody's afraid, everybody's stressed and the way to deal with this is not to panic. It's to have a plan and follow it and that's what we're outlining today.

[Video Clip] Actor in Santa Claus costume
I know some of you are worried about me, but I am well. In fact, I'm feeling great. Mrs. Claus and I have been self isolating. In fact, we've been doing it for years. Many, many, many years. Ho ho ho ho ho ho. But even with my Christmas magic, which keeps me strong and healthy, I am always careful when I visit all my little friends. I have custom-made masks designed by the elves that fit my beard. And of course, I always clean my hands well. Ho ho ho ho. I will certainly be visiting you all on Christmas Eve. Ho ho ho ho.

[Video Clip] Dr. Theresa Tam, Chief Public Health Officer of Canada
Wonderful! It's been a very tough year for kids, but they've all been doing their best to keep up with staying safe: washing their hands, wearing their masks, and keeping a safe distance.

[Video Clip] Actor in Santa Claus costume
Dr. Tam, between you and me, the good list is a long one this year.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer
Pandemics all have an end and this one is no different. We have a tool now to manage this pandemic quicker and that is a vaccine, which we should all be optimistic about.

[Video clip] Dr. Joss Reimer, Medical Lead and Official Spokesperson, Vaccine Implementation Taskforce, Government of Manitoba.
Despite the findings that there was no increased risk of blood clots overall related to AstraZeneca in Europe, a rare but very serious side effect has been seen primarily in young women in Europe. So out of an abundance of caution, Manitoba will be recommending that these vaccines only be used in people who are 55 and older at this time. I do want to say that this is a pause,

[00:05:00]

while we wait for more information to better understand what we are seeing in Europe. Typically, the symptoms happen four to twenty days after immunization and the symptoms can mirror the symptoms of a stroke or a heart attack.

[Video Clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer
Even though our mask mandate is for indoor public places, even if you're gathering outdoors, I recommend wearing a mask if you're gathering with people outside of your household. If we are going to see a steep increase in cases like we've seen in other jurisdictions, then we're going to fall behind on that approach. That's why it's imperative to be cautious. We should be optimistic. We see spring, we see summer, we have vaccines, we have effective and safe vaccines, so there are reasons to be optimistic. But for the next many weeks, next couple months, we need to still be cautious as we roll out more and more vaccines.

[Video clip] Unidentified speaker from an unidentified media station
How the University will check for proof of vaccination or accommodate 6,000 foreign students without Manitoba health cards are also works in progress. Other schools are also developing policies. The University of Winnipeg, Canadian Mennonite University, and Red River College have all signalled there will be a vaccine mandate. University College of the North in The Pas is also instituting one. Brandon University said it will strongly encourage but not require vaccinations before the fall term begins but will examine a potential vaccine mandate in the near future. Assiniboine Community College in Brandon says its policy generally will require all students, staff, and visitors to campus to be vaccinated.

This afternoon the Louis Riel School Division said it would mandate vaccinations for all its employees returning to work in the fall. Now Winnipeg School Division, Manitoba's largest, hopes that the government will mandate vaccines in schools.

Shawn Buckley
I think that everyone watching this, both in person and online, are troubled by these reminders, and I don't want to apologize that we put these clips together to remind us. I have to say that I have strong emotions when I see things like that Santa Claus clip.

There was a witness in Toronto, Rodney Palmer, who also brought our attention back to the CBC piece where if Uncle Bob is talking about the conspiracy theory about COVID being in the lab, how do you basically defuse Uncle Bob? The fact that we are targeting specific messages at our children to create fear and to create compliance is one of the most alarming things I've ever experienced in my life. And what is going to happen going forward with this generation of children that have literally been indoctrinated?

The other thing that I think most of us have found disturbing with the two sets of clips is the government basically calling for ambassadors. It's almost like we're in, you know, East Germany while the wall was still up, and Stasi, the secret service. And when the wall fell and people were able to look at their files, what shocked them the most was how many of their close friends and family members had been snitching on them. And this is a core feature of police states.

And so for all of you good ambassadors out there in Manitoba and other provinces, the good ambassadors, the good Canadian ambassadors, who turned in their neighbours and their friends and people they don't know, please understand that we cannot have a police state without your participation. Police states depend on good ambassadors like you. You are the police state. You are the reason we lost our freedoms. Not you alone, but you were an important contributor. And going forward, I wish three things, really two things for you: I wish that you will never, ever be treated as you treated us. And I also wish for you that you will for your entire life be treated with respect and kindness. So I would like to call our next witness.

[00:10:00]

Oh, I'm sorry, one of the commissioners has a comment.

Commissioner Drysdale
You know, over the past number of days in Truro and in Toronto, and now all day yesterday and today, we've been listening to all kinds of Canadians giving us their testimony about what's going on and how this affected their lives.

You just showed our group videos of the premier of the province, the chief medical officer, and others. And my question is, why are they not here? What efforts has the National Citizens Inquiry made to have these people appear before us? So just like ordinary Canadians or all those Canadians who've taken time from their jobs and they've come here to testify, what efforts have we made, has the NCI committee made, to invite or ask these people who planned this, who executed this, to come before us and answer to the Canadian people?

Shawn Buckley
Commissioner, I can tell you that for the Province of Manitoba—and I can provide you with the names for other provinces—we sent summonses, as were permitted by the rules at the direction of the Commission Administrator, the Honourable Ches Crosbie. We sent summonses both by registered mail and emails to Dr. Brent Roussin, Chief Provincial Public

Health Office, Audrey Gordon, Minister of Health, Premier Heather Stefanson, former Minister of Health, Cameron Friesen, former Minister of Health, and we received no reply. I'm not going to read for the record, but I can provide to the commissioners right now two documents that set out to date, basically, what summonses have been issued.

Commissioner Drysdale
And can you describe how they were invited? And what I mean by that is, you know, these are busy people, we're told, and what kind of options were they given in order to testify before our committee?

Shawn Buckley
That's a good question. I can advise the court, or I'm sorry, the Commission, and anyone can go online and look at our rules. Our summons, our draft summons, is Appendix C. And one of the things that we were told before we finalized our rules is that we're likely to get responses from public health officers or ministers of health or other people that we send summons to, if they reply at all, that perhaps they're just simply not available on the date for which we issue a summons.

Because in all fairness, apparently a lot of them do have very busy schedules, and it's a legitimate concern to just give them notice of a date that we're requesting they attend. So the summonses are all drafted to make it clear that the NCI hearings are being held over several months. And that they can attend virtually so that if they're not available on the date for which the summons is requesting them to attend, they can contact the Commission Administrator and have a different date chosen. And the summons also indicates that the Commission has the opportunity to schedule a special appearance for them and that if that would be necessary, we could do so.

So we have taken every effort in drafting the rules and the summons to make it as easy as possible so that none of these people that were making decisions can, with any credibility, say that we did not give them ample opportunity to attend at the NCI. And of course, we want them to attend. We want them to explain why they made the decisions they did. We want them to explain what evidence they relied on. And you know, basically what they felt they were facing at the time.

So we truly feel it's a loss—not just to Canadians but to the international community watching these proceedings—not to have these people, choosing not to attend with us. Because this is something that we're supposed to be doing jointly.

[00:15:00]

We're not here to grind an axe. We actually want this to be a healing exercise where we understand each other. And we can't understand anyone if they won't come and tell their story and won't share it in this format where people are treated with respect, where the proceedings are managed, and where the evidence is given under oath. So that's the best I can say, Commissioner.

Commissioner Drysdale
Were they also given the option of attending virtually or in any of the nine cities that the Commission will be holding hearings in Canada?

Shawn Buckley
Yes, yes, the summons form, which we have only varied on one occasion, makes it very clear that they can attend virtually. And when I say it's only been varied on one occasion, is in Saskatoon, we're hoping to have Stephen Kirsch attend virtually as a witness. And he had asked one of the people connected with the Ontario College of Physicians and Surgeons, Nancy Whitmore, to engage him in a debate. And so we've issued a summons to her requesting that she would attend virtually on that date to be able to have a safe forum for which to debate with Mr. Kirsch. But aside from that, we've never deviated from the standard form summons, which makes it very clear people can attend virtually.

Commissioner Drysdale
Will these subpoenas be included in the information or the archives for the commissioners and for the Canadian public?

Shawn Buckley
Yes. So there should already be, and I apologize, I didn't check personally— But my understanding is that on the NCI website, we are listing, and actually having copies of the summonses that have been issued listed, so that Canadians and, again, people internationally can understand that the NCI is taking efforts to invite those officials that were making the decisions both federally and in each province to attend so that this can be as comprehensive of an inquiry as possible. And we're not sure what else to do. So I feel like I need to apologize to the Commissioners that we have not been successful to date in encouraging any of these people to attend.

Commissioner Drysdale
Thank you, Mr. Buckley.

Shawn Buckley
And I'll just hand out— Because it should be four copies. If each of you just takes two pages, you'll have a list of them to date.

[00:17:39]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 4: Natalie Kim Björklund Gordon
Full Day 2 Timestamp: 03:40:44–05:03:40
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Kyle Morgan
Good day, Ms. Bjorklund Gordon. Could you state your full name for the record and also spell your first and last names?

Natalie Kim Björklund Gordon
Natalie K. Björklund Gordon. N-A-T-A-L-I-E, K for Kim. Björklund B-J-Ö with an umlaut, R-K-L-U-N-D, Gordon, G-O-R-D-O-N.

Kyle Morgan
Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Natalie Kim Björklund Gordon
I do.

Kyle Morgan
I have a copy of your CV here. I understand that you have degrees in science, a PhD from the Department of Biochemistry and Medical Genetics from the University of Manitoba, is that right?

Natalie Kim Björklund Gordon
The biochemistry degree that I did was in microbiology and chemistry at University of Manitoba and my PhD was in the Department of Human Genetics.

Kyle Morgan
I understand that, would it be fair to say, you have an expertise in epidemiology as well as public health and biostatistical analysis?

Natalie Kim Björklund Gordon
Yes, my work involved about three-quarters of the same type of coursework that is done for those training in public health. There's a lot of overlap between human genetics and public health.

And I also did my education on a part-time basis because I had small children, so I took a lot of courses on a slower basis, and I accepted positions, contract positions and short-term and long-term administrative assistant positions, teaching, and additional private work for physicians as part of paying for my education. So I prepared grants in ethics, and I did statistical analysis for physicians. And I also tutored medical students, and as part of my PhD program, I taught medical students genetics and statistics.

Kyle Morgan
Great. So we have your CV. It's Exhibit WI-1 for the record. I don't know if the commissioners have seen it. If we can add that to the record. Oh, can you swear, Miss Björklund Gordon that the CV is a true copy?

Natalie Kim Björklund Gordon
Yes, I swear that that is a true copy of my CV.

Kyle Morgan
OK. Now I understand that you have prepared a slideshow [Exhibit WI-1b].

Natalie Kim Björklund Gordon
Yes. This is to keep me on track, and I'll try not to run over time. I consider this more a personal testimony so if at any point something I've said is not clear or you wish to interrupt to ask for clarification, please do so. This is a less formal presentation.

Kyle Morgan
Very good.

Natalie Kim Björklund Gordon
So can we have the, there we go. Okay

So this is about my concerns as an expert. And we've already gone over my qualifications. I would like to point out that I have 17 peer-reviewed publications. And I published one book in embryology. And I have a second book in preparation. So I'm semi-retired. I'm not part of the academic community anymore, but I am still working as a scientist and producing quality material that is considered part of the scientific literature.

So if you were to summarize what my work has always been about, this very complicated picture, which comes from my book, is a whole bunch of proteins and how they

interconnect with each other and how signals go from the top of the cells down into the nucleus of the cell and result in changes in gene expression.

This interacting biochemical complicated system is present in all the cells of our bodies and work that way. And all of us have genes for each of these proteins, and there are individual variants of the genes within the population that can make them more or less efficient. And that is the main reason why we need to do a lot of epidemiology and statistical analysis. Because studying any one of these proteins is an entire PhD project all by itself. So you can't do this in isolation. You have to be able to examine the literature and see what everyone else is doing and put all the pieces together.

So my awareness of the pandemic began in January of 2020. I was hearing news reports that were concerning to me. When I was in my final year as a biochemistry undergraduate, I did a project in virology.

[00:05:00]

My mentor was working on the mRNA viruses. And so, I had a very intense interest in virology and in pandemics. And I almost considered that as a career choice. I ended up going into human genetics instead for other reasons. But I followed it very, very closely.

And by mid-February 2020, given the reports we were reading, my husband and I became concerned enough that we went into town and stocked up on large amounts of food, plastic sheeting, medical things for isolation, because we were really beginning to think that it was going to be a very serious pandemic.

At the end of February, my husband and I both became ill. And as it happened, we had a friend whose mother-in-law came to visit from China. Before she left China, she was visited by relatives from Wuhan. And the relatives from Wuhan had colds when they arrived. And she felt sick during her trip and initially put it down to jet lag. And eventually, a very nasty flu circulated in our community and my husband and I both became quite ill. I was sick for five days, basically bedridden. My husband was not as sick as that.

But I contacted public health thinking that, quite possibly, we had the Wuhan virus because by my understanding of contact tracing, we had a direct connection with symptomatic people to Wuhan where the pandemic was originating. But we were told we were not eligible for the PCR testing.

And I also found the PCR testing to be puzzling because I've done PCR myself. One of the labs I worked at, we had a full-time technician who did nothing but PCR. And that was his specialty. And he was noted for being able to get consistent, excellent results, which is something that's normally very hard to do. And I couldn't really understand how a PCR test could be being used as a diagnostic test. I figured maybe, well, I've been out of academia in the lab for five years, ten years, whatever it was at that point. And maybe they had some new technology that I wasn't familiar with.

But it was shocking to me that the airports were still open. People were still coming and going at this point. And there was no real contact tracing going on. I couldn't understand why this was happening. It didn't make any sense to me. It contradicted what I understood.

Shortly after we both recovered, my husband developed what we now know to be consistent with COVID toes. His toes looked blue and bruised. And he woke up at 3 o'clock in the morning, got up and collapsed on the floor, and it turned out that he'd had a right

lateral pontine stroke. And he ended up in the hospital. Fortunately, my dog woke me up, my wonderful dog, and we called an ambulance. He was taken in. And my husband's quite a bit older than me, so at the time, he was 78, which would have made him very high risk for this kind of complication from the virus. While we were in there, the staff were wonderful. I stayed with him most of the time that he was in there. It was very patient-centred. I was very happy with the care he got.

I mentioned to the doctors I thought that his stroke was related to the virus because I had been reading already about neurological effects from the virus. But the doctors kind of poo-pooed it. And they said, "It's not COVID. COVID isn't in Manitoba yet. And COVID is a lung disease, not a neurological disease." I didn't argue with them. It wouldn't have affected my husband's care.

The last Thursday that he was in hospital, I was very alarmed by what I was hearing about lockdowns, and I decided I needed to get my husband out of the hospital. And the staff was initially resistant. They wanted to send him off for rehab. They wanted to move him from Dauphin to Neepawa, where I had family to stay with, so he could have a longer recovery. I was becoming very, very frightened about him being locked up in the hospital. And I was beginning to hear stories about the spread of the virus in nursing homes. And I decided I was going to get him out of the hospital, no matter what.

And then the last Thursday, before he was released, which was right before when the lockdown started, I recall sitting in the room with him across from the nursing station and a bunch of men with suits and clipboards came in. And there was a lot of conversation and everything changed in the tone of the hospital. All the staff became frightened, rushed. And they went out of their way to help me get my husband out of the hospital. So an occupational therapist and physiotherapist came in and worked with me for a couple of hours. And the very next morning out we went, and I took him home.

And then the lockdowns happened. And that was an incredibly difficult period for me because my husband was recovering from a stroke, and I had no help of any kind from the government. I couldn't talk to the doctor.

[00:10:00]

There was no physiotherapy. There was no occupational therapy.

Now, a right lateral pontine stroke, patients can make a complete recovery from that particular type of stroke in about six months, but only if they receive intensive therapy. And there was no way to do it.

Now, I spent over $1,000 purchasing equipment to take him home. And then after we were home, in order to get him the therapy he needed, we spent another $1,000 buying a specific designed computer game called "Fit Me" that would allow him to do the therapy at home.

My daughter had an undergraduate degree in kinesiology. And she worked with me looking at YouTube videos and so forth so that we could come up with a therapy program for him. And our nurse across the street, who was a very dear friend, violated the rules of the lockdown and came over and helped take his blood pressure, make sure he took his medication.

And during this period, I really wondered. I had resources, education, and funding to take care of my husband in this position. What was happening to all the other people who were

dealing with something like this in the middle of this lockdown? And everything about it felt just wrong, wrong, wrong. And it was initially going to be only 14 days to flatten the curve. That didn't make any sense because what was going to happen when the 14 days were up? How was it going to help? And then it became another week, and then another week, and another week. And the community that I live in is a very small community.

After we retired, we moved into Alonsa, Manitoba. There's about 73 people, if you count the dogs. And it was a very tight-knit community and a farm community. And all of the seniors were basically abandoned. Their families weren't allowed to come and visit them. They didn't know how to use computers. I helped some of them to set up computers so they could maintain contact with their family. But it was a nightmare to see people. They were depressed. They were angry. They were frightened. And they were so isolated. And this was a very tight-knit community, where families were always getting together and everybody looked out for the elders. And all of a sudden, all of that changed.

Kyle Morgan
Miss Björklund Gordon, can I just ask you one point here.

Natalie Kim Björklund Gordon
Sure.

Kyle Morgan
I understand you did have some expertise in virology, or you had studied that.

Natalie Kim Björklund Gordon
Yes.

Kyle Morgan
And I think regarding the COVID-19 respiratory disease you had some understanding of how that disease was spread.

Natalie Kim Björklund Gordon
Yes, that's correct. And I was very disappointed with the government because I had had some very peripheral involvement in setting up the standards for pandemic response that would occur from the SARS-1 virus outbreak. And it seemed like the pandemic response I expected to see from the government didn't happen.

They suddenly went off on a new tack that was completely different from everything I understood that was appropriate. The only country that I knew of that was following what I felt were, based on my training, appropriate pandemic responses at that time was Sweden.

Kyle Morgan
And why do you say that?

Natalie Kim Björklund Gordon
Because they weren't doing proper isolation and contact tracing and they were locking down healthy normal people instead of just the symptomatic. And it felt more like a punishment than a way to stop the virus. And the other thing about it was the intense fear that they were putting into everyone. By this point, it was fairly obvious from the data coming out that this was a nasty bug and it did kill people, but it wasn't really much nastier than the common flu. And you just don't terrorize an entire population with stories of people dropping dead because of a flu. And it didn't make any sense, it just it didn't make sense.

Kyle Morgan
Can I ask you: Do you think it's reasonable to try to tackle a respiratory virus using lockdown—

Natalie Kim Björklund Gordon
No.

Kyle Morgan
restrictions of that nature?

Natalie Kim Björklund Gordon
You cannot eradicate a respiratory virus. At that time, we were told that this was a virus that came out of an animal reservoir. If you have a virus in an animal reservoir that occasionally crosses over to humans, you're not going to be able to eliminate it, ever. It's just something you're going to have to live with. And yet they were approaching this response to this virus as if they could eradicate it in the human population. And that made no sense to me either. Of course, we now know it probably came out of the lab and maybe at that time, they knew it and that's why they did it. I don't know.

Kyle Morgan
Now, I think you said you were familiar with mRNA technology? Is that right?

Natalie Kim Björklund Gordon
Yes.

Kyle Morgan
What were your thoughts about that leading up to what we saw happen with the development of the vaccines?

Natalie Kim Björklund Gordon
I was puzzled by the use of the PCR as a diagnostic technique. I was also puzzled by— I heard that they were doing 44 cycles of PCR, and

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based on my understanding, that's far too high and you're going to get an enormous number of false positives.

At some point the CDC had also made two different standards for looking at different populations that were being affected by the virus. So they were using 44 cycles for the general population as a diagnostic tool, but in other situations they were using 17 cycles so that they could be very sure that they weren't getting a false positive.

So the way they used the PCR test guaranteed that huge numbers of people were going to be diagnosed as having COVID who didn't have COVID or who had flu or who had something unrelated. That was my opinion.

Kyle Morgan
So okay, regarding the development of the Pfizer vaccine, did you have any thoughts about how that was developed? Given you're familiar—yeah, go ahead with that.

Natalie Kim Björklund Gordon
If I carry on. I chose not to take the mRNA treatment for a very specific reason. The government was telling me things that didn't make any sense to me. For example, they were saying, the Government of Manitoba, I'm referring to now, that the vaccine would not stop transmission, but we all had to have it to stop the pandemic. And that was nonsensical to me.

They said the vaccine stays in your arm. So you're going to inject something into highly vascularized muscle in your arm with connections through the lymph system, but it's going to stay in your arm? And it's not going stay in your arm.

They said that the mRNA could not be reverse transcribed into DNA because that's not the way cells work. Well, it's nonsense. Most of the time it's DNA, RNA, protein, but particularly when cells are rapidly dividing, you can get the mRNA back into the DNA. So I was concerned about how that was going to work. I was also concerned about the mRNA technology as a whole because we'd been hearing about mRNA technology and the great miracles that it was going to do for at least 15 years before. And to my perspective, it had not lived up to its initial promise.

We heard stories that were discussed in group seminars that there was a young man who had cystic fibrosis and they were going to use mRNA injections in an adenovirus in his particular situation as an experimental treatment to try to cure cystic fibrosis. And everything looked right. All of our knowledge and everything showed us that this would have been the right thing.

Now I was not personally involved in this. This is just reports I heard from other scientists who were involved. And this young man accepted the risk. He was informed that it was experimental. He took the drug and he was dead in 24 hours. And they had no idea why he died. And to me, the mRNA technology was a failed technology. And the reason it failed was not because the ideas were wrong, but because we don't understand enough about how cells work to be able to guarantee that the mRNA was going to work the way it worked. And that really bothered me.

And I also wondered, how do they control how much of this spike protein is going to be produced? And this spike is the infective portion of the virus and it's what binds to the

receptors. And if you recall my very complicated diagram, when you have something bind to a receptor up at the surface level, it's going to send massive numbers of biochemical signals all over the place. So why were they using the spike as the thing they were going to inject you with? And why were they using this strange new technology when we already have a whole vaccine technology that we have used successfully? It just didn't make any sense.

And I'm not an anti-vaxxer. As a medical person, I have been vaccinated far more than the average member of the general public. All my children were vaccinated. I had to attend autopsies, so I had extra vaccines that the general public aren't even offered. I had the Shingrix vax. I got the flu vax every year. I am not an anti-vaxxer. I just, everything about this bothered me.

And then I decided, well, maybe I'm crazy. Maybe the government knows what they're doing. So I decided to pull up the Pfizer EUA [Emergency Use Authorization] memorandum on the drug itself and have an actual look at their statistics. And I recall reading it and as I was reading it, I literally felt hairs in the back of my neck start rising. There were so many things that were wrong with this.

There were four cases of Bell's palsy in the case group that weren't in the control group. And Bell's palsy is a neurological condition.

[00:20:00]

And you can't miss that because the person's whole face is like— So that indicated to me that this could mean that this virus was having neurological effects. And if you look at Table 2, page 18 of that, there were 311 cases and 60 placebos that were excluded for protocol deviations.

Now a properly conducted study, those two numbers should be identical. You shouldn't have five times as many people who are excluded for protocol deviations. That's just wrong. And that shows there's something seriously wrong with your study. And they didn't comment on that. And I recall thinking at the time, what was the protocol deviation? Did these people die? Because there was no explanation. And the demographics were wrong. They were doing this on younger people, not older people. They made this dismissive little paragraph about antibody-dependent enhancement and how it wasn't a problem.

Every time that there has been an attempt to have a coronavirus vaccine, it has created this problem of antibody-dependent enhancement. And that means that the second time and the third time that you get the infection, the antibodies interact with the binding protein and cause it to bind more readily. So you end up getting sicker, not better, from being exposed to the vaccine.

And all Pfizer had was this little statement that we did some non-laboratory experiments with no explanation as to what those was. And they had just ruled it out as a possibility.

And I was also disturbed because they were using relative risk, not absolute risk. They didn't actually say what they were using, but it was obvious from the way it was being phrased and what they were doing that they were using a relative risk, not absolute risk. And relative risk, if you pick your population carefully and you have a low infective rate in your population, you can make it look like you've got really, really good efficacy, but it's meaningless because so few people in either side got infected. And these were things that bothered me.

And I decided that the last thing that bothered me the most was they had this one person, a 36-year-old male who had no medical comorbidities and who developed what appeared to be full-blown COVID the next day after having his shot. And the symptoms began on day two and Pfizer attributed it to one of three things: a false negative COVID, an infection process, or an adverse vaccine reaction. To me, that said, their spike protein that they were injecting people with was giving people COVID.

And I noticed as well that in their report, more people in their control group than in their vaccine group were getting it. Now, it was not a statistically significant difference, 409 versus 287, but if I had been in charge, I would have immediately said we need a much bigger group and we need to rule out this as an adverse side effect. And based on that, I decided I was not getting the vax.
And then came the vaccine passports and those were absolutely repugnant to me because they violated everything that I believed was ethical. You just don't do that to people. You just don't say that you get this shot, or else.

I mean, I was banned from attending social events. I couldn't go play curling at the curling centre anymore. I suffered direct discrimination in health and dental care from people. I had a dental hygienist ask me why I wasn't vaccinated. And I was waiting for a referral to an allergist because I've had anaphylactic reactions. So I just said, "I'm still waiting for referral to an allergist." And she said to me, "Well, since this is an innocent and real reason for you not taking the vax, I'll go ahead and do this. But if you were just refusing the vax because you don't want to do this and you don't want to do your responsibility, I wouldn't clean your teeth." So that's the kind of discrimination that was going on.

My eight-year-old grandson, I went to visit him even though it was a violation of the lockdown rules, and he refused to hug me. And he started to run to me, and he stepped back, put his arms behind his back. And I said, "What's wrong? Don't you want to give grandma a hug?" And he says, "Grandma, I can't. My teacher says, if I hug you, you'll die because you're unvaccinated."

What they did to children was such a disgrace. And I found myself suffering depression and anxiety to the point where I even began having fleeting thoughts about killing myself. And at that point I decided, this is really bad. We can't continue down this path. And I went and I adopted this little kitten, and she kind of changed everything because she didn't care who was vaxxed and who wasn't. And I could cuddle her and I could hug her. And I took her to visit my grandson and he was playing with her. And by the end of the time that he was playing with her, he was hugging me again.

[00:25:00]

So the kitten changed everything for us.

Then my daughter decided she had to get vaccinated because she needed to fly for her work. And if she didn't fly, she wouldn't have a job. And she took Moderna vax. I should state that I did not do much investigation into the Moderna vax. I looked mostly at Pfizer. My rationale was that they were both the same basic technology. So what I had learned about the Pfizer vax probably applied to Moderna.

And she had a very severe reaction, and it began eight hours after her shot. And by 12 hours afterward, she began to worry she was actually dying. She had many, many symptoms.

She called— When you went and got vaccinated in Manitoba, you got this information thing and there was a number you were supposed to call if you felt you were having an adverse reaction. And she called them, and she got someone on the other end. And this person said, "You can't possibly be having a vaccine reaction because I have a list of the things that the vaccine does and that isn't it. So you must have been exposed to COVID and been incubating COVID before you got the vax and you're only getting your COVID symptoms now." And they said, "Do not call an ambulance. Do not go to the hospital because you don't want to risk the health care workers. Stay home, self-isolate for 14 days."

I think that she would have died except for the fact that with us being allergic people, we had medications and things in the house so she could treat herself at home. And I wonder how many Canadians died at home because they followed that advice.

This led me to examine the 14-day rule. See, she was told that she didn't have an adverse reaction, she had COVID. And all across Canada, it was 14 days, zero to 13 days. If you got sick, it wasn't the vaccine. Twenty-one days in Saskatchewan and BC, I'll have to point out. And I started trying to investigate this and I found this on the Alberta health page. I couldn't find any good explanation for the 14-day rule anywhere else, but this was the best I could find.

This came off the Alberta Public Health Services page [Exhibit W1-1a]. And I'll just go through this in a little more detail. I've been accused when I've brought this image up of lying and creating it myself. So for that purpose, here's two links that prove— Joey Smalley was another independent investigator who found the same thing and posted about it. And that's the link. When people began asking questions about this, Alberta Health Services took it off their website, but they forgot about the Wayback system. So I already had a copy. Joey was able to have a copy. I was able to go get a copy from Wayback.

And if you look at this particular blow-up of the upper left-hand corner of that, you can see that there is a huge surge in the people who got infected with COVID immediately after they got their shots.

And if you go a little further, you can see that a number of people ended up in the hospital after getting their shots during that 14-day period, particularly the older people, the 75, because this has been broken down by age group.

And if you look at who died, it really hit hard in the community 75-plus. So people were getting their shot. They were getting sick. They were ending up in the hospital and they were dying in the hospital, and they were being counted as COVID in the unvaccinated. And I think a lot of these were not COVID in the unvaccinated. I think that they were adverse vaccine reactions. I have to put a caveat in there. I wrote to Alberta Public Health and asked for more details over what period of time did this occur, how many people were involved, what percentage was it, and they never responded to any of my requests.

This really made me think that we shouldn't be vaccinating the elderly. And I came across this particular paper where Norway investigated a series of deaths in what they called the fragile elderly population. These were 80-plus people who were in long-term nursing care, and they went in and vaccinated everybody and a whole large segment that they vaccinated died. So Norway began recommending not vaccinating fragile elderly people.

Now I tried to do my own little analysis, and this is excess deaths in Manitoba. The blue line represents what was expected and the orange line represents the published data that's come out of Manitoba. Now these are not COVID deaths. These are excess deaths, the

number of deaths above that that would be expected. And I put in there the various points in time when certain parts of the mandate system came into effect. And my data is incomplete.

[00:30:00]

I wrote to the Government of Manitoba and asked them for more data and they either completely ignored every request I made or one time, I got a phone call back saying that if I put in an access to information formal request in writing, they would provide the data in the anonymized form that would protect privacy, but it would take them two years to do it because they were very busy with COVID, and it would cost me $10,000.

So basically, they made it impossible for a private citizen like me to look at their data. But you can see spikes in excess deaths that occurred as each of these mandates came in and people went streaming in and began getting shots. So when the youth sport mandate came in, there was a large spike in excess deaths. And again, I think without being able to say for sure that this indicates it was possibly all adverse vaccine reactions that were going on, but there were also things like lockdowns and stuff that were causing excess deaths.

Now this particular picture here is important because 28 days after the first jab and 28 days after the second jab are marked on here. And you can see there's a dip where nothing happens and then there's a little hump and then it kind of calms down. And then there's this great big spike.

And what I think is going on is based again on what happened to my family. One of my family members ended up in the St. Boniface Cardiac Care Unit, 38-year-old female with young children. She developed pericarditis. Her pericarditis occurred more than 28 days after her last jab and therefore was considered unrelated to the COVID jab by the definitions that were being used by public health.

So her cardiologist told her, "Don't get another booster. I'm seeing this, I think it's the jab, but I can't give you an exemption if the government starts mandating boosters because I'm not allowed to. The only ones that are allowed to are certain specific very limited numbers of people." There was only one cardiologist in all of Manitoba who was allowed to give exemptions, and she wouldn't get it anyway because he never gave anybody exemptions. She's still having symptoms to this day.

And then my family got hit again. My son, my eldest son had a benign brain tumour that was about two centimetres. It was discovered when he was 16 and had head injury, and he had another head injury again and it was scanned again. These are familial in my son's father's family, some of his cousins and his father has an identical twin brother who had one of these. They are benign tumours. They don't go anywhere; they just sit there. And all of a sudden, his started growing.

So five months after he had his second Pfizer injection, his tumour had grown from two centimetres to 4.5 centimetres, and he had a seizure and he had to go in and have a craniotomy. They split his head open and cut a chunk of his brain out. He was diagnosed as having an anaplastic oligodendroglioma with an MRI signature of 1p/19q deletion, which is a specific type of brain tumour but only in the very centre portion of the tumour, the rest of the tumour— I've read a lot of pathology reports over the years. My son got copies of the pathology reports for me to read, and I've never seen ones like the ones they had with him. They sent his results off to four different pathologists around the world trying to interpret what was going on, and you could just read from what they were saying that this wasn't a

typical tumour; this wasn't what they were used to seeing and they didn't know why they were seeing it.

He's had seven MRIs since the surgery. They're clean, so far. He just had another one yesterday. We're hoping again that the cancer won't recur and that he'll be okay.

And being a mom that I am, I also went into the literature, and I found a whole lot of scientific support for the idea that the vaccine itself may be causing this to occur. There was a study from Poland that was done by exposing brain cancer cells and normal cells to the spike vaccine. And they noted a whole lot of biochemical changes and alterations that occurred after introducing the spike protein to these cells in an in vivo— But both in the laboratory putting it in cell culture and seeing what happened to their patients.

Then the vaccine passport came along. So six members of my family,

[00:35:00]

five of whom did not want to get the vax, because they wanted to listen to their mom when their mom said, "This isn't safe, don't do it," but they felt that they were being coerced to do it or they would lose their job.

My middle son told me he did a mental calculation and if he refused the vaccine, he would lose his job, his family would lose their home, they would lose everything, but if he took the vax and he was okay, then they'd be fine. But if he took the vax and it killed him, he had a very good insurance policy at his work and he had disability, and so forth. So his family was better off with him taking the chance so that's why he took the vax.

Fortunately, so far, he hasn't shown any bad signs, but that was his rationale. In my family, my three children and their spouses, we had six members who— One refused the vax altogether. The rest, the other five had it, so we had two members affected seriously with health conditions that potentially are life-shortening and one that could have died in the first few hours after the vax.

So my son, he was in an artist's rendition because he's a health care aide. He does patient transport in the hospital, that's the son with the brain tumour. He was out of work for four months after his brain tumour before he could go back to work. And in the early parts of the pandemic, he was the big hero, but as soon as the vaccine passports came out, he was no longer the big hero. And that's an artist's rendition of him and one of his coworkers dressing up to go take care of COVID patients before the vaccine mandates turned the refusers and the anti-vaxxers into criminals.

So my conclusion from all this is that adverse vaccine reactions are very common. They're not rare, and they include this anaphylaxis septic shock in the first few hours afterward. There are vascular effects that appear in the months following the shot. There are potentially neurological and cancer effects, which require more research to understand. And one of the more frightening things to me that I have seen is that the vaccine, when it's injected, accumulates in the testes and the ovaries.

I am very concerned that we're going to find that a large portion of the people who got the vaccine are now infertile. And if that is the case, the way it's going to affect our population with the number of people in our population who have been vaccinated, it's going to make the one child policy in China look like a church picnic. I mean, imagine 70 per cent of Canadians got vaxxed and there isn't going to be any grandchildren or great grandchildren.

And I don't know if that's going to happen and I hope and pray that it is not going to happen, but we don't know, okay.

So I'd just like to very briefly touch on the differences between public health and human genetics. The two of them work hand in hand, but they have very different approaches. Public health is always top down. The officials in public health, the experts decide what is good for us, and they issue orders and then they try to get the public to follow through with them.

In the 20s and 30s, eugenicists within the public health movement decided that 70 per cent of the population of the USA was unfit to reproduce; that's in their literature. And I put this little note about William Randolph Hearst. He was a newspaper person at the time, and he somehow got a hold of their documentation where they were discussing this: "We need to find a way to sterilize 70 per cent of the population of the USA because they're unfit to reproduce." And he wrote this really scathing editorial about them. And they came back at him and said, "Oh, you misunderstood it. You took it out of context. This isn't really what we were planning on doing; this is just speculation." And they didn't use the word conspiracy theory, but that's basically what they said.

And these public health officials that were eugenicists—I'm not saying all public health officials were, I'm saying a portion of them who were eugenicists—they did things like found elected representatives that cooperated with them in trying to bring in laws. They found lawyers that agreed with them.

They had one particular case where both of the lawyers were actually working with the eugenicists trying to bring the law in. But one was pretending to be fighting against the involuntary sterilization of one particular woman, and they ran that course right through to the Supreme Court in the United States. And they eventually won in the Supreme Court to have the right for public health to involuntarily sterilize people that they deemed to be unfit to reproduce because they were morons or epileptics. And moron was a technical term at that time.

And that ended with Nazi Germany because of the reaction of horror to what happened during the Holocaust. And that was also the birth of human genetics.

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Now, human genetics is a bottom up. It's not a top down; it's bottom up. So the geneticist who is dealing with something, presents to the patient: "This is the problem; this is everything we know. Here are all of your options." You are never supposed to say or do anything to try to influence your patient to choose one option or another. And then, whatever choice your patient as an individual makes, you never, ever do anything except help them to achieve what their choice is based on their fully informed consent. You don't coerce them; you don't lie to them; you don't give them personal anecdotes about how you feel.

And these ethical standards, they were codified, beginning when the Nuremberg trials—Afterward, there have been other instances of places and times where disgusting things happen to individuals in the name of improving society, and each time the world has responded with these ethical standards. These are taught in schools. They're designed mainly to prevent abuse of individuals by us experts.

When I come in and say to you, I have a BSc in biochemistry and a PhD in human genetics and I think this is what you should do, I am exerting a great deal of influence on you because I as an expert have power over you. And so, these ethical standards are designed to protect people from abuse by experts.

So it is my opinion that the following of ethical standards were violated during the pandemic: There was no risk–benefit analysis. Everybody got the same treatment. There was violation of the principle of utilitarianism, where you use the minimum amount of treatment that you can to affect what you need to do.

Locking down children who are at very low risk of COVID and vaccinating them is a violation of the principle of utilitarianism, and so is locking down and closing a business or telling people they can't meet in a church.

We were subjected to psychological manipulation, and we now know the military was involved in that. And I'll give you a very specific example of one form of manipulation that I saw.

My daughter and I were having a conversation. It was during one of the breaks in between the lockdowns, and there were lots of conversations going on in the background; it was like a cocktail party. And during the course of our conversation, she said the word "ivermectin" and behind us, the room went absolutely silent, just silent.

And then there was a chorus—"horse paste, horse paste, horse paste, horse paste"—and then all the conversations went back. And that, to me, is an example that people were being literally brainwashed to think if they heard the word "ivermectin," they'd think horse paste. And if they could elicit that kind of reflexive response to a word like ivermectin, what other things were they doing to our heads? We don't even know how much they did. We don't even understand the depth and the length that they went to in their manipulation of us.

But our autonomy as individuals was totally violated. We were told where we were allowed to go, who we were allowed to meet, when we were allowed to meet, how often, and we were told you must take this injection in your body. So our autonomy was violated. Our confidentiality rights were violated.

When that passport came out and the community centre started asking, "show me your proof of your vaccine so you can come into the community centre," well, within 24 hours, everybody in my town knew who was vaxxed and who wasn't. And the pressure was on immediately on us un-vaxxed.

I had a neighbour say on Facebook that he hoped that I would drop dead in a hospital parking lot, not allowed to go in and get medical care and that I should be driven out of town because I had chosen not to be vaccinated.

I had people who I thought were my friends walk up to me, notice who I was, and turn around and walk away. They were either afraid of me or they didn't want to have anything to do with me because I was one of the evil un-vaxxed. And in a normal situation with medical choices, you don't know these things.

So they violated our confidentiality in order to go after us. And they used enticement and coercion and that is an absolute no-no. You can go back to the Nuremberg Code. You must never use enticement, which means things like offering a prize if you accept it, offering money. "Now, if you agree, we will let you go out to a restaurant to eat." That's an

enticement. And they used coercion—no jab, no job. Well, that's about as big a coercion as you can get.

I also want to mention what I saw happening in the Indigenous community. Where I live,

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the Ebb and Flow Reserve is to the north and the Sandy Bay Reserve is to the south. And there was particular targeting of the Indigenous community by so-called pandemic coordinators. Pandemic coordinators went into each reserve, and they set up clinics. The Indigenous community was given much earlier and much broader access to the vaccine. So it was typically— If you were 40 and up and you could go and get the vaccine, it would be 30 and up if you were Indigenous.

Much more vaccine was delivered to these clinics than they needed. So they always had a great big excess. So every time there was a big clinic, there would be excess vaccine and rather than have the vaccine go to waste, they would say to everybody who was there, "Call your relatives, call your auntie, call, call, call, call. And all the people in the community that you know, your friends and your relatives and things, they can all come in and get vaccinated even if they're not Indigenous and even if they're not yet eligible." And so, in the community that I live in, at least half of my neighbours and friends are Treaty Status. If they're not Treaty Status, they're probably Métis. And if they're not Indigenous or Métis, they probably are married to someone who's Indigenous and Métis.

And by doing that, they were able to very rapidly get this vaccine out into the entire Indigenous community, far ahead of the rest of the population. And they did it by emphasizing special respect for your elders. And they made personal home visits to people who are hesitant.

Some of them came to me and asked me if I thought the vaccine was safe, and I gave them my reasons for thinking that it was not safe. And I always tried to be ethical and say, "You know, this is your choice. This is what I found. This is what the government's saying. You make the decision."

And some of my friends came back to me and said that the vaccine coordinator came to visit them in their home and brought the material with them, to give them the vaccine right on the spot. And told them that I was not the right kind of scientist to understand what was going on and that I was a dangerous anti-vaxxer spreading misinformation and they should not listen to me. And urging them right then and there in their homes to get the vax.

And to me, that violates, again, all kinds of ethical principles. You're slandering and preventing opposite opinion. You're putting pressure on people. When you go into somebody's home and offer them basically, you know, "I'm here. Let's do it now. Why are you listening—" This is coercion.

And I still don't understand why the Indigenous community was so particularly targeted. But given the history of Canada and what they've done to the Indigenous community, I have to wonder, was it necessarily because they had the best interests of the Indigenous community? I don't know.

So I have some specific recommendations that I would like to make that would help prevent this from happening again. Florida's instituting laws like making it illegal to deny

elderly visitors. One of my friends, her mother had a stroke. She ended up in a nursing home. She says that her mother died of loneliness from being locked up for months.

There should be absolute laws that end the ability of public health to shut down businesses for precautionary purposes. I mean, if public health wants to go in and shut down a restaurant because it's full of cockroaches and the patrons are getting listeria, fine. That should go ahead and be allowed. But they should never again be allowed. That power has to be taken away from them. They've proven that they will abuse it.

And I'll also mention at this point that public health is very much a closed shop, and you don't get a job in the government and public health unless you have a mentor or you yourself have also worked in the WHO and the UN.

So the people in public health have a vested interest in what is going on at the level of the UN and the WHO, not just what is going on with the local community and Canadian traditions, laws, and that kind of thing. And we have to strip them of their power. They can never have this again.

We have to have protection for health care professionals and journalists who are acting in good conscience. I had doctors who privately asked me my opinion knowing my expertise. They listened carefully, they would not say anything, and they told me if they said anything, they would have their licences suspended. But they thanked me for speaking out. These people need to be protected. These professional associations should not have the right to take away a licence because somebody says something the government doesn't like.

The fact that I was denied the access to the raw data, that I needed to do an independent analysis is another thing. We have to remove the need for these access to information acts

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and the huge fees involved. The raw data should be made available to the public. You can anonymize it so you're not going to give away private information of any individual, but that anonymized raw data should be available immediately so that independent experts like me, like Joey Smalley, can pull that data out and look at it. And challenge the government whenever anything like that is going on.

And there should be independent experts that are added to all of these committees and these groups that make the decisions about the safety of the vaccine and whether or not we should go ahead and have these other things.

And there should be absolutely no more support for journalists for Big Pharma. One of the big problems with what we saw was the guy gets on CNN and he talks about how terrible the pandemic is, and on the bottom, it says sponsored by Pfizer. We don't let tobacco companies do that. We shouldn't let Big Pharma do that.

And there should be no removal of liability protections. Everyone who administers these vaccines from the person in the lab who is working to develop the original vaccine, right through to the public health nurse who is injecting it in the arm of the person should be liable, if it can be proven that they did something where they neglected someone or they did something that was unsafe. No liability protection. This vaccine would never have been distributed if every single person in the chain was liable.

There are no excuses. There were pandemic protocols that were set in place, and they had a long and successful history behind them. They were abandoned. The ethical protections of us as individuals were in place. They were all ignored.

Now, Dr. Bret Weinstein had a very interesting podcast, and he said a coup has taken place in western nations. And I think he's right.

Something happened in public health so that they just took over and they brought in rules and regulations, and they violated our rights and the government cooperated. And I don't know what happened and I don't know who the bad guys are. I have my suspicions, but public health is now an oxymoron.

And I'm going to close just with this picture of my family. This was one of the happiest days of my life. My middle son married his beautiful wife who has become a major part of our family. We're standing together. We're all cuddled up. We're smiling. We don't have masks on. It was a wonderful, wonderful event. And I would just like to remind everybody that we were robbed of this. Our weddings, our funerals, they were taken away from us without a good reason. My family is lucky. At least so far no one has died in my family from the vax. Lots of people have lost people to the vax.

We were robbed. And I don't know for sure who it is who is responsible for this robbery but in my opinion, it is a crime against humanity and should be treated as such.

Thank you.

Kyle Morgan
Thank you, Ms. Björklund Gordon. I just had one question. I'll try to keep it brief because I'm sure the commissioners might have some questions. Just about the data from Alberta that you had brought up on the slides.

Natalie Kim Björklund Gordon
Right.

Kyle Morgan
From my understanding, the data that's presented here occurred right when the so-called Delta wave occurred.

Natalie Kim Björklund Gordon
Yes, my daughter had her vax in August, late August, I think it was, and that was when the reaction came, and I began looking and trying to dig this up and finding it. It was on the Alberta website for about a year. You had to scroll way down to find it. And then, when Joey Smalley put his first analysis up and people began asking questions, then it vanished.

Oh, and there's another thing that vanished. Just yesterday, I noticed when I was doing my presentation, I was hoping to be able to refresh my memory on the Medical Association of Canada's [sic] [Canadian Medical Association] ethical standards. In 2018, they were updated, and I read that with great interest. And I went back and looked so I could refresh my memory and make sure I was remembering correctly. And they have also removed their ethical standards from their website.

Kyle Morgan
Okay, what I was getting at there with the data was that there was a notable increase in the cases that were being reported of COVID in the Delta wave,

Natalie Kim Björklund Gordon
Yes.

Kyle Morgan
and that appears to have coincided with when the vaccines were rolled out.

Natalie Kim Björklund Gordon
Yes, I'm not sure because I don't have access to the data,

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but it seems to me that Delta was generally acknowledged to be far, far worse than the previous one. I wonder if all or some portion of that Delta was, in fact, adverse vaccine reactions, not the virus. I don't have any way to tell, but I think that that is something that really needs to be investigated.

Kyle Morgan
I think those are all the questions I had. I'll turn it over to the commissioners.

Commissioner DiGregorio
Thank you so much for sharing your testimony with us today. I just was hoping you could help me understand a little bit better about this 14-day rule that you described in the Alberta data.

Natalie Kim Björklund Gordon
The explanation of the rule that I have heard from public health is that when you have the vaccine, you don't actually begin producing protective antibodies at a high enough quantity to be considered immune to the virus. And so, for that 14-day period, you are considered to be an unvaccinated person for the purposes of public health. So the zero to 14-day rule means that if someone gets sick and ends up in the hospital, and they have a COVID test, which could be a false positive, they will be counted by public health as being unvaccinated, not vaccinated.

Commissioner DiGregorio
So just to make sure I'm really clear. So when the health authorities were reporting COVID cases in unvaccinated people, it included people who had been vaccinated

Natalie Kim Björklund Gordon
Yes.

Commissioner DiGregorio
in the prior 13 days.

Natalie Kim Björklund Gordon
Yes, that's correct. And in fact, there's a statistician epidemiologist in England who challenged the U.K. data on the basis of that. The U.K. has a commission that's responsible for overseeing and double-checking when a government agency releases data. And he complained to this agency. I'm trying to remember, there's a Canadian group that oversees the government and puts reports out regularly when the government is doing something naughty. In the U.K. they have one specifically for statistics and he complained to them about this, and they examined the zero to 14-day rule and decided that this was causing the data for the U.K. to be totally muddied and useless. And the U.K. health services were ordered to go back and fix it.

And after they went back and fixed it and the data came out, it showed very clearly that the more vaccinated you were, the more likely you were to get COVID or the more likely you were to have a severe reaction to COVID. And I think that probably if it were not for that 14-day rule, zero to 21 days for BC and Alberta, the Canadian data would show the same thing, but that's my opinion, and I don't know.

Commissioner DiGregorio
Thank you.

Natalie Kim Björklund Gordon
Yes.

Commissioner Drysdale
Thank you very much. I have a couple of questions because I've heard quite a bit of testimony about various things that you mentioned. The first thing that I wanted to ask about and be clear in my own mind about is the PCR testing. And I believe you said that you were surprised that that would be used for a diagnostic tool.

Natalie Kim Björklund Gordon
Yeah.

Commissioner Drysdale
Now, you also talked about cycles, and I just want to confirm, one of the previous testimonies was from Dr. Braden. And I asked her this question about cycles and essentially, she explained it to me that if you go from 17 to 44, or sorry, let's make the numbers easy. If you go from 20 cycles to 40 cycles, that's not just a doubling of the material, it's a logarithmic.

Natalie Kim Björklund Gordon
Right.

Commissioner Drysdale
So that if I had one particle when I started, and I went through 44 cycles, I would theoretically have two times 10 to the 44. In other words, two with 44-zeros-behind-it particles after 44 cycles is that correct?

Natalie Kim Björklund Gordon
Yes, that's correct because the DNA is double-stranded. It is opened up in part of the cycle and then each of the double strands gets another strand built on it, and then it's cooled so that the two double strands form. And then it's cycled by heat again, and those two open up and become four, and then four becomes eight, and then eight becomes— And it is an exponential increase. And that's one of the reasons why the more you cycle, the more dangerous it is,

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because the PCR is not perfect. There are always a certain number of errors that are incorporated, and you can very rapidly end up with a false result because of the errors that not only get incorporated but get magnified with each round of the cycle.

Commissioner Drysdale
I've heard the PCR test referred to as a genetic photocopier. Is that somewhat—

Natalie Kim Björklund Gordon
Yeah. More than a photocopier. I kind of think of it as if your fax machine gets stuck and it keeps sending you the same thing over, and over, and over again. That's kind of what the PCR is.

Commissioner Drysdale
Now, I also heard another testimony— Hopefully I get this terminology right, now. I would like you to explain to me because when I heard previous testimony, I wasn't sure I got it right. You used the term reverse transcription of RNA to DNA.

Natalie Kim Björklund Gordon
Right. Yes.

Commissioner Drysdale
Can you explain that in lay terms for me and why is that such a concern?

Natalie Kim Björklund Gordon
Okay, the normal course, the way it usually works in the cell, is you start out with the DNA, and the DNA is transcribed into messenger RNA. The messenger RNA is then moved outside the nucleus of the cell into the main body of the cell. And when it's out there, it's then used as a code to create a protein. So you have this one-way trip up through the system.

Reverse transcription refers to mRNA that is in the cell body itself that then ends up being pushed back into the nucleus and then incorporated into the DNA, and then the normal repair mechanisms— And there are several different ways it can happen. But the normal response of the cell when hitting this piece of mRNA that's in the wrong place, and isn't properly marked, is to copy it and stick it into the DNA.

And the reason that that is potentially such a problem is, like, if you had this happen in the cells of your testes or your ovaries, you could introduce a mutation that would go down into subsequent generations. And that's the most dangerous thing you can do because you can change the genome of your offspring.

And it can also go into other cells, like, for example, liver cells is where this has been demonstrated to happen from the mRNA. And cells that are rapidly dividing, like in a developing embryo. Every time the cell divides, the nuclear membrane dissolves away to allow the cell division to take place, and during that part of the cell cycle, the cell is vulnerable to accidentally incorporating the mRNA that's present into the DNA.

So under normal conditions of cell division, all of that protein production is first stopped, and then the nucleus is dissolved, and then the DNA is divided. And then the nucleus reforms, and only after the nucleus reforms, the cell continues that process of making proteins.

So the other issue with reverse transcription, and I think this may play a role in causing cancer, is if you have an insertion occur in the wrong part of a gene, you can turn a good gene into a bad gene or you can turn a gene that prevents cancer from functioning. You can cause breaks in the DNA. And if you look at what causes cancer, it's cells that are expressing inappropriate proteins at the wrong time and in the wrong place, and the cells are doing things that are wrong. And when you randomly start inserting bits of DNA into the wrong place, you can cause very serious problems.

So this reverse transcription is potentially quite dangerous. There are viruses that do it deliberately and they have specific enzymes for doing that, but it can happen for other reasons, not just for that reason.

That was one of the reasons I did not understand why they went with an mRNA virus. Why not just take the virus and inactivate it and grind it up and throw little bits in? That's the way we've always done viruses. That works very well, and it is relatively low risk, so why did they do this other thing?

Commissioner Drysdale
So essentially, if I can put it into terms I think I understand: The DNA is like the blueprints for just about everything in your body.

Natalie Kim Björklund Gordon
Right.

Commissioner Drysdale
And this reverse transcription is potentially or has the potential for changing that blueprint or that recipe or that plan. And with that potential change in that recipe or plan, the cells that are being built may be corrupted or they might be something else.

Natalie Kim Björklund Gordon
Yes. That's a very good way to think of it.

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Normally, our bodies are very good at picking up if one of these things are going on. And the cells will either stop dividing and sit there or they will release signals that indicate that something's gone wrong. And the immune system will come in and destroy that cell or they will begin affecting the cells next to them and those cells being affected will put out distress signals to the immune system to come and clean it up. But sometimes that doesn't happen.

And one of the more frightening aspects of the COVID vaccine is that there appears to be immune suppression. So you get a situation where viruses that were inactive become active. The immune system is not scouting properly, and you have this mRNA ending up in the cells and causing all kinds of problems and the immune system is not responding appropriately.

I've heard tales from pathologists who of course would never say so publicly, but they talk about turbo cancer. And that's a cancer that appears and spreads very rapidly far more and not in a characteristic fashion. And again, I don't know if that's true. I don't have access to the data, but I can understand how a turbo cancer could happen.

Commissioner Drysdale
There are some other terms that are almost ubiquitous, or in other words, they're being talked about all the time. We had a witness yesterday who mentioned it, and I want to make sure that I understand this properly.

Am I right in saying that when the government was telling us that we were going to get 97 per cent efficacy, that they were talking about something called relative efficacy versus absolute efficacy?

Natalie Kim Björklund Gordon
Right.

Commissioner Drysdale
Okay. And from other testimony when I've asked this question, it appears to me that if someone gives you a relative efficacy number, it gives you no idea of what your overall risk to that thing is. And I think, someone compared it to two cars speeding down the highway at 300 kilometres an hour. The relative speed is zero, and their absolute speed is 300 kilometres an hour. So if I was to tell you the relative speed, you'd have no idea whether they were driving safely or not.

Natalie Kim Björklund Gordon
That's correct, but I like to explain it differently. Imagine you have two groups of people, one hundred in one group and one hundred in the other. And one group is your case group, and one group is your control group. And if, just by random chance, three people get sick and two of them happen to be in your case group and one happens to be in your control group, you have a very high relative risk [RR] occurring in your case group because twice

as many people got sick in your case group as in your control group. So you can say that's a very high relative risk.

If you want to talk about absolute risk [AR], you'd have to expose all two hundred people to the virus and see then what your data would be. Now, if you do your relative risk and you know 75 per cent of the population has been exposed in both groups, your relative risk is going to be very similar to your absolute risk.

But in a case like where Pfizer— I mean, they did some of their analyses while we were all under pandemic control conditions. And they did not specify what the infection rate was in the populations that they were looking at. And so, there's absolutely no way to know if this 95 per cent or 97 per cent or whatever it was, was a real value that had any real meaning.

And normally, except if you're dealing with Big Pharma, you will be quoted an absolute risk or you will be quoted a relative risk and they will put that after 97 per cent, RR or AR, and they'll specify what it is that you've got. And they didn't do that. Big Pharma generally doesn't.

Commissioner Drysdale
So if I understand your example where you talked about a hundred people in one group and a hundred people in the next and you got so many sick in one and so many sick in the other— If I was to increase that sample size to 10 million in each group, and I still had your number, I think it was three sick in one and six sick in the other, my relative efficacy in the 10 million sample is the same as the relative efficacy in the 100 sample. But of course, the absolute efficacy has changed significantly because in the first one I had 100 people in the group and one got sick, 100 people in the other group and two got sick, so relative efficacy of 50 per cent.

But if I increase it to 10 million people in each of the groups and have one, again, that's sick in one group and two sick in the other group, it's still a relative efficacy of the same number.

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Natalie Kim Björklund Gordon
Yeah.

Commissioner Drysdale
And in your opinion, did the general public understand that difference?

Natalie Kim Björklund Gordon
My experience has been that many physicians don't understand that difference. So I would not expect the general public to understand that difference.

Commissioner Drysdale
Okay. You did talk about informed consent.

Natalie Kim Björklund Gordon
Yes.

Commissioner Drysdale
Based on what we just talked about, did folks who were told that it had a 97 per cent or 98 per cent efficacy, were they able to form informed consent on that basis?

Natalie Kim Björklund Gordon
It's my opinion that they were lied to.

Commissioner Drysdale
Let me ask you another question: Did they do testing? You looked at the Pfizer results or the Pfizer testing that was submitted to Health Canada.

Natalie Kim Björklund Gordon
Yes.

Commissioner Drysdale
Did they do testing on pregnant women?

Natalie Kim Björklund Gordon
No.

Commissioner Drysdale
Did they do testing on children?

Natalie Kim Björklund Gordon
As far as I know, no.

Commissioner Drysdale
Did they inject pregnant women in Manitoba with the vaccines?

Natalie Kim Björklund Gordon
Yes, they in fact they made it so mandatory that a friend of mine who refused to take the vax was told by her doctor that he would not attend her delivery. And she and her husband made a decision that they would deliver the baby at home. It was her fourth. It was an uncomplicated pregnancy.

But the labour started four weeks before her due date, so they became concerned that they might be dealing with the preemie, and they decided she should deliver in the hospital. And when she arrived in the ambulance bay in labour, no one from the obstetrics and gynecology department at that hospital where she was at would come downstairs and treat her because they said she was un-vaxxed and they didn't want anything to do with her. So

she sat in the ambulance bay for 30 minutes and finally delivered having a paramedic attend her, while her husband sat outside in the parking lot trying to follow on a cell phone.

The pressure on pregnant women was extreme and totally unethical. They were told they must have this vaccine, "or I will not attend your delivery. You must have this vaccine or else your husband won't be able to be with you when the baby's born."

Commissioner Drysdale
I think I heard you say that there was no fertility testing on this vaccine?

Natalie Kim Björklund Gordon
As far as I know, no one has looked at the fertility in this vaccine. But they did know, well before the vaccine was even released to the public, that the vaccine was accumulating in the ovaries and testes on rat tests that they did in Japan.

As far as I know, there's been no testing done to see if fertility's been affected. I have heard anecdotal reports from people in the in vitro community that they're seeing an increase in infertility in women who previously had successful pregnancies. But that's anecdotal. And again, I have no way of knowing if that is actually factual or not.

Commissioner Drysdale
Prior to the release of the vaccine, and based on your review of the information, was there any carcinogenicity testing? In other words, did they do any testing to see if this may or may not cause cancer?

Natalie Kim Björklund Gordon
No. And one of the things they did is they cut the testing short after two months and declared that it was safe. And cancer takes years to develop. Normally, even turbo cancer takes months to develop. They cut it off at two months. There's absolutely no way that they could have done any kind of, had any ideas about testing. They did some rat work, I think, but rats are very different physiologically from humans and just because you get a result in rats, it doesn't mean that that applies to humans.

And I don't know. I'm not familiar. I could be wrong because I haven't seen everything. There's been a lot of literature. I read somewhere that at one point there was 700 publications a day coming out on this topic. So speaking from what I personally have seen and bearing in mind that there is stuff that I have not seen, I am not aware of any testing that was done on fertility or cancer.

Commissioner Drysdale
We had a previous witness describe to us the initial testing or the testing that was submitted to Health Canada for the Pfizer vaccine. And what that witness described to us was that they had a control group or a placebo group, and they had a second group. And after the close of two months, they took the placebo group and injected them with the vaccine thereby eliminating the placebo group after two months of testing.

Natalie Kim Björklund Gordon
Yes, I understand that's correct.

Commissioner Drysdale
Is that common practice?

Natalie Kim Björklund Gordon
It's common practice for Big Pharma-type people to do stuff like that. It would not be appropriate practice as I understand it. And I don't know how the regulators let that go. As far as I can tell, and I wasn't in the room when this was done, Health Canada did no independent testing of their own. They simply accepted what was being done in the United States as gospel.

[01:15:00]

Commissioner Drysdale
Did I hear you right in the beginning when you were talking about your credentials that you had taught or tutored medical students on medical ethics?

Natalie Kim Björklund Gordon
Yes, in the work I was in, the medical students broken up into small groups for tutorials of about 12 or 15 students. And one of us would each take one of those groups and we would be presenting them with a specific case. And it often included an ethical component that they had to discuss with us. And then they had to understand all of the aspects, medically speaking, as far as how this gene worked and so forth. But they also had to understand the treatment proposals and how those would impact and what kind of ways that they could provide informed consent and treatment.

We do practise the form of ethics in Canada right now, and I'm not talking about MAID. I'm talking about if you have a woman who has a baby, who has a specific defect of some sort, she can go and talk to her doctor and under normal circumstances that I saw when I was involved in human genetics and when I attended clinics, women would be given all the information that we had. There's a 70 per cent probability of this or a 20 per cent probability of that. And then the women would make a choice as to whether to terminate the pregnancy or not.

And some of us, myself included, are very much against termination of pregnancy, but we remained absolutely silent about what our personal opinion was. And sometimes a woman would say, "I'm going to have the baby anyway." And we might think she was crazy, but we never said anything against her, and we would support her through that.

And one of the most valuable lessons that I learned watching that was, you know sometimes a mother would come in and say, "There's something wrong with this baby, I can feel it." And every test we had would show there was nothing wrong with the baby, but she would go on and give birth and there would be something wrong, something desperately wrong.

And other times we would say there's this or that problem with the baby and she would say, "Nope, this baby's fine." And she would go through with the pregnancy anyway. The baby would be born and the baby would be fine.

And to me that illustrates why informed consent is so important because we as experts, we don't always know everything. And sometimes the gut intuition of some farm wife with a Grade 10 education is better than what we experts think.

Anyway, that's why informed consent is so important. You give them all the information and they make the decision as to what the right thing is to do. And that was what was missing during the pandemic.

Commissioner Drysdale
My last question has to do with your family. And I believe you reported out of the six, four had adverse reactions?

Natalie Kim Björklund Gordon
Yes, four had adverse reactions.

Commissioner Drysdale
Were any of those four adverse reactions reported to and included in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system in Canada?

Natalie Kim Björklund Gordon
No, my son's tumour has been dismissed by the neurologist in his care as being irrelevant and not in any way related to the vax.

The family member who developed pericarditis, it was more than 28 days. So it's considered unrelated. My daughter's situation was recorded as COVID in the unvaccinated. One of my relatives had long COVID and repeat multiple COVID infections and in her case, it's been attributed to the virus not the vaccine.

Commissioner Drysdale
Were those decisions to attribute it to the virus done at the upper level of that system or were they triaged by the doctor that you were dealing with or the nurse?

Natalie Kim Björklund Gordon
It was always done by the doctor or the nurse. Part of the problem is that there's tremendous pressure on members of the medical community to not notice these adverse reactions. Doctors who report too many get in trouble. And they don't want to see it. And the other thing is I've talked about the brainwashing and the reflexive reaction out of the medical community.

I think that the medical community has been more heavily brainwashed and targeted and hit with this stuff than the general public. And they don't want to see it. And if you take the

case of the pericarditis in my family, the doctor involved acknowledged that it was probably the vaccine, but there was no way he was going to speak up about it.

Commissioner Drysdale
Thank you very much.

Kyle Morgan
Ms. Björklund Gordon, I just was hoping to adopt your slideshow as an exhibit [Exhibit WI-1b]

[01:20:00]

Natalie Kim Björklund Gordon
Of course.

Kyle Morgan
You swear to the contents of that slideshow? You created those?

Natalie Kim Björklund Gordon
Yes.

Kyle Morgan
They're true to the best of your knowledge?

Natalie Kim Björklund Gordon
They're true to the best of my knowledge, yes.

Kyle Morgan
So help you God?

Natalie Kim Björklund Gordon
So help me God.

Kyle Morgan
I will hand it over to Shawn.

Shawn Buckley
It's unusual for me to step in and ask some questions, but I was just hoping to clarify a couple of things that you'd said. One of the commissioners had asked you about, had the reactions in your own family been reported to CAEFISS and I think you said, "No, with the pericarditis, it was 28 days after." Do you mean after the vaccination?

Natalie Kim Björklund Gordon
It was 28 days after her second jab, and therefore, was classified as unrelated.

Shawn Buckley
Okay, so she would be considered unvaccinated for 14 days after the second jab.

Natalie Kim Björklund Gordon
Well, no, she'd be considered un-vaxxed for 14 days after her first jab. Then between the first jab and the second jab, she would be considered partially vaccinated.

Shawn Buckley
Okay. So my understanding is, in Alberta, people were considered unvaccinated until 14 days after their second jab. Was it different in Manitoba? Since using Alberta statistics and I live in Alberta, so I think in Alberta, they were considering a person unvaccinated until 14 days after their second shot. Would you know?

Natalie Kim Björklund Gordon
I don't know what the Alberta standard was. I know that in Manitoba for a long time they had a classification of partially vaccinated and later, partially vaccinated got rolled into unvaccinated in some jurisdictions. I don't know if Manitoba did that, but the category of partially vaccinated vanished. So you had only vaccinated and unvaccinated, and I don't know where that middle group of partially vaccinated went.

Shawn Buckley
Ok. So in Alberta, you are not sure.

Natalie Kim Björklund Gordon
No, I'm not sure.

Shawn Buckley
What I was wondering is, if it's true that in Alberta, you weren't vaccinated until 14 days after your second vaccination, you'd have a group of people that just had one shot, and whether they had any reaction at any time that would be a vaccine injury after that, they would still be un-vaxxed.

Natalie Kim Björklund Gordon
That would be the case if you're rolling partially vaccinated in with un-vaxxed, yes.

Shawn Buckley
Right. Okay. Thank you very much. And on behalf of the National Citizens Inquiry, we thank you so much for your testimony today.

[01:23:00]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 5: Brian Giesbrecht
Full Day 2 Timestamp: 05:40:30–06:25:55
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
Day two. Our next witness is joining us virtually. Brian Giesbrecht. Brian, can you hear me?

Brian Giesbrecht
Yes, I can hear.

Shawn Buckley
Okay, and we can hear you. I'll ask if you could state your full name, spelling your first and last name for the record.

Brian Giesbrecht
Brian Giesbrecht, B-R-I-A-N, Giesbrecht, G-I-E-S-B-R-E-C-H-T.

Shawn Buckley
And Brian, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Brian Giesbrecht
I do.

Shawn Buckley
Now, my understanding is that you were a provincial court judge in Manitoba for thirty-one years.

Brian Giesbrecht
That's right.

Shawn Buckley
And for 15 of those years, you were the Associate Chief Judge of the Provincial Court in Manitoba.

Brian Giesbrecht
Yes.

Shawn Buckley
And for eight months in 1993, you were actually the Acting Chief Judge.

Brian Giesbrecht
Yes.

Shawn Buckley
You are retired now, and you've been retired for approximately 15 years, but since retiring you have been writing extensively on free speech and Indigenous issues.

Brian Giesbrecht
Yes.

Shawn Buckley
And prior to COVID, you had regular columns in a few newspapers.

Brian Giesbrecht
Yes, I wrote for various publications.

Shawn Buckley
So can you tell us when COVID hit, what happened with your writing?

Brian Giesbrecht
Well, I'm associated with the Frontier Centre for Public Policy and my colleagues and I, fairly early on, began to look particularly at what was happening in Sweden. The approach that they were taking in Sweden seemed to simply make a lot of sense to us. And really what it was, was the traditional pandemic policy that the provinces had followed, in fact, all of the Western world had followed for many decades. So I began writing most of the articles on that. But I began writing articles such as, one was titled "Sweden Is Doing It Right, We're Doing It Wrong," that sort of thing.

And then I teamed up with an emergency planning expert by the name of David Redman; he's known to, I think, a lot of people here. He's done very extensive work in this field and

he's a retired Lieutenant Colonel with the Armed Forces, very experienced in emergency planning. And he had been trying to make some headway in his own province of Alberta, trying to speak to the senior people and basically talking about the emergency plans that had always worked in the past that they'd always used. The lockdown plan is practically the opposite of the normal plan.

So we wrote some articles together and basically what I expected was that there should be some reasonable discussion about which parts of Sweden's approach worked and which didn't. In other words, there would be an objective determination about this. And that's, in fact, what the Swedish architect of the plan, Anders Tegnell, originally said. He said, "Look, this is a good opportunity for everybody because Sweden would be basically like a test tube experiment. We could compare results and we can adjust and say, 'Okay, what's working in Sweden, what is not, and we can transfer that to the other country.'" That didn't happen.

I was very surprised that the reaction was almost uniformly hostile. We had mainstream newspapers, even internationally— *The New York Times* wrote a scathing account about Sweden and how people were just dying like flies. It wasn't true. It's not true. As a matter of fact, Sweden has done at least as well and probably better than most of its European counterparts just by taking its very hands-off approach during the lockdown. They did not close schools. They did not shut down businesses.

Shawn Buckley
And Brian, I'm just going to focus you onto what happened with your writing, as I have to keep witnesses focused today, and so I'm just really curious about what happened to your writing and have you contrast that with, you know, pre-COVID.

Brian Giesbrecht
I get that, Shawn.

[00:05:00]

My point there is that the reaction was hostile. The idea that anybody could take a different view on any lockdown subject seemed to be absolutely discouraged. The mainstream newspapers were particularly harsh on anyone who didn't sort of conform. So that was my experience.

I was writing articles throughout the pandemic and David Redman was making presentations to many people. But people were very divided because there were certainly people interested in what the non-lockdown people were saying, but half of the population at least, seemed to be hostile to any suggestion that things could be done a different way. That was my point there.

Shawn Buckley
Okay, I want to switch gears and actually talk about your experience as a judge because being a judge for a full 31 years itself is quite exceptional. And some of us, we walk into a courtroom and the judge is up there in their robes and it's almost like they're in a different world. And I think the average person does not appreciate that judges are part of our community and that they're also influenced by what the political or social trend is at the time. And I'm wondering if you can speak about that and maybe give us some examples, as

when you were a judge, how you felt pressure on you to go certain ways depending on what was happening in the community at the time.

Brian Giesbrecht
Yeah, I can think back to one time, and this was during the 1980s, when what were called the satanic ritual abuse cases were being heard. And there were a couple of sensational cases where children had been coached, I guess, to come up with these stories about satanic sexual abuse, et cetera. There were actually people who spent years in jail as a result of false claims.

In any event, the pressure on people, not just judges but police officers, social workers, et cetera at the time, was to believe all children. In other words, every claim a child made, no matter how preposterous, must be accepted. Now, of course, that's not reasonable. Children don't always tell the truth, neither do adults, but there was a great deal of pressure at the time. But I don't think that that was anything compared to the pressure judges must have been under when this pandemic struck and I'm here as an armchair quarterback. I will be critical of what the Canadian courts did or didn't do. But I am speaking as a private citizen here.

Shawn Buckley
Can I just back you up because I really do want people to understand that judges do feel pressure about what's going on. So you were talking about this time where there was kind of this hysteria about satanic child abuse and pressure on the authorities. Was there pressure on you as a judge to, basically, kind of believe children when they were witnesses in court because of that social pressure?

Brian Giesbrecht
Yes, exactly, and that was just an example that I can think of. But I don't think it was nearly as strong an influence as what it must have been like to be a judge, or really people in any position of authority, when the pandemic struck. Because, of course, people were taken by surprise and everything was new to people, and in most cases, people had not really undergone anything similar before.

Shawn Buckley
And I'm just going to take you back there—

Brian Giesbrecht
So before I criticize, I want to recognize this fact.

Shawn Buckley
So I just want to take you back there because again, I want to make sure that people understand that point. We were talking on an earlier occasion and you expressed to me that you felt similar pressure when spousal abuse became a big issue, and arguably, in the court system, could be described as a political issue. And I'm wondering if you can describe that period and also whether, as a judge, you felt pressure then to basically find that certain witnesses were credible versus other witnesses.

Brian Giesbrecht
Yes, I think so. At one point, again, fairly early on, spousal abuse began to receive a great deal of attention, and it deserved it

[00:10:00]

because for many years the abuse of a spouse was considered no big deal. Well, the law took a turn; it got a lot of attention, as it should have. But then, as the pendulum very often swings too far, there was definitely pressure on people, on judges, to say, "believe all women," which is just as silly as the idea that you believe all children. All human beings of every gender and age and ethnic group, et cetera, either tell the truth or don't tell the truth or think they're telling the truth when they're not. So there was a great deal of pressure during that time, and judges were very often under pretty strong criticism if the account of an abused woman was not accepted. So that is another example I would offer of something similar, yes.

Shawn Buckley
And then you were sharing with us already that in your estimation the pressure on judges to basically follow the COVID narrative, and appreciating you're now an armchair judge, but you're giving us the impression that you felt that that would have been quite enormous pressure on judges.

Brian Giesbrecht
I think so. I think so. The pandemic was a shocking event for everybody. So I expect that judges were just as affected as everybody else. They had to live through things as well. They had to completely adjust their work routines, et cetera. And I think they probably generally were all from the demographic, say middle-aged, upper-middle-income people who were more likely to be within the group of people who perhaps were most concerned or even afraid of the virus. I think statistically that's true and that the younger people were less afraid and the older people, particularly in the upper income groups, were much more conscious than the other people.

Shawn Buckley
Now, can I ask you, because as a former judge you would be interested in what the courts were doing with COVID— Can you share with us your thoughts on how the courts handled COVID, just even to focus you more concerning perhaps defending the rights that we had under both common law and under our *Charter of Rights and Freedoms*?

Brian Giesbrecht
Well, like many people, I think I'd say I was surprised and quite disappointed with the response of the courts when people did make challenges to the lockdown rules, particularly the most overreaching of the rules. I think, generally, that the citizen expects the judge to stand between him and government overreach. And I have to say that in Canada, I don't think generally that did happen.

And again, it's easy for me to criticize because I'm sure it's very tough hearing these cases, but the response seemed to be, generally, that well, if the government and their health people make some sort of rule, policy rule, then who are we as judges to question that? And

so often, they simply, almost always, they just deferred to the health authorities. And I think that was wrong.

I was comparing this to the decisions that were coming out of the United States. Now I would expect, in something like this, most of the decisions would uphold the government regulations. That only makes sense. But there, they did have a lively and vigorous testing of the rules, and I think that was very necessary and helpful.

I'll just give one example if I can, or maybe two. That judge that struck down the mandate requirement for masks on airplanes in the United States— Well, the government was going to appeal,

[00:15:00]

but they never did. I think the judge actually got the government off the hook on that one because the mask mandate on planes at that time made no sense and did not cause any problems when it was removed. But the fact is that Americans, for many months, were travelling on airplanes while Canadians still had to wear masks on the planes. And for some people that causes real problems, especially on a long flight.

Vaccine mandates were the other example where American courts had struck down several of the most egregious vaccine mandates months and months before these things were finally put to rest in Canada. And those vaccine mandates caused, especially for people who say had previously been infected and didn't need the vaccine in the first place or whatever, they caused tremendous hardship. People lost their jobs while all of this was going on. Well, I do think that if people had the sense that they could go to court and get a fair hearing and have a chance to have the most egregious government policies removed, they would have done so. But I think the feeling was, at least my impression is, that people felt that there really was no purpose in taking something to court here because nothing would happen.

Shawn Buckley
Sorry to break in, but can I ask you to give us a couple of examples, perhaps from Manitoba, of cases that would have given people in Manitoba the feeling that there was really no point in going to court?

Brian Giesbrecht
Well, I was following the church cases and we had, in Manitoba as you know, some situations, for instance, where the Southern Manitoba churches were even going to the extent of holding church services outdoors or sitting in cars and yet the police were still called. Or even the funerals where people were not able to say goodbye to dying relatives. Well, I think that was government overreach. I don't think that even in Wuhan China the government went that far.

Shawn Buckley
Brian, I'm just going to have to stop you and ask if you can turn off your video because your audio is breaking up, and so I think we need the bandwidth so at least we have your video. We just must have a bad internet connection.

Brian Giesbrecht
I'm sorry. Okay.

Shawn Buckley
Yeah. No. Sorry about that, but it's important that we hear what you say. So you're talking about the lockdown case. Can you tell us what happened in that case and why that might have caused Manitobans to think that the court was not going to stand between the state and themselves?

Brian Giesbrecht
Well, just generally, and I'm not putting myself forward as an expert on any of these cases. But I think, just generally, the people who did bring the case to court thought that they had a very legitimate point and basically being able to attend church, especially if it's done outdoors sitting in your car, that would be reasonable. I think that there are many other examples of overreach by the government. For instance, my personal example is going out for a hike in a park and finding that the outdoor hiking trails were closed.

Shawn Buckley
Brian, I just want to focus you because I'm trying to get you to a place we talked about in an interview. So you were telling me about Justice Joyal in the Manitoba lockdown case and about him privileging the Government's position, and so can you please share that with us?

And then I wanted to take you to that Ontario Court of Appeal case and your thoughts on the judicial system generally.

Brian Giesbrecht
Okay. And I don't want to be critical of Justice Joyal. He's an excellent judge. He's a very excellent judge. But just generally, I think that some of the bylaws, some of the rules that were made in Manitoba were particularly unreasonable. And I think that I'll just say this, that citizens should have the expectation that they could go to court and have a reasonable chance of having the judges, and I'm not critical of any particular judge here,

[00:20:00]

have judges look at that and not simply tell them, "Well, whatever the public health authorities decide is good enough for me." So I think I'll leave the Manitoba one at that. I'm certainly happy to discuss that Ontario case, by all means.

Shawn Buckley
Sure, if you can. So before we leave the Manitoba lockdown case, would I be fair in summarizing that it's the fact that there was deference given to the provincial public health authorities and basically accepting that as true without actually testing it, that was the concern?

Brian Giesbrecht
Yes, I think that's right. I would just say that generally, being too quick to simply accept the decision of the public health officials is not something that the judges should do. And I think

that judges probably are having a lot of discussion about the role they played or didn't play during the pandemic. And I just point out once again: it's easy for me to criticize, I didn't have to do it.

Shawn Buckley
Right. Now, so the Ontario Court of Appeal decision we're referring to as *JN v. CG*. Do you want to share your thoughts on that and then your thoughts on what the ramifications are for the court if this continues?

Brian Giesbrecht
Yeah, as I recall, in that particular case, a mother who had custody of children did not want to have the two children she had custody of vaccinated, and she had definitely done her homework. She was obviously a very capable person and the separated father went to court and wanted to have the children vaccinated. Now, I read the decision of the motions judge and I was totally impressed. I thought that judge really took a lot of time to objectively review the evidence, and the judge came to the decision that the woman, as she had custody after all, should have the right to decide whether those children were vaccinated or not.

But when it was taken up to the Court of Appeal, and not to be too smug here or too quick to judge, but I think that the Court of Appeal basically just said, "Whatever the provincial authorities decide, that should stand." So I would be critical, if I'm right about that, that they gave too much deference to the provincial health authorities. And just because it was under the name of health or emergency, they didn't properly look into the findings that the motions judge made and the evidence that the wife in that case presented. I would be critical of how they decided that case.

Shawn Buckley
Well, you had said something profound to me when we had a conversation. You had said to me if the Ontario Court of Appeal is saying that you can take what the government says at face value, then you don't need courts. And I'm wondering if you, first of all, remember saying that, and if you do, if you can comment on what you mean.

Brian Giesbrecht
Yes, if the court is simply going to accept any decision that is made by a government official, then what is the purpose of the court? The citizen needs the court to stand between himself and the government and relies on the court to protect civil liberties. And if the court is really not doing that, then I do ask that question, "What is the purpose of the court?" And I think on an even larger scale, I think all of us are going to have to ask: Is Canada still the country we thought it was before the pandemic? In other words, our individual liberties, are they valuable? Or have we somehow decided to give them up whenever a virus comes to call?

[00:25:00]

So I think there are some pretty big questions that we all have to ask ourselves. And I do believe that the legal profession and judges are probably asking themselves these questions right now. And they're pretty big questions.

Shawn Buckley
Brian, I know that the social media team at the NCI is going to be very upset with me if I don't ask you to turn your video on, and then I ask you that question again. Because your answer, I think, is of tremendous importance. And I think people should see you when you say it.

So I brought back to you that in an earlier conversation you had shared with me that if the Ontario Court of Appeal—and I think we could say courts generally—are saying that you can take what the government says at face value, then you don't need the courts. And so if, once again, with your video on, can you comment on what you meant by that and what the ramifications for us as a nation are?

Brian Giesbrecht
I wasn't trying to be disrespectful. But I am suggesting that now that this pandemic episode has passed, everybody has to ask themselves some pretty big questions.

I think judges have to ask themselves whether or not they did play the proper role during the pandemic in protecting people's rights. And the country as a whole has to ask itself the question: Are civil liberties and individual rights important to us any longer? Or are we, after this pandemic episode, wanting to live in a different country where we don't have to exercise individual rights, where we rely upon the government to do everything for us?

So I think these are very big questions, and I've been pondering this for some time because it seems to me that Canada is not the country—right now, as we're emerging from this pandemic—is not the country I think it was before the pandemic started. So I do expect that many people, media people too, and our politicians, are going to have to ask themselves some very, very serious questions about the role they've played during this pandemic. And I live in Manitoba, and Manitoba was, I think in many cases, particularly draconian in some of the rules of law, it must be said. And I refer to the cases where people couldn't even attend their funerals for dying family members, et cetera, or even go to church.

Shawn Buckley
Brian, we have to keep the witnesses a little tight today, and I want to give the commissioners an opportunity to ask you any questions if they have any. And there are questions.

Commissioner Kaikkonen
Thank you for your testimony. Have you ever noticed a time when the world came together as it has in the past three years in one mind—all levels of government, the judiciary, the administrators at school board levels, for example—where everybody seemed to be of one mind except for the people, excepting the people who were arguing that our civil liberties were being deprived?

Brian Giesbrecht
No, this was new to me and it was, to be quite honest, a very frightening experience. And I don't know how to explain it, but it does seem that there was some sort of— I don't know if the various leaders all made this at the same time or how it came about. But I have never experienced such a thing and I do not believe it was a healthy experience.

Commissioner Kaikkonen
And my second question is on social media. Somewhere in the middle of the pandemic, there was a photo circulating on social media that had the Supreme Court judges saying they were all vaxxed in unity. And the message to the people was that the judges were vaxxed, why aren't we? So I just wondered— It seemed to me that there was a lot of posturing in that photo circulating, and I'm going to admit that I don't know the authenticity of that photo. But what are your thoughts on the separation of powers? Because we've always had the legislature on one side and the judiciary on the other.

[00:30:00]

And what was that picture circulating around social media doing in terms of promoting the government narrative as opposed to that perceived independence of the judiciary?

Brian Giesbrecht
Well, just generally, I believe from the start that vaccination should be a personal decision. Without going into the vaccine too much, because I'm not a medical doctor or a scientist, but I mean, it was known from the beginning that people who chose to be vaccinated would still be infected and could still spread the disease just like unvaccinated people. So there was never a reason in the first place to somehow demonize unvaccinated people, people who chose for whatever reason they cared not to be vaccinated. And I think the campaign, which was more than just a health campaign, became something quite unhealthy when people were pushed and more than pushed into choosing vaccination. And here in this province, Manitoba, we saw what was almost a demonization of people who were called anti-vaxxers. And this was particularly targeted. It was quite ugly against the people of southern Manitoba and even our main newspapers seemed to—

Shawn Buckley
Brian, can I just—

Brian Giesbrecht
I have to say, the politicians sort of took aim at these people.

Shawn Buckley
David, can I have the mic for a second?

So, Brian, sorry, but I think the Commissioner was asking you really about whether it was appropriate for the Supreme Court of Canada to pose saying that they were vaccinated because then they're basically participating in politics. And traditionally, we've had a separation between the legislative branch of government and the courts that are supposed to be apart. And so, I think the Commissioner was asking you to comment on what seems to be the courts engaging in a political message in support—

Brian Giesbrecht
Yes, and I apologize for not being clear, but I'm agreeing. I'm saying that this campaign, which even included the judges in this vaccination claim, this is not something that should have been done, and it contributes to division. It did not contribute to anything healthy. So I'm agreeing with this person; I'm sorry to make it too long of an answer.

Commissioner Kaikkonen
And I just have one more question. When you think of, and you alluded to this, the newspapers being bought off and independent reporters being dismissed as professors of false information— How do ordinary people influence the judiciary, apart from going to court and having legal precedent set that will go against the populace in the future? How do they influence judges to say that there is a different side to the narrative?

Brian Giesbrecht
Yeah, I don't think that there is any very simple answer. If the courts aren't available to people and if politicians are not willing to listen to the point of view of someone who does not accept the prevailing narrative, then there are very few options. And I think that's what we see. What we've seen, I think, is we've seen basically half the country feeling that they've been not listened to and not treated very well and the other half wanting, at times, even more restrictions.

I'm sorry I don't have a real answer there, but what I'm saying is that it's just a plea for people to try to be more objective and not get caught up in some type of groupthink-type of thing, which I think happened during this pandemic, particularly once we got into the idea that everybody had to be vaccinated. I think that's when things really went off the rails.

Commissioner Kaikkonen
I want to say thank you.

Commissioner DiGregorio
Thank you, Justice Giesbrecht,

[00:35:00]

for giving us your testimony today. We had a witness in Toronto, Mr. Pardy, who talked to us a little bit about— Well, he covered a few things: one being the deference being given by the legislature to the administrative state; paired with the deference that courts have been giving to the administrative state, which I think you've touched on today; and paired with maybe some weaknesses within our Charter that we weren't expecting, having led to the results of where we are today. And when I questioned him on how to address these particular positions, he seemed to think that addressing the legislative deference to the administrative state and even possibly, although not realistically, amending the Charter was a good way of approaching it.

I'm wondering if you have any recommendations on how the courts could look at addressing the significant amount of deference that has arisen.

Brian Giesbrecht
Well, I don't know that I have any recommendations. I'm just suggesting that the judges, in their discussions, should be thinking a great deal about the role that they did play or didn't play during the pandemic: Do they feel that they properly protected civil liberties? Or do they feel that perhaps they gave too much deference to provincial policies, even ones that were quite extreme?

So I'm not sure if I have any suggestions as far as different laws or anything like that is concerned because I don't think that's what is required. I think there needs to be a little more attention given to the individual rights of Canadians. And I really hope, as a Canadian, I hope that we haven't entered a time when we're going to lay down our carefully acquired civil liberties whenever there is any type of a health threat. That's my personal hope.

Commissioner DiGregorio
So you're suggesting really a self-reflection exercise by the courts and the judges?

Brian Giesbrecht
Yes, I am.

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
Good afternoon. I have a couple of questions on some specific things that I believe you said. And the first one is, you were talking about, in a number of instances, how judges feel pressure. You are part of the community; you feel pressure. What do you mean by the judges feel pressure? Maybe that's a silly question, but I want to know. You mean pressure to be fired from their jobs? Do you mean pressure to be ridiculed and oppressed? What were you talking about when you said judges feel pressure, sir?

Brian Giesbrecht
Well, judges are sort of under the public eye every minute of the day. It actually is a very high-pressure job because the judge is absolutely aware that everything he does and says is being very carefully scrutinized. So I think it's fair to say that a judge might feel even more pressure than somebody in a less high-profile type of job. So that's what I meant by judges feeling pressure.

Commissioner Drysdale
I'm actually asking more specifically and I'll let you know why I'm asking.

We had testimony earlier today by a gentleman by the name of Rick Wall. He and his wife own a trucking firm that employs 40 people in Winkler, I believe he said. Now, he, at least in his opinion, recognized that there was something going wrong in this country, and he and his wife sat down and they literally discussed losing everything. But on the principle of what they knew was right, they proceeded with the risk of losing everything, not just for themselves, but for their 40 employees and their families.

So my question is, I can't imagine a pressure stronger than that, sir. And I'm wondering, if I understand what you were saying, you were talking about political pressure on a judge and I'm talking about real pressure. I'm talking about losing everything you own and still doing what you think is right. Can you comment on it from that perspective, sir?

Brian Giesbrecht
Well, I take your point,

[00:40:00]

and I'm certainly not suggesting that the pressure any individual judge would feel when hearing a case involving pandemic restrictions would be anything like that or anything as serious as the knowledge that you're going to lose your life, et cetera. So, no, I wasn't meaning to compare it to any particular person; I'm simply trying to explain why it may be that Canadian judges generally did not play nearly as active a part as their American counterparts did. There was no vigorous testing of the restrictions, et cetera. So I'm not meaning to suggest that the person you're describing was not under much more pressure than any particular judge deciding a case.

Commissioner Drysdale
Would you agree with me that certain vocations within our society are granted certain privileges, and along with those privileges comes special responsibility? And I point out a police officer. A police officer carries a gun, has the ability to take away your freedoms, at least temporarily, so in my mind there's a significant additional responsibility that we have on those people.

Do judges fall in that category of special privileges, special responsibilities, more than the average person like myself for instance?

Brian Giesbrecht
Yeah, I would agree generally that the more power one has, the greater one's responsibility is, if that's what you mean. Yes, I do accept that.

Commissioner Drysdale
One last thing I wanted to ask you about is— I believe you also said in your testimony that people thought there was no point to go to court. And I bring that up because— And I honestly don't recall who told me this, it may have been a judge, that apart from the obvious functions of a court, the court also acts as a pressure relief valve to society. In other words, things are going wrong in society and people feel that they can go to the courts and get relief.

And if the country of Canada and the society that we live in was being affected to its very fibre—and that's what has been testified here today by other witnesses—if our very fabric of our society was under pressure and they could not go to the courts to relieve that pressure or get some kind of remedy, would you say that was dangerous for the safety of our society when they have no way to get justice, no way to get protection from the administration?

Brian Giesbrecht
Yes, I would agree with that. I'd also add that the other function of the court there is to act as a break on some of the excesses of the legislature. And if the lawmakers had the knowledge that a judge would strike down an unnecessary restriction, the legislators probably wouldn't have put in nearly as many restrictions as they did. If I can just give a

personal example: I think I mentioned going for a hike in a public park and finding that all of the trails had been closed, which makes no sense to anyone.

And again, I don't want to be touting the American system, but I think the American legislators were more aware of the fact that if they made ridiculous restrictions, they would not be allowed by a court. And unfortunately, in Canada, I don't think that they felt any pressure from the courts at all. And consequently, some of their—and I would say that the vaccine mandate for flying and taking a train in Canada was an example of a ridiculous requirement that served no purpose and hurt many people—but I think if the legislators knew that such unreasonable restrictions would be struck down, they would not have put them in place in the first place.

Commissioner Drysdale
Thank you. Thank you for your service to your country.

Shawn Buckley
Thank you and there are no further questions. So Justice Giesbrecht, we thank you so much on behalf of the National Citizens Inquiry for giving your important testimony today.

Brian Giesbrecht
Okay, well, I'd like to say you're doing a very useful job, and I wish you the best.

[00:45:25]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 6: Martha Voth
Full Day 2 Timestamp: 06:26:20–06:58:13
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Alexander MacKenzie
Yes, thank you. For the record, my name is Alexander MacKenzie and I'm a practising lawyer in Winnipeg here. Mrs. Voth, would you mind stating your full name to the Commission?

Martha Voth
My name is Martha Voth.

Alexander MacKenzie
Thank you, and do you promise and swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Martha Voth
I do.

Alexander MacKenzie
Thank you. Mrs. Voth, you reside in Niverville?

Martha Voth
Yes.

Alexander MacKenzie
On May the 24th of 2021, you tested positive for COVID. Is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And you also were with your husband, Alvin, and he tested positive as well.

Martha Voth
Yes.

Alexander MacKenzie
You, yourself, had symptoms?

Martha Voth
Not as much by that time. I was on my way, getting better.

Alexander MacKenzie
I see, and how about your husband?

Martha Voth
No, he was not. He was having difficulty breathing, and he had no energy, but he went to get tested so he could go back to work.

Alexander MacKenzie
I see.

Martha Voth
Nothing could keep him down.

Alexander MacKenzie
I see, and what did he do for a living?

Martha Voth
He was a flooring specialist, so he installed flooring for 50 years.

Alexander MacKenzie
And he was very physically active?

Martha Voth
Very, and it's a rigorous job so he had to be physically fit to do it, and he still worked five days a week.

Alexander MacKenzie
And he was 66 years old at that time, is that correct?

Martha Voth
Yes.

Alexander MacKenzie
You say that he was becoming ill. He had symptoms that were flu-like, is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And on May the 26th, 2021, what did you do as a result of that?

Martha Voth
Phoned the Walmart walk-in clinic because we wouldn't have been able to get into the clinic in Niverville without an appointment, but at the walk-in we would. And he simply prescribed a drug, an antibiotic, for him, which he sent to the Niverville pharmacy, was picked up by our daughter, and she dropped it off at our door.

Alexander MacKenzie
I see. The Walmart drop-in was in Steinbach?

Martha Voth
Steinbach, yes.

Alexander MacKenzie
And so you got the prescription and what happened then on May the 27th?

Martha Voth
Well, it seemed that he was getting progressively worse. He couldn't walk very well because of the breathing difficulty. And so, I called the walk-in to ask if we could come in and they said, no, we couldn't because I admitted we had tested positive for COVID. They said we had to go to emergency in Steinbach.

Alexander MacKenzie
And that's the Bethesda Hospital.

Martha Voth
Bethesda Hospital, yes.

Alexander MacKenzie
And Alvin then was speaking and breathing with some difficulty?

Martha Voth
Yes.

Alexander MacKenzie
So you drove him then to Steinbach, to the hospital, and how was he feeling then?

Martha Voth
Well, he opened the window on the drive in, which gave him a lot of fresh air. And by the time we got to emergency, he admitted to me that he was feeling so much better because he had gotten a lot of fresh air. I went in, got a wheelchair so he wouldn't have to walk, and brought him to the registration desk.

We got him registered and we were then put into a plexiglass cubicle where we sat and waited till they admitted him, which was about 15 minutes. And then, when they did admit him, they said I could not stay in the waiting room, I had to go home. And I said, because I'd driven a bit of a distance, I wasn't going to go home; I was going to wait in my car until they released him and I could take him home. So I sat in the car about 45 minutes before they called me and said they were going to admit him and keep him overnight, and that's when I went home.

Alexander MacKenzie
I see, and then you were at home and at around seven o'clock you received a phone call. Is that correct?

Martha Voth
Yes, it was later on in the evening. I would say it was more like 9 or 9:30. They said they had put him on oxygen. His oxygen level was at 58, which is pretty low, but with a mask on the oxygen level did come up. They just wanted to let me know that he was very, very sick, and they were going to send him either to Brandon or fly him to Ontario. And I just said, "No, you're not flying him there and you're not bringing him to Brandon. We want to keep him close to home so that we could—"

[00:05:00]

Alexander MacKenzie
Brandon is about a three-hour drive. Is that correct?

Martha Voth
Yes, yes.

Alexander MacKenzie
And that would have been very hard for you to see him there.

Martha Voth
Right.

Alexander MacKenzie
And of course, Ontario would be an airplane trip.

Martha Voth
Yes, right.

Alexander MacKenzie
So you objected to that.

Martha Voth
Yes.

Alexander MacKenzie
And what were you told?

Martha Voth
They were going to try and get a room somewhere in Winnipeg, but they said all the hospitals were full and didn't actually have room, but they were going to try. And they said they were in contact with HSC.

Alexander MacKenzie
HSC is the Health Sciences Centre—

Martha Voth
Health Sciences Centre, yes.

Alexander MacKenzie
In Winnipeg, which is about a 40-minute or a one-hour drive.

Martha Voth
Yes.

Alexander MacKenzie
And then, was there anything else that occurred that day on May the 27th?

Martha Voth
No.

Alexander MacKenzie
And on May the 28th, can you tell us what happened then?

Martha Voth
My husband called me in the morning, asked me to bring the batteries for his hearing aid and his cell phone charger, and I asked him how his night had gone. He said it was good. He had slept well. And I said, "And how do you feel this morning?" He said, "I feel good" because he was getting the oxygen he needed and he felt good.

Alexander MacKenzie
And how was he getting the oxygen?

Martha Voth
Just with a face mask.

Alexander MacKenzie
I see. Now, you had been asked to bring the cell phone charger and batteries and so what were you doing then? You were preparing to go—

Martha Voth
I was. I was trying to get ready, but I kept getting calls and so was a little slow at getting ready. But then the doctor called and informed me that they were going to ventilate him. I said, "No, no, why are you going to ventilate him? Why are you rushing this?" And he said, "Well, we're not actually rushing it, we would have done it last night because he was dangerously low in his oxygen." I said, "Okay, so wait till later in the day to see how the day goes." Well, no, because they didn't have enough oxygen for him and he needed 60 litres per minute and they just didn't have enough oxygen.

Alexander MacKenzie
Okay, now just stop a moment. He had been getting oxygen?

Martha Voth
Yes.

Alexander MacKenzie
His oxygen levels were up. He had said he was feeling much better.

Martha Voth
Yes.

Alexander MacKenzie
And so they were wanting to ventilate him. What did that have to do with the amount of oxygen?

Martha Voth
If they ventilated him, the oxygen would go directly into the lung and they wouldn't need as much oxygen to keep his levels up.

Alexander MacKenzie
In terms of the ventilation, did you get to speak to him about that, that is to Alvin, your husband?

Martha Voth
Well, after the doctor had explained to me why they had to ventilate him now, instead of waiting, one of the reasons was the anesthesiologists only had eight-hour shifts and were going to go home after their eight-hour shift. And if anything drastic happened and he did need to be ventilated, nobody would be around to do it and then he would die.

Alexander MacKenzie
So then, they were going to take him off the mask, where he seemed to be doing not badly,

Martha Voth
Right.

Alexander MacKenzie
and they were going to ventilate him.

Martha Voth
Yes.

Alexander MacKenzie
And the reason for that was an oxygen shortage, partly?

Martha Voth
Yes.

Alexander MacKenzie
And also, partly because their staff would be gone who could install the ventilator?

Martha Voth
Right.

Alexander MacKenzie
And also, partly, because they'd called an ambulance?

Martha Voth
Right. That was another reason why they had to do it now because the doctor had already called STARS [Shock Trauma Air Rescue Service], which is the emergency medical team that picks people up and flies them to different locations.

Alexander MacKenzie
I see.

Martha Voth
So because he had called them 20 minutes prior to my call, I said, "I can't get there in 20 minutes." And he said, "Well, they'll be here in 10 minutes." And I said, "Well, I'm just not ready to get there; like just hold off." "Well, no, we cannot waste their time because they're flying all over Manitoba, picking people up. So we can't waste their time."

Alexander MacKenzie
And so, again, what is the distance from Niverville, in time, from Niverville to Steinbach?

Martha Voth
Half hour.

Alexander MacKenzie
Half hour?

Martha Voth
Twenty minutes to a half hour.

Alexander MacKenzie
So the STARS was going to be there in 10 minutes and it would have taken you a half an hour?

Martha Voth
At least a half hour to get there, yes.

Alexander MacKenzie
And so what happened next?

Martha Voth
Then my husband called again and again he sounded great. He sounded normal and he asked, "When are you getting here?" And I said, "I can't get there before STARS gets there." And then I asked him, I said, "Are you okay with going on a ventilator?" He said, "I don't know. I have nobody to talk to about this. They just tell me whatever, but I don't know how to gauge whether I should go on it or not."

Alexander MacKenzie
And he very much wanted to be able to speak with you about that? Is that correct?

Martha Voth
Yes. Yes. Yes.

[00:10:00]

Alexander MacKenzie
However, you didn't get there, and he was moved from the Bethesda Hospital to the Health Sciences Centre by STARS?

Martha Voth
Yes.

Alexander MacKenzie
Did you become aware of any conversation that the STARS attendees had? Were you ever told of any conversation that is significant?

Martha Voth
Yes. A doctor called from the hospital in Steinbach and let me know that they had discussed to let me into my husband's room there in Steinbach because I had also had COVID. But then, I talked to him about the ventilator because he had told me he was ventilated and he's on his way to Health Sciences Centre.

And I talked to him about, why did he need to go on it? Why couldn't he just stay on the mask? And then the nurse informed me that the STARS attendees— And my understanding is that STARS has their own doctor that they fly with, that they had questioned the staff in my husband's room asking, "Why are you ventilating him? He seems like he's doing fine. His oxygen level is up with the mask. He got up on his own out of bed and went to the bathroom. He is cooperating. He is not feeling sick, as such. Why are you ventilating him?" I don't know what their answer was.

Alexander MacKenzie
You've never received an answer to that?

Martha Voth
No, just the doctor's reasoning for ventilation.

Alexander MacKenzie
Then, at some point after Alvin had been moved, you got a call from the Health Sciences Centre. Is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And what were you told there about your attendance and so on?

Martha Voth
Well, even though he was close, not in Brandon or Ontario, they still were not going to allow us to go in to see him, but we could set up Zoom calls or video calls with him. And I kind of vetoed that idea because I didn't think there was a point to it. He wasn't responsive anyway. He was in a drug-induced coma. I didn't see the point of it.

Alexander MacKenzie
And that was all on the day that he got moved from Bethesda to the Health Sciences Centre?

Martha Voth
Yes.

Alexander MacKenzie
And then the following day, on May the 29th, you got another call from the Health Sciences Centre, is that correct?

Martha Voth
Yes, it was by the doctor. He informed me of Alvin's condition and just saying that he was very sick and didn't think he'd make it.

Alexander MacKenzie
And was there anything further to your discussion that day that you can recall?

Martha Voth
Well, I asked him to put him on the drug that, and I'm not a medical expert, but that everybody seemed to think was working well, the off-label drug called ivermectin. And he said, "No, we only use scientifically and medically proven drugs that work."

Alexander MacKenzie
I see, okay. And then was there anything else to that conversation?

Martha Voth
No.

Alexander MacKenzie
Okay. Then on May the 30th—again, this is all in 2021—you requested regular video calls. You took them up on their offer. Is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And was that arranged for you and how did that work?

Martha Voth
Yes, they said they would start the next day with the video calls.

Alexander MacKenzie
And during that time too, I understand that you had regular calls and discussions with the medical staff at the Health Sciences Centre as to Alvin's condition.

Martha Voth
Every morning I called to see the how the night had gone. Every evening I called to see how the day had gone and about 2 o'clock in the afternoon, the kids and I would do a video call with him being in a comatose state. We would sing, we would talk about our day, and we would pray with him, and generally, it was about an hour-long call.

Alexander MacKenzie
And in those conversations, I understand you had the video calls, but you also had conversations with Health Sciences Centre staff, is that correct?

Martha Voth
Yes. They informed me what they were doing to him and with him every day. One of the nurses in particular was very kind, would speak to him, would turn his face to the sun in the window. And then, they started to tell me that his condition improved when they proned him,

[00:15:00]

and proning means turning him on his stomach, and all the numbers on the machines would be better if they proned him.

Alexander MacKenzie
Okay, and did they tell you any disadvantage to proning?

Martha Voth
No.

Alexander MacKenzie
Okay. And so if he was lying on his back, as I understand what you're telling us, he would have less strong vital signs than when he was lying on his stomach, is that correct?

Martha Voth
That was my understanding because when they did prone him, his stats, his numbers, always were better on the machines.

Alexander MacKenzie
Okay, thank you. And then these calls went on through to June the 7th or June the 8th. Is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And then, on June the 8th, you got a call from the Health Sciences Centre.

Martha Voth
Yes.

Alexander MacKenzie
And what were you told then?

Martha Voth
They said that all the ports and the needles that were in his body, for all the medications and things, were badly infected, and now they were dealing with a new infection in his blood that was causing his organs to shut down, and um. . . .

Alexander MacKenzie
And what were they going to do to try to resolve that?

Martha Voth
They were going to try and find new places for all the ports and needles. And they said they would have to work on it all day, and he was in a very bad place.

Alexander MacKenzie
I see. And then on June the 10th, you were called again from the Health Sciences Centre.

Martha Voth
Yes, they wanted us to come in so that we could agree with them to put him in comfort care.

Alexander MacKenzie
And what did you understand that the words "comfort care" meant?

Martha Voth
Kind of in palliative care where they don't actively work anymore to get him better.

Alexander MacKenzie
Okay, thank you. So I understand that on June the 10th then you, two daughters, you have three daughters, two of your daughters and your son attended the Health Sciences Centre, is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And your other daughter attended by video, did she?

Martha Voth
Yes.

Alexander MacKenzie
Were you masked when you attended?

Martha Voth
No.

Alexander MacKenzie
I understand you saw some sign on the door, on the 10th when you attended?

Martha Voth
Yes.

Alexander MacKenzie
And by the door, I mean the door to the room in which Alvin was?

Martha Voth
Yes, it said COVID recovered.

Alexander MacKenzie
COVID recovered?

Martha Voth
Yes.

Alexander MacKenzie
In terms of Alvin's condition, how do you square the sign COVID recovered on the one hand and the fact that he's getting worse on the other hand?

Martha Voth
Well, it was the infection that you can get only in ICUs,

Alexander MacKenzie
It was the infection—

Martha Voth
like a sepsis.

Alexander MacKenzie
It was the infections and sepsis

Martha Voth
Yes.

Alexander MacKenzie
that was the problem for him, not COVID?

Martha Voth
Yes, not COVID.

Alexander MacKenzie
Was Alvin on his back or on his stomach?

Martha Voth
He was on his back, and we were there for a few hours, two or three hours before we actually had the meeting with the doctor and some of the nursing staff, the chaplain.

Alexander MacKenzie
And so you had been in Alvin's room,

Martha Voth
Yes, a couple of hours.

Alexander MacKenzie
and you were sitting with him for a time with your children.

Martha Voth
Yes.

Alexander MacKenzie
And then you went to another room, is that correct?

Martha Voth
Right.

Alexander MacKenzie
And who was in that other room?

Martha Voth
It was the doctor, together with the head nurse and some of the nursing staff and a chaplain.

Alexander MacKenzie
And in those discussions, did the issue of comfort care come up again?

Martha Voth
Yes.

Alexander MacKenzie
And how did that come up?

Martha Voth
He told us how bad the situation was and that his organs were failing and their suggestion was that he should be put in comfort care. And so I said, "It's too bad that you cannot give him that drug, ivermectin." And he said, "No, we don't use that here." And then I said, "Well, could you prone him and would his numbers be better then? " And he said—

Alexander MacKenzie
And so, you asked for him to be proned?

Martha Voth
Yes. Yes, and he said, "Yes, it has improved when we do prone him, but he could have a massive heart attack, and then it'd be over."

[00:20:00]

And I said, "But he has a good, strong heart." And he said, "Yes, he does."

Alexander MacKenzie
So on the one hand, they're saying that he is not going to survive for more than a few hours, yet they are afraid to give him the ivermectin because it might hurt him and they're afraid to prone him because it might hurt him. Is that what I understand from you?

Martha Voth
Yeah.

Alexander MacKenzie
Thank you. It's hard for me to understand that. In any event, they did prone him, did they?

Martha Voth
Yes. We were left alone in that waiting room to discuss whether we wanted him proned or put on comfort care, and it was a no-brainer. We wanted him proned because we still believed in a miracle. So we went back to the nurses' station and the same people that were in that waiting room were around the nurses' station, and we told them we had decided we wanted him proned. And they said, okay, they had to get a few people out there to help with that.

So then I asked the doctor, "You know and I know it's scientifically and medically proven that when a baby is born and doesn't have any human touch that the baby dies." He said, "Yeah, that's true." And I said, "Don't you think that if we spent time in his room touching him, talking to him, and that we were there physically instead of video calls that he would improve"? And he said, "Yes, I believe that." But he said, "I can't make that decision." And he turned his head and looked at the head nurse and said, "Can we make that happen"? And she said, "No, it's not our protocol."

Alexander MacKenzie
And by this time had Alvin been proned?

Martha Voth
No, that was just before.

Alexander MacKenzie
Just before he was proned?

Martha Voth
Yes.

Alexander MacKenzie
So you had asked to be able to stay at Alvin's bedside and—

Martha Voth
Well, we just thought we were there, so we thought we may as well just stay

Alexander MacKenzie
Right.

Martha Voth
as long as we possibly could.

Alexander MacKenzie
To talk to him.

Martha Voth
Yeah.

Alexander MacKenzie
To sing to him in person.

Martha Voth
Yes.

Alexander MacKenzie
To hold his hand.

Martha Voth
Yes.

Alexander MacKenzie
To do those things in the hopes that it might revive him.

Martha Voth
Yes.

Alexander MacKenzie
And you were told—

Martha Voth
Well, after they proned him, then the nurse said, "Well, now you can't be in his room anymore because now his numbers are better."

Alexander MacKenzie
So you could— Just so that I believe I understand every word you say. So long as he was on the edge of death and going to die, you could stay for comfort care?

Martha Voth
Yes.

Alexander MacKenzie
But the moment it looked like he might live, you had to go?

Martha Voth
Yes, and then the nurse did say, "Well, I will allow you to stay one more hour, but then you have to leave."

Alexander MacKenzie
I believe you recalled to me some specific words that were spoken to you when you asked if staying there might help and the doctor asked the nurse if that would be possible, and the doctor was told— What were those words?

Martha Voth
"No, it's not our protocol."

Alexander MacKenzie
And so you left with your children and went home?

Martha Voth
Yes.

Alexander MacKenzie
I understand that on June the 11th, you continued your video calls.

Martha Voth
Yes.

Alexander MacKenzie
And they continued right through to June the 24th.

Martha Voth
Yes.

Alexander MacKenzie
And each day you and some of your family would sing and talk to your husband, Alvin?

Martha Voth
Yes.

Alexander MacKenzie
And that each morning and each evening you would call and get updated information from the Health Sciences Centre.

Martha Voth
Yes.

Alexander MacKenzie
Now, on June the 22nd, you received a call from the Health Sciences Centre.

Martha Voth
From the doctor.

Alexander MacKenzie
And that was doctor—

Martha Voth
Clare Ramsey.

Alexander MacKenzie
Dr. Clare Ramsey. And what were you told?

Martha Voth
She said, "He didn't have very long, that he was in really, really bad condition. All his organs had shut down by that time because of the massive infection that was running through him." And I asked her if his condition was strictly due to him being in their ICU, and she said,

[00:25:00]

"Yes, you only get this infection in the ICU," and that's what was killing him.

Alexander MacKenzie
Now, on June 25th then, you received yet another call from the hospital. Is that correct?

Martha Voth
Yes, they said he wouldn't make it the day.

Alexander MacKenzie
He would not survive for the day? He would not make it, he would die that day?

Martha Voth
Yes.

Alexander MacKenzie
And you were told you would be allowed to come in again. Is that correct?

Martha Voth
They asked us to come in, yes.

Alexander MacKenzie
And so what did you do?

Martha Voth
The girls and I went in. Our son was doing concrete and he was in the middle of a pour, and it is sensitive work, so he couldn't leave. He was trying to get somebody to do his job, but he couldn't find anybody, so he had to wait until the concrete set. So we went in; the girls and I went in. We got there shortly after lunch.

Alexander MacKenzie
That is, you and your three daughters, yes?

Martha Voth
Yes.

Alexander MacKenzie
And again, your son could not attend, not because he didn't want to, but because he was in the middle of pouring concrete.

Martha Voth
Right. He was trying hard to get there. And we were there all afternoon, and the nurse kept coming in to ask when the son was going to be there because she said he's going to die any minute. But I mean, the machines were still all on him, so—

Alexander MacKenzie
What did she tell you about keeping the machines on?

Martha Voth
She said, "You're not doing him any favours by keeping him on these machines. In fact, it's worse for him to be on all these machines."

Alexander MacKenzie
And you arrived about what time?

Martha Voth
About one o'clock in the afternoon, somewhere in there.

Alexander MacKenzie
And I understand that your son did finally arrive at around seven?

Martha Voth
He finally came at seven, yes.

Alexander MacKenzie
And I understand also that then you and your family were allowed to sit with your husband?

Martha Voth
Yeah, we were there in his room all afternoon and then all evening. And at some point, the kids decided to go get some food.

Alexander MacKenzie
And you had one of your children, you have three daughters,

Martha Voth
Yes.

Alexander MacKenzie
One of your daughter's name is Rebecca, is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And you were about to say that your children decided to get up and go have a bite to eat while you were going to remain with Alvin.

Martha Voth
Yes.

Alexander MacKenzie
And what happened then?

Martha Voth
As they were walking, Rebecca, who is our youngest, she was pregnant. But she started bleeding and she had a miscarriage because of the stress of that day.

Alexander MacKenzie
And I understand that you did stay with your other children. Rebecca went home and that she, nonetheless, stayed for much of the time on the phone and you made a phone connection so that she would be there too.

Martha Voth
Yes.

Alexander MacKenzie
Now, that went on until past midnight on the 25th, is that correct?

Martha Voth
Yes.

Alexander MacKenzie
And then tell us what happened then.

Martha Voth
Well, we went back and forth trying to decide: should we keep the machines on and wait for a miracle or take them off and wait for a miracle? So we went back and forth all that time to try and decide what to do. Because of course you want him to live, right?

Alexander MacKenzie
But you also hoped for a miracle?

Martha Voth
Yes.

Alexander MacKenzie
And so, sometimes different of your family would think, "time to take him off," and other times people would change their minds,

Martha Voth
Yes.

Alexander MacKenzie
and ultimately though, you made a decision.

Martha Voth
We made a decision after midnight to take him off all the machines.

Alexander MacKenzie
And so I'm presuming you called on the medical staff.

Martha Voth
Yes.

Alexander MacKenzie
And just tell us about what happened then.

Martha Voth
Well, they had promised us that when they would take all the machines off, they would take the hose out of his mouth so that he would look normal right at the end. And when they did come in to do that, they said, no, they would leave part of that hose in his mouth because there could still be a particle of COVID in his lung. And then, we would be at risk. My kids and I would be at risk. And if they took it all out and we were in the room, then they would have to fumigate the room and that would take at least half an hour and he would be gone before that time.

Alexander MacKenzie
So they were still worried about COVID and you getting COVID and that was foremost in their mind in terms of—

Martha Voth
So they said, "Well, unless you had the N95 masks," we couldn't stay in there. And we said, "Okay, we'll wear those masks." Well, they didn't fit right; they wouldn't fit right on our faces. And so we said,

[00:30:00]

well, they had promised that we could stay and we were going to stay and they had to take that hose out. So the nurses walked out and discussed it and came back in and said, okay if we took the N95 masks, we could stay in the room, so that's what we did.

Alexander MacKenzie
And then they proceeded to—

Martha Voth
They proceeded to take all the machines off, unplug everything, and whatever air was in his lungs from the ventilator just puffed out in three puffs, and then seven minutes later his heart had stopped.

Alexander MacKenzie
I feel almost foolish asking this question, but I've been asked to ask it. What do you think should have been done differently?

Martha Voth
Well, he did have pneumonia from the COVID and a blood clot. And in my opinion, if they could have just treated that, which they did, and they later on admitted that wasn't even a big deal, the pneumonia or the blood clot. But if they could have just kept him on the mask instead of the ventilator, things in my opinion, would have turned out different.

Alexander MacKenzie
Thank you, Martha. I'm going to just have the commissioners ask you any questions they might wish to ask. It appears that there are no questions. Thank you very, very much.

Martha Voth
Thank you.

[00:31:52]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 7: Sara Martens
Full Day 2 Timestamp: 06:58:27–07:20:21
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Kyle Morgan
The next witness is Sara Martens. She's just making her way through the room. Good day Mrs. Martens, can you state your whole name?

Sara Martens
Sara Martens.

Kyle Morgan
And can you spell your first and last names for the Commission?

Sara Martens
S-A-R-A M-A-R-T-E-N-S

Kyle Morgan
And do you promise to tell the whole truth, so help you God, nothing but the truth?

Sara Martens
I do.

Kyle Morgan
I understand you're from Manitoba, southern Manitoba?

Sara Martens
Yes, Mitchell and Steinbach.

Kyle Morgan
And for your whole life, you've resided in that area?

Sara Martens
Yes, pretty much.

Kyle Morgan
Can you tell us what profession you have, what type of work you do?

Sara Martens
I've worked with Southern Health for 39 years. I'm not a nurse. I am a health care aide. In the last 10-12 years, I've worked only in a clinic, which is a treatment clinic in Steinbach, also under the home care. We treat people with IVs, injections, a lot of wound care, and that kind of stuff.

Kyle Morgan
I understand that an unfortunate accident happened involving your husband.

Sara Martens
Yes.

Kyle Morgan
It would have been I believe October 20th, 2021?

Sara Martens
[Affirmative nodding]

Kyle Morgan
I don't want to skip ahead too much, ultimately his death was ruled to be a COVID death?

Sara Martens
[Affirmative nodding]

Kyle Morgan
Why don't you tell us what happened on October 20th, 2021?

Sara Martens
So October 20th, 4.30 in the morning, he got up to get ready for his job. He had retired from his previous job that he did forever, and this was a casual job. And what it was, is he would drive a half-ton truck with a closed-in trailer, delivering tires all over Manitoba. So that is what he was getting ready for that morning. I woke up and we chatted for about 10-15 minutes, and then he was off to work. Do I just continue?

Kyle Morgan
Sure, yes.

Sara Martens
So then around 8 o'clock, I got a call from an RCMP that he had been in an accident close to the Austin area, Manitoba. And they just told me that— They asked me a bunch of questions about him. Had he been drinking that morning? Some different questions, I answered them.

And then EMS called me shortly thereafter and told me what had happened. And what appeared to have happened is, he was driving and he must have had a blackout. And he just left the main highway into the ditch over another road and back into a ditch. They had had about three to four inches of rain. And I guess he got stuck in that ditch.

And so when they got to him, the truck was still in drive. The accelerator was pressed all the way down. There was a lot of mud and water flying. And he was just sitting at his wheel, holding on. One of the guys had gone to the window, knocked on the window; he had looked at him. I guess it didn't register. He looked straight ahead. Glasses were hanging on his face. His hat was all crooked and he couldn't respond.

And apparently, according to the EMS, he didn't seem to know who he was, where he was going, what he was doing. And so I'm not sure how long they worked with him. But somewhere towards the end, I think he had managed to say his name. And that was it. The EMS informed me, he said, "You probably should just get ready and go to the hospital." But then he said, "No, actually, you can't go there." So he just changed his mind on that because they wouldn't let me in.

Kyle Morgan
Which hospital was that?

Sara Martens
The Health Sciences Centre.

Kyle Morgan
Here in Winnipeg? Okay.

[00:05:00]

Sara Martens
Right. So I kind of sat at home on my couch, and I feel like I was there for two weeks and two days, always sitting by the phone, always waiting what the next call would be, what the next report would be. They had done scans and tests. And what they told me when I called there after a couple of hours was that he had spinal injuries. He had brain bleeds. I believe there was two. He had bruising. He also had a bleed in the abdomen. I think probably that was about it.

Very confused. And I want to say he was confused. They told me that so many times, "He's so confused, he's so confused." And so I did then ask to speak to him, which I did, on Wednesday, the day he had the accident. And I found him to actually be pretty coherent. He said to me, "Did you hear I was in an accident?" And I said, "I did."

He was very concerned that someone else had been hurt. And I said, "No, it was just the truck, just you. It's okay." I said, "How are you doing?" He said, "I'm good. I'm good." And I think he probably had a lot of drugs in him. I'm sure his body was really hurting. But he was very upbeat. We chatted for a while, and Cork is not a phone talker, and I know that.

Kyle Morgan
Just to interrupt you, who's Cork?

Sara Martens
Cork is my husband, that is his nickname. He's had it forever.

Kyle Morgan
Okay.

Sara Martens
Anyway, and I know he doesn't like phone talking, so I thought, I'm not going to bore him; I'm not going to keep him on the phone and blah, blah, blah. And so I just wished him well. I actually prayed with him. Just telling him the things that I did. "We love you. We're here for you." Sorry.

Kyle Morgan
Now I know that a couple days later on Friday, you spoke to him again. Is that right?

Sara Martens
Yeah.

Kyle Morgan
The accident happened on a Wednesday, and on Friday you did speak to him.

Sara Martens
Right. I did. The days in between, like from Wednesday night to Friday, he was on some oxygen, doing good, pretty stable. There was nothing very eventful.

They did tell me, though, either Wednesday night or Thursday, they called me to tell me that he had tested positive for COVID. And I'm like, "Really?" And after that, there was two different nurses that actually said to me, "He tested positive for COVID, but he wouldn't even have known it. It was so mild." So, you know, you go with what they tell you; there's not a whole lot you could do.

We were not allowed to go there, not ever. We were told he was in ER till Saturday. He had to have a room before we could come. But I feel that they misled us. My children say, "No, they lied." They're a little bit more direct than I am. But they really wanted his story out. So I say, thank you for this opportunity.

During this time, they were telling me that a cardiologist was coming in to see him. They're going to fit him for a back brace. There was a few things that they were going to do. And so each time I asked, "Has the cardiologist been there? Has the back brace been measured?" "No, no."

And then, finally, one day, the nurse just said, "We're not doing anything because he has COVID." And they did not one more thing for him, other than give him whatever medication they pumped him full of.

On Friday, I called him. And it was probably noonish. And I talked to him, and he was confused, very confused. He said to me, "Sara, do you know my neighbour?" We have a neighbour lady. Her name is Jan. "She brought me bales for the cattle." And we had a little conversation. I said, "Wow, that's nice of her." And he said, "Yeah, she's so good." And I said, "You're still working and you're in the hospital?" He said, "Oh, yeah." He said, "I'm good."

So there was a lot of confusion there. Because that wasn't true. We didn't have cattle. We did years ago. But none of that was true.

[00:10:00]

So then the funny thing at the end of that conversation, was kind of cute, kind of funny, confusing. I said to him, "Goodbye. I love you." And he said, "Oh, thank you." And then, that was it. And that was strange. And I found it a little bit humorous.

But, you know, you're in a state of such an emotional place. There's a lot of stress. There's a lot of unknown. We couldn't be there. We never could see him. We never could touch him. We could do nothing. We had to trust that what they were doing was the best.

Kyle Morgan
Were you able to speak to a treating doctor? At all?

Sara Martens
And that was the other thing. Every day I asked to speak to a doctor and every day I was promised and every day it didn't happen. On Saturday morning, and twice, two different nurses said, "Well, what do you know?" And I said, "Well, I know what you tell me."

So on Saturday morning, I got a male nurse, and I asked him how the— I did the same, I called every morning, every evening and sometimes there's things in between. So Saturday when I called, this male nurse said, "Well, what do you know?" And I said, "I just know what I know, what you tell me." I was thinking, they're hiding something from me. And I said, "You know, I've asked to speak to a doctor, I've been promised, and I haven't yet heard from a doctor."

So he said to me, "I promise you, I will have a doctor call you." And he did. It didn't take too long, and the doctor called me. He was rude. He was hard. And he told me that they had intubated him last night, the night before, and I felt so deflated. I'm like, what? How? And

why? I spoke to him on Friday. I never heard a wheeziness, a hoarseness, a coughing. I never heard a thing.

And I do work in a clinic where we do see these kinds of things. We have PPE protection, things that we wear when these kind of people come in. And I know kind of, what the obvious you would hear. For them to intubate him so quickly. And I said, "Well, could there have been other contributing factors?" Like, he had a kidney stone problem. He had a stent put in to bypass the stone that was lodged so that he can go to the bathroom. And actually, that Friday they were going to blast the stone and he's had it done a number of times. He had an infection. "No." And I said, "Could any of that have been a part of the blackout?" Because that was my question: Why did he black out?

And that doctor, and that's why I say he's rude, and he was hard and cold. He just says, "No, that was COVID blackout. That's what that was." And so, none of these other things were factors. They were not even considered.

Kyle Morgan
To interrupt you, you're talking about when the accident happened in the car. The doctor was saying that's a COVID blackout, that's what caused the accident?

Sara Martens
Yes, the reason he had the accident was a COVID blackout. And all these other things were irrelevant. I will just say, in all the medical records, that never came up. It was an unknown reason for the blackout. So first, it's one way and then it's another. He said, "I spoke to Cork last night. I explained to him what it would be to be intubated. It would make his breathing easier and so on. And he consented."

How do you ask a confused person to give a consent? And it was definitely not an emergency intubation because he had all this time to sit and talk to him. He could have called me. He had time to call me. And so it was such an incredible shock when I found out that they had intubated him. And you know the sad thing about that is? I'll just back that up for a minute. The doctor assured me "There are no flags here. There are no concerns. He will be on the ventilator three days, maybe five, no concerns."

Well, he never did wake up from that ventilator.

[00:15:00]

He never did, ever. But you know what's so sad and the thing that I have to deal with and my children is— Why did you not let us have a conversation? Why did you decide that you were doing that? And it took away from all of us, any of us, to talk to him one more time. And I believe doctors know how many people actually survive the ventilator.

And you know, honestly, things just went from that point. It just was a big, fast slide. And then he had a hole blown in his lung from the ventilator, and then he had blood clots and they were deliberating whether they should give him blood thinners because he had brain bleeds. But should they do that? And then they decided, well, yeah, it was fair to try. So it was back and forth. They had restrained him because he got up and walked around, and they didn't want that because of his back injuries. So, they restrained him.

In the end, when it all went through WCB—I'm jumping ahead here a little—they threw his case. He didn't qualify because his injuries weren't what took his life. None of this actually mattered. It was COVID.

Kyle Morgan
So you're saying that you tried to make a claim through the Workers Compensation Board?

Sara Martens
Yeah, they actually— They and MPI [Manitoba Public Insurance] contacted me that I could do that; I didn't even know. So I did with WCB. They went through all the paperwork; they said, "Well, he didn't die from his injuries." But yet, in the beginning, everything had to be about his— He couldn't walk around. He couldn't do anything because of his injuries and his brain bleeds, and all of that. And now, none of that played into effect.

Then came the day where— "He was just very sick," so they said, "He was very, very sick." I asked the question, how long they would keep him on a ventilator? And that nurse at that time said, "You know, seeing you asked, I will put you through to a doctor." So a doctor actually called me, and so then that discussion started. And she too said, "It's not good for him to stay on this for so long."

They were really hoping that I would make a decision by that following— This was, I believe, on a Monday, and they wanted me to make that decision by that weekend. "Anything past that weekend," she said, "you are only hurting him. It would not be good for him."

Kyle Morgan
And I understand it was November 5th, 2021?

Sara Martens
He passed away November the 5th.

Kyle Morgan
And the original accident was October 20th?

Sara Martens
Yeah. We were never allowed— They told us that we could come in— If at time of death or the end of life, we would be able to come in. While that was coming closer, we were not allowed to go in. And we never were allowed to go in. We never saw him. We did Zoom calls after he was fully intubated. Then they completely paralyzed him. So there was nothing. The machines kept him alive. That's all it was. And that's how we saw him.

And you know, I feel angry about some of that stuff. And I feel like, those nurses feel so safe and protected with their PPE protection. Well, I have the same. I have the N95. I have all the same. Why could we not go in there? But they told us, "Oh, no, he's shedding. You can't go in there."

Kyle Morgan
I'm mindful of the time, but I wanted to ask you, how do you think things could have been handled differently?

Sara Martens
I think that, and it's been said many times, I think people should have the freedom to have a vax or not. I feel that they should not— They should take care of you whether you're vaxxed or you're not. I think, just like Martha said about people coming in and touching your loved one and talking to them, I think that would have been a big thing. But I think the protocols were what they were.

[00:20:00]

And you know, not to mention the meanness that people— How mean people become. I had a person in the family call me about six months later, and she just tied into me and said, "That death was so useless. If he would have only been vaxxed, he would never have died." And you know, you're already down. I was recovering from a full knee replacement 30 days prior to his accident, and that surgery wasn't that successful because I had to have it redone about four months ago.

And so, you're dealing with all of that. You're dealing with the unknown. What's going to happen to him? Every phone call was a negative one. You dreaded even picking up the phone. There's times I just, I couldn't even phone. And then I did phone, and it was just such a hard time.

And then you have people who are so mean and rude. And where's the freedom? Where's the freedom for us to do what we want to do? You know, it's so ironic: there's lottery tickets if you're vaxxed. There's money given at the place of work if you get vaxxed. It's just so crazy. And you try to maintain relationship with those kinds of mindsets; that's pretty difficult, and it gets pretty ugly out there. And we have felt that, very much so.

Kyle Morgan
Those are all the questions I had to ask you. I don't know if the commissioners had any questions. I want to thank you very much for your testimony. It's very appreciated.

[00:22:01]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 8: Sean Howe
Full Day 2 Timestamp: 07:29:50–07:41:48
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Wayne Lenhardt
Our next witness is Sean Howe. So, Sean, if you could give us your name, spell it out for us, and then you have to do an oath for me.

Sean Howe
Yeah, Sean Howe, S-E-A-N H-O-W-E.

Wayne Lenhardt
And do you promise to tell the truth, the whole truth, and nothing but the truth, during these proceedings?

Sean Howe
I do.

Wayne Lenhardt
You live in Winnipeg or close to it, am I correct?

Sean Howe
Yeah, just outside of the city.

Wayne Lenhardt
I don't know that much turns on it, but let's call it a Canadian railroad, and you have been employed for a number of years with a Canadian railroad, correct?

Sean Howe
Yes, as a conductor first, now a locomotive engineer, going on since 2011.

Wayne Lenhardt
And you have been an engineer running the engines for how long?

Sean Howe
Since 2015.

Wayne Lenhardt
The mandates developed over time. From our discussion, they were talked about in September of 2021, then they were put off until October. And they finally came into effect November the 15th of 2021, is that correct?

Sean Howe
That's correct.

Wayne Lenhardt
And what happened to your employment after that?

Sean Howe
I was placed on unpaid leave of absence with an undetermined end date.

Wayne Lenhardt
And you understood that the mandates were coming, correct?

Sean Howe
They kept on hinting at them and then kept pushing them back. The first one was supposed to take place immediately after the federal election that year.

Wayne Lenhardt
And were these a railway mandate in itself?

Sean Howe
No, it's a federally regulated mandate, so any business or employed federally person would have fallen under the umbrella of these mandates.

Wayne Lenhardt
And railways fall under that requirement because they're federally regulated, correct?

Sean Howe
Correct.

Wayne Lenhardt
You determined that you were not going to take the vaccine, and so you were placed on indefinite leave. What happened to your finances after that?

Sean Howe
Well, it's no secret that railroaders make a lot of money. Basically, it's up to how much you work. But I essentially went from $160,000 a year to almost a third of that, just because I did find employment thereafter, but like I said, at a fraction. Similarly to what the police officer kind of went through.

Wayne Lenhardt
And at some point, those mandates were rescinded.

Sean Howe
Yeah, in June of 2022.

Wayne Lenhardt
Okay, and that left you on indefinite unpaid leave for how many months?

Sean Howe
Around eight months.

Wayne Lenhardt
Okay, so how did you cope during that time?

Sean Howe
Well, fortunately, I was not affected in a way that the previous two witnesses were. Coming up here and talking about economic losses kind of falls short compared to their stories. But seeing in my wife's behaviours, how worried she became—

Wayne Lenhardt
Did you qualify for any kind of assistance?

Sean Howe
No, no, I never applied. I've never applied for EI in my life; I refuse to do that. But through the channels by which I spoke to other people who were also put off work, I had been made aware that they were being denied their employment insurance claims based— Because their record of employment showed that they were, in fact, "dismissed with cause."

Wayne Lenhardt
But did you ever check your status?

Sean Howe
No, I did not.

Wayne Lenhardt
Okay. But in any event, they did rehire you at some point, correct?

Sean Howe
Yeah, I was graciously invited back to my job.

Wayne Lenhardt
Okay. But that took eight months while you were on unpaid. What losses did you incur in that time?

Sean Howe
We estimated we lost probably around $80,000.

[00:05:00]

Wayne Lenhardt
That's 80, as in eight-zero. 80,000?

Sean Howe
Yeah, and we have about $40,000 in new debt.

Wayne Lenhardt
So are you still in the process of paying that off?

Sean Howe
Yep.

Wayne Lenhardt
Okay. How did you survive in the meantime, while you were on eight months of unpaid leave?

Sean Howe
Like I said, a like-minded individual offered employment when he heard about my situation. Prior to the mandates in May of '21, we had sold our house and moved outside the city. And it was basically the equity from that sale that we subsided on, which we had

obviously other plans for, other than just to survive on it. And then racked up the line of credit, credit cards, so on and so forth.

My wife, she has her own small business that she's trying to get going on the side. So that has helped too. But it was looking like I was going to have to go back out west after nearly 20 years of not working on the pipelines or the rigs. I was in the midst of my physical aptitude testing for that. At 40 years old, I was going to go back onto the drilling floor. That was the plan.

Wayne Lenhardt
From our chats you had mentioned that you had been an oil rig worker at one point, and you had also done some construction work. So did you pick up some of that during the eight months?

Sean Howe
Yeah, that's primarily what I did. We worked on some small apartment renovations in an elderly complex, which I didn't have to mask up for, and nobody got sick as a result of it.

Wayne Lenhardt
We chatted about this briefly. Were there similar mandates for all of the Canadian railroads? There aren't a huge number, but—

Sean Howe
So it was a blanket mandate, but I was informed during our time off that exemptions were granted to other railways, some in part and some total in full. Because for one of these railways to lose their unvaccinated employees, it would have meant that life-saving resources would not have gotten to the mostly fully vaccinated northern communities here in Manitoba.

Wayne Lenhardt
Okay. There was an exception of some kind for those?

Sean Howe
After speaking with one of the general managers, yes, that was what I was told.

Wayne Lenhardt
Okay. I think I'm going to turn it over to the commissioners in a minute. But is there anything else you want to add to the hardships that you sustained in that period?

Sean Howe
In terms of hardships, it's mostly economical. But as we all know, economies, economics, it has an impression upon people in a wider variety than just the money in your pocket. It does factor into mental health, into emotional health. It hasn't been easy, but it could have been worse.

Wayne Lenhardt
Okay, do the commissioners have any questions? Yeah, Dr. Massie.

Commissioner Massie
Thank you, Mr. Howe, for your testimony. I was wondering now that you're back on the work, what's the work environment in terms of the relationship with your colleagues or boss?

Sean Howe
For me, it's mostly been positive. There's obviously some individuals who are not happy that we are back. They've made it apparent through some literature or some words they've scribbled here and there. But I've had more positive interactions from people coming up to me and saying that they admire what we did. By taking our stand, that they wish they could have too.

Commissioner Massie
And you also mentioned that there was some exemption for some of the employees. You have any idea of what were the criteria to grant those exceptions?

Sean Howe
There was religious exemptions that in some cases were honoured and some not. Somebody I know personally applied for an exemption based on his Treaty Status and his belief system through that, and this was granted.

[00:10:00]

It was not something that I was willing to consider, personally, because at that point in time, I hadn't quite found my faith. So in all good honesty, I couldn't have put that forward. And I had intentions of joining the Rocco Galati lawsuit, and that was one of the things that you couldn't have done in order to be eligible. You couldn't apply for an exemption.

Commissioner Massie
Thank you.

Commissioner Drysdale
Good afternoon. Were there others that you knew of from your employer that also were sent home without pay?

Sean Howe
Yeah, there's hundreds.

Commissioner Drysdale
Correct me if I'm wrong. Is there a glut of locomotive engineers in the railway industry?

Sean Howe
Is there a lot?

Commissioner Drysdale
Is there an excess? Are there lots and lots and lots of locomotive engineers?

Sean Howe
There's quite a few people qualified, but working engineers, I want to say it's probably around 3,000 to 5,000 across Canada.

Commissioner Drysdale
What my question really is— Are there too many locomotive engineers? What I'm trying to say is, if they put you out of work and sent you home without pay, did that affect the operation of the railway?

Sean Howe
It didn't seem to be the case for us, but for others, perhaps.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Okay, any other questions? Okay, thank you very much, Sean, and we appreciate your testimony.

Sean Howe
Thank you.

[00:11:58]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 9: Michelle Kucher
Full Day 2 Timestamp: 07:41:55–08:13:46
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
So our next witness is going to be Michelle Kucher, who is going to be attending virtually.

Alexander MacKenzie
Again, for the Commission's records, my name is Alexander MacKenzie. And Michelle—Sandy MacKenzie—we have spoken on the phone.

Michelle Kucher
Correct.

Alexander MacKenzie
You can hear me clearly and I can hear you.

Michelle Kucher
Yes, I can.

Alexander MacKenzie
Michelle, I wonder if you would give your full name to the Commission, and perhaps, spell it.

Michelle Kucher
My full name is Michelle Kucher, K-U-C-H-E-R.

Alexander MacKenzie
Thank you.

Michelle, do you promise that the testimony you are about to give to this Commission shall be the truth, the whole truth, and nothing but the truth, so help you God?

Michelle Kucher
I do.

Alexander MacKenzie
Thank you.

Now, Michelle, you're testifying virtually from somewhere in the United States, is that correct?

Michelle Kucher
Correct.

Alexander MacKenzie
Thank you. And you reside in Matlock, Manitoba.

Michelle Kucher
Yes.

Alexander MacKenzie
And that is a small town on the edge of Lake Winnipeg, about a one-half hour drive from the north end of Winnipeg, is that right?

Michelle Kucher
Approximately, yes.

Alexander MacKenzie
And Michelle, both your father and your mother are now deceased, that is correct?

Michelle Kucher
That's correct.

Alexander MacKenzie
Yeah, your father passed away in 2010.

Michelle Kucher
Yes.

Alexander MacKenzie
And your mother, when did she pass?

Michelle Kucher
My mother passed away January 10th, 2022.

Alexander MacKenzie
You were close to both your mom and your dad?

Michelle Kucher
Yes.

Alexander MacKenzie
And what was your mother's name?

Michelle Kucher
Mildred Kucher.

Alexander MacKenzie
Thank you.

Now, following your dad's death in 2010, your mother lived alone in Garden City. Is that correct?

Michelle Kucher
Yes. Technically, it was the last street of the north end, but it was in the Garden City area.

Alexander MacKenzie
In the Garden City area and that, again, is about a one-half hour drive from Winnipeg.

Michelle Kucher
From Winnipeg Beach? Yeah.

Alexander MacKenzie
Which is very near Matlock, where you lived.

Michelle Kucher
Yes. Where I lived, yes.

Alexander MacKenzie
And what was the condition of your mother's health starting in 2010 through to early 2020?

Michelle Kucher
My mother was a fiercely independent woman. She was extremely active. She belonged to many, many organizations. She managed to stay in her own home, even after my father passed away. She drove her own car until she was 91 years old. She went to—

Alexander MacKenzie
What year would that have been?

Michelle Kucher
When she was 91?

Alexander MacKenzie
Right, that she was 91.

Michelle Kucher
I have to do math.

Alexander MacKenzie
She turned 95, I understand, on October 9th, 2021.

Michelle Kucher
2021, yes, that's correct.

Alexander MacKenzie
So she would have been 91, four years earlier than that.

Michelle Kucher
Correct. Thank you.

Alexander MacKenzie
And that's good enough. Thank you.

Now her health was good then, is that fair to say?

Michelle Kucher
It was good considering she was the age she was. She had, like, cognitively, she was a 100 per cent. She had some issues walking because she had arthritis in her knees. Other than

that, she was very active; she attended two different day programs during the week, so that's three days a week she was out of the house—

Alexander MacKenzie
I'll get to that in a moment, okay?

Michelle Kucher
Okay.

Alexander MacKenzie
Thank you very much.

Now at the beginning of 2020, you were employed in two different jobs. Is that correct?

Michelle Kucher
Yes.

Alexander MacKenzie
And what were those jobs?

Michelle Kucher
I held a full-time position at Selkirk Mental Health Centre in the Acquired Brain Injury Unit, as a psychiatric nursing assistant, and I held a part-time job at Selkirk Regional District Hospital in the day surgery,

[00:05:00]

as a health care aide.

Alexander MacKenzie
Were either you or your mother vaccinated for COVID?

Michelle Kucher
Eventually, yes. Not at the beginning of 2020; COVID hadn't really hit us yet.

Alexander MacKenzie
When would you—

Michelle Kucher
We did get vaccinated. I believe it would have been May of 2020 [sic].

Alexander MacKenzie
And you, personally, didn't like vaccinations, is that correct?

Michelle Kucher
That's correct.

Alexander MacKenzie
But you chose to get a vaccination so that you would fit in with all of the things that were required of you, is that fair to put it?

Michelle Kucher
That's a fair statement, yes.

Alexander MacKenzie
And so in early 2020, you had become concerned about the possibility of your transmitting COVID to your mother who was aging.

Michelle Kucher
Yes.

Alexander MacKenzie
Okay, and how did you deal with that concern, in terms of your employment?

Michelle Kucher
In February of 2020, I moved in with my mother to be her primary caregiver. I would return to her house from work and I would immediately shower and throw my clothes in the washing machine. And I'd always have a change of clothes in the shower in the basement just in case there was any remnants of any kind of virus lingering on my clothing. And then, you know, every night after work, that's what I would do.

Alexander MacKenzie
Right, and again, I'm not sure if it was absolutely clear, but you had been living in Matlock, but you then took up residence in your mother's basement.

Michelle Kucher
Yes. So she had a brief hospital stay and was released from the hospital in January of 2020, and I moved in with her February of 2020, so she could remain in her own home and be safe.

Alexander MacKenzie
And when you say you became her primary caregiver, that's a formal name, is it not?

Michelle Kucher
Yes.

Alexander MacKenzie
Yes. And what did that mean for you and your mother, you living in her basement as her primary caregiver? What other arrangements were you able to make?

Michelle Kucher
Well, we used the Self and Family-Managed Care option of the home care services in Winnipeg. It was through Winnipeg Regional Health Authority. Essentially, I became the manager of my mother's home care and did the payroll, scheduling of employees, hiring, firing, things like that. And I employed two health care aides to take care of my mother while I was at work.

And so my mother was entitled to, and assessed to need, 55 hours of care a week, which is, essentially, the maximum allowable through home care. I managed to get all my shifts to be evening shifts, so the two health care aides that I hired would work during the day and I'd come home from work in the evening— Sorry, I stayed with my mother during the day and the health care aides would work in the evening while I worked, and then I'd wake up the next day and do it all over again.

Alexander MacKenzie
Now, at some point, you did quit your job at the Selkirk Hospital, is that correct?

Michelle Kucher
I took advantage of a leave of absence. As a government employee, I was entitled to take a leave of absence to care for a family member, and so, I took advantage of that opportunity and I stayed home. I stayed with my mom.

Alexander MacKenzie
And you also— You had been working two jobs. You took a leave of absence from the other, as well, is that correct? From the Selkirk Mental Health Centre.

Michelle Kucher
Yes, and the Selkirk Hospital. Yes.

Alexander MacKenzie
From both. And had you ever discussed with your mother the possibility of her living in a care home?

Michelle Kucher
It came up on occasion, especially when she was being assessed by her case managers. She was never, ever deemed unfit or would qualify for a personal care home because she was too high functioning cognitively. Assisted living: She was not interested in that at all

because it would be the same kind of care she would get at home, only in a strange place. And she wanted to die in her own home.

Alexander MacKenzie
And your mother's health at the beginning of 2022 was— How would you say? What was her mental health?

[0010:00]

Michelle Kucher
At the beginning of 2020?

Alexander MacKenzie
2022.

Michelle Kucher
2022 is when she passed.

Alexander MacKenzie
Yes.

Michelle Kucher
Yeah, she had declined drastically as a result of isolation and depression and just really lost her will to live at that point.

Alexander MacKenzie
Now, leading up to that time, while you were living with her in her home, in her basement, can you describe— I believe you have described your mother to me as a social butterfly.

Michelle Kucher
Yes.

Alexander MacKenzie
And could you tell me all about her being a social butterfly?

Michelle Kucher
Well, I mean, all her life she was surrounded by people, but during her last few years of her life, especially after my father died, she really needed to take care of her own mental health. She joined two different seniors' programs and attended seniors group meetings three times a week. Every Friday, she attended a lunch meeting with another program, called Links. She would go for lunch on a weekly basis with ex-coworkers. She was a legal secretary at the Federal Department of Justice and maintained friendships from that time in her life. She would go to church every single Sunday, rain or shine. She would do her own

grocery shopping. She, really, did everything for herself. And for me, it was quite difficult to actually get a date with her because her social calendar was so full. She thrived on being with people and she never missed an opportunity to tell her story.

Alexander MacKenzie
And some of these places that she was going to were the Gwen Secter facility, once a week; Holy Family, twice a week; St. Nicholas Ukrainian Church, once a week; and then these lunches for various people and so on.

Michelle Kucher
Yes.

Alexander MacKenzie
And how about family gatherings, was she interested in those?

Michelle Kucher
Absolutely. My mother's house used to be a hub of activity throughout her life. We would have family dinners where 32 people would be eating at our table. She had ten grandchildren, seven great-grandchildren. They were the light of her life. She always, always welcomed the opportunity to spend time with them: whether it was in Winnipeg, or whether she had to fly to Vancouver or Toronto, or wherever her other grandchildren were at the time.

Alexander MacKenzie
And all this was before there were COVID mandates.

Michelle Kucher
Correct.

Alexander MacKenzie
Did anything change? And tell us about that.

Michelle Kucher
Well, the COVID restrictions— Our TV would bring us daily regulations and daily vaccine availability, and of course, there was the ominous death count that was on TV all the time.

My mother couldn't attend her seniors' programs because one of them was at a personal care home, and personal care homes had sort of gone into lockdown. Gwen Secter had shut down because there were restrictions on gatherings. Restaurants were closed, so going out for lunches was no longer possible. Church services were halted as a result of the inability to have gatherings.

Essentially, everything that meant anything to my mother had been taken away from her. Even having family gatherings, we had to keep our circle small. There was the social distancing regulations that were put in place. And as a result of all those things being taken

from my mother, her cognitive abilities drastically declined, and she became very withdrawn, very depressed, and really felt like she had nothing to look forward to in life.

Alexander MacKenzie
Did any of her friends pass away during those restrictive times?

Michelle Kucher
Absolutely. There was actually several that passed away and funeral services could not happen at the time. Many of her friends were residents of a care home that had a COVID outbreak and many of them died in care.

[00:15:00]

And then, yeah, we could not attend the funerals.

And those types of rituals for a person of my mother's age, who's very old school and quite a devout Catholic, those things were very important to her and her peers.

Alexander MacKenzie
Now, I understand that one of her granddaughters was a ray of light in all of this. How did that work?

Michelle Kucher
Well, when we were doing the Self and Family-Managed Care, one of the health care aides that I hired was my daughter. When the restrictions became very tight, that we had to not have people outside of the household visiting, my daughter decided to move into my mother's house with me. So we made our circle just a little bit bigger. And during that time, she had a baby, her first child, and we brought the baby back to my mother's house. And she was able to be a part of this little girl, sort of, crawling for the first time, walking for the first time. And that was, really, the only ray of sunshine that she had in such a bleak world.

Alexander MacKenzie
Now, I understand that things went on, more or less, in this way until September of 2021.

Michelle Kucher
September?

Alexander MacKenzie
Yeah, I'm sorry, is that— I believe at some point your mother had fallen?

Michelle Kucher
Yes, my mother did fall on September 20th of 2021. She had, for the first time ever, fallen forward and ended up with a bit of a rug burn on her forehead and quite a bruise. Usually, she would fall backwards and she would never hit her head because her back was so rounded, but this time she fell forward and that affected her a little bit.

Alexander MacKenzie
And in terms of her health, generally, then—in terms of respiratory health and fevers and so on—how was she doing?

Michelle Kucher
My mother had been diagnosed with congestive heart failure many years prior to this and she was entering the end stages of congestive heart: So she had a lot of swelling in her legs. She had a lot of breathing issues. She had a lot of fatigue, some confusion at times.

Alexander MacKenzie
And these things were all related, and diagnosed as being related, to congestive heart problems, right?

Michelle Kucher
Correct.

Alexander MacKenzie
So in October, I understand, she was admitted to a hospital, is that correct?

Michelle Kucher
Yes.

Alexander MacKenzie
Which hospital was that?

Michelle Kucher
Seven Oaks.

Alexander MacKenzie
And that was for her congestive heart problem issues?

Michelle Kucher
Correct.

Alexander MacKenzie
And that was made plain to everyone?

Michelle Kucher
Yes.

Alexander MacKenzie
And how old was your mom then?

Michelle Kucher
She had turned 95 years old October 9th, approximately two weeks prior to her going into the hospital.

Alexander MacKenzie
Okay, and did you visit your mom?

Michelle Kucher
Yes.

Alexander MacKenzie
At the hospital?

Michelle Kucher
Yes. We all managed to make sort of a schedule so that she was being visited by different family members and friends on a regular basis.

Alexander MacKenzie
And did she let you know how she felt about these visits?

Michelle Kucher
They were the only thing that really kept her going. Yeah. But because of some restrictions, we could only visit one at a time.

Alexander MacKenzie
And how long did that continue?

Michelle Kucher
Up until towards the end of December 2021. Excuse me—

Alexander MacKenzie
You can take a moment if you wish. Take a moment if you wish.

Michelle Kucher
Sorry about that.

Alexander MacKenzie
No, no, that's all right.

Michelle Kucher
Towards the end of December of 2021, there was a COVID outbreak in Seven Oaks General Hospital,

[00:20:00]

on a different floor than where my mother was situated, and as a result of that, visiting was banned or stopped. The hospital went into a Code Red, I believe it's called.

Alexander MacKenzie
That was a lockdown, basically, then.

Michelle Kucher
Basically, yeah. The only people that could go would be staff and people who were deemed essential care providers.

Alexander MacKenzie
Now, you were your mother's care provider, were you not?

Michelle Kucher
I was her primary care provider, yes.

Alexander MacKenzie
You've used two words here: you use primary care provider for yourself, but the words you used a moment ago is essential care provider. What's the difference?

Michelle Kucher
An essential care provider would be somebody who would be attending the hospital to care for a patient on a regular basis. For example, coming every day to feed them their meals. Basically, taking over a job for the health care aides.

Alexander MacKenzie
I see. So in your capacity as your mother's primary caregiver, you were not qualified, is that right?

Michelle Kucher
That's correct.

Alexander MacKenzie
And so, your visits were cut off.

Michelle Kucher
Yes.

Alexander MacKenzie
Did any other members of your family get to visit?

Michelle Kucher
No. No, the only people that my mother saw after that point would be the staff.

Alexander MacKenzie
Did you have occasion to discuss with any hospital staff your concerns about your mother's isolation?

Michelle Kucher
I did. I had gone to the hospital to visit my mother and was turned away by the screening staff at the door, saying that they're— That's how I found out that they were in a lockdown. They told me to phone the next day and talk to the unit manager to see if I could, possibly, get this designation given to me, to be the essential care provider.

I had phoned the hospital the next day and the nurse at the desk told me— Because I explained to her that my mother was 95, and quite possibly dying, and she was extremely lonely and the loneliness was what was killing her. It would have been hard for anybody in that situation to not have people visiting. And I, sort of, tried to make my case to be declared this essential care provider, and she told me that my mother's loneliness wasn't a reason enough to declare me as an essential care provider.

Alexander MacKenzie
Do you remember her exact words?

Michelle Kucher
Off the top of my head right now, no. I do know that I've said them to you, but I do not recall them exactly.

Alexander MacKenzie
You did say to me that the words spoken to you were, "Your mother's loneliness is not a priority." Is that accurate?

Michelle Kucher
Yes. That's correct.

Alexander MacKenzie
I don't know if you want to answer this question, but how did you feel about that?

Michelle Kucher
I was extremely angry. I sent emails and letters and left messages in a variety of different offices, expressing my disgust, actually, at that comment and just the whole situation in general.

Alexander MacKenzie
You never did see your mother again, prior to her death.

Michelle Kucher
Not alive, no.

Alexander MacKenzie
Now, you mentioned that your mom passed away on January the 10th.

Michelle Kucher
Correct.

Alexander MacKenzie
And so all of this was taking place, roughly, three weeks before her death.

Michelle Kucher
Correct.

Alexander MacKenzie
And when you were barred from going to the hospital, what did you do to try to keep in touch with your mom?

Michelle Kucher
Well, we attempted phone calls. There was a phone in her room and we would try to call, but most of the time the phone was out of her reach. And when it was in her reach, she really couldn't figure out how to use it. Often, we would have to phone the nursing station and say, "Look, I'm trying to call my mom and I don't know if she can reach the phone," and they would tell me that they would put the phone on her bed for her and then we could—Very rarely did we actually get through to my mom.

[00:25:00]

My brother would phone from his house in Toronto and hardly ever got to talk to my mom. It was a horrible, horrible experience. We thought about providing her with a cell phone, but, at that point in my mom's life, I don't know if she would have been able to use it.

Alexander MacKenzie
Now, in terms of your mom's health, what were you led to believe? She'd gone in for the congestive heart problems and what were you led to believe, as all this time was passing?

Michelle Kucher
Well, the goal was always to get her home, to stabilize her and get her home. And she was medically stable and the plan was, of course, like I said, to get her home. What held things up, essentially, was a lack of staffing for home care services.

Alexander MacKenzie
So when she was being cleared to come home, that was at the beginning of January, is that correct?

Michelle Kucher
Yes. Yes, we had been working on her getting home and getting staff in place for quite some time. The Self and Family-Managed Care Program was no longer available to us and she actually did get a discharge date.

Alexander MacKenzie
And what date was that?

Michelle Kucher
January 10th, 2022.

Alexander MacKenzie
So she was going to be discharged on January the 10th, 2022. Did you speak to her that day?

Michelle Kucher
I did speak with her on the phone and I let her know that she was coming home. I made arrangements for Stretcher Services to bring her home because I couldn't do it myself and she would not have been able to get in and out of my vehicle. And we made arrangements: Stretcher Services was to pick her up at 6:30 p.m., January 10th, 2022.

Alexander MacKenzie
But that didn't happen.

Michelle Kucher
No, it did not.

Alexander MacKenzie
What did happen?

Michelle Kucher
At approximately 5:15 to 5:30 p.m., I got a phone call from her doctor telling me that she had been found unresponsive. She was actually sitting on the toilet at the time. They brought her into her bed and there was nothing they could do to— She never did regain consciousness after that and she passed away.

Alexander MacKenzie
On the very day, an hour and a half before you were going to take her home.

Michelle Kucher
Yes.

Alexander MacKenzie
What happened then? You had discussions with the doctor, I believe.

Michelle Kucher
I did. I asked him if I could come and see my mother and he told me that I could.

Alexander MacKenzie
And he made arrangements with the hospital, did he?

Michelle Kucher
Yes.

Alexander MacKenzie
And then you did go to her.

Michelle Kucher
Yes.

Alexander MacKenzie
Yeah.

Michelle Kucher
I went—

Alexander MacKenzie
Sorry, go ahead.

Michelle Kucher
Oh, yes, I went to the hospital and I went in— She was still in the room that she shared with her three other patients, curtains drawn, so she had some privacy. And I was able to sit with my mother, I was able to hold her hand, and I was able to talk to her. After she passed, I was sitting with her dead body. But I could not sit with her live body the day before or the day before that.

Alexander MacKenzie
You know, you've talked about your mother's sense of loneliness. Can you share with us how all of this made you feel?

Michelle Kucher
I mean, we always knew that, like, my mother was going to die, right? Obviously, she was 95 years old; she's in end-stages of congestive heart failure. We never got a chance to say goodbye. We couldn't go see her; we couldn't hug her. There were no more "I love you's" given. She died, alone, you know, possibly neglected because of the chronic short staff-ness, but I can't really comment on that because the nurses and the staff that worked there were really working hard.

I was angry. I was angry and I was sad. She didn't deserve that. We did everything right: we got our vaccinations; we kept our bubble relatively small; we socially isolated; we followed all the rules.

[00:30:00]

And still, the government that she was so obedient to failed her in the end, is the way I feel. I'm angry for her. I'm sad for her. And I think that what happened there was extremely wrong. My mother said to me, about three months into the pandemic, that she would rather die of COVID than die of loneliness, and she did not have that option.

Alexander MacKenzie
Sounds like, ultimately, she exercised that option. In any event, did you ever test positive for COVID?

Michelle Kucher
I did, just last October. I'm vaccinated. I've got two boosters on top of that. I work in a medical facility, so it's somewhat necessary. We have to be vaccinated in order to work under those circumstances. And I had been exposed to one of the patients having COVID.

Alexander MacKenzie
So your positive test was 10 months after her demise.

Michelle Kucher
Yes.

Alexander MacKenzie
Is there anything else that you would like to add, Michelle?

Michelle Kucher
I don't think so.

Alexander MacKenzie
If you will, I'll ask the commissioners if they have any questions that they would like to put to you.

Okay, it appears as though they do not. Thank you very, very much for attending.

Michelle Kucher
Thank you for the opportunity to tell my mother's story.

Alexander MacKenzie
Thank you, Michelle.

[00:31:51]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 10: Charles Hooper
Full Day 2 Timestamp: 08:14:15–09:06:00
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
Charles, can you hear us?

Charles Hooper
Yes, I can. Can you hear me?

Shawn Buckley
Okay, so we've got a good Zoom connection. My name is Shawn Buckley. I'm going to be calling you as a witness today.

So can I ask you, first, to state your full name for the record, spelling your first and last name?

Charles Hooper
Charles Hooper, C-H-A-R-L-E-S H-O-O-P-E-R.

Shawn Buckley
And, Charles, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Charles Hooper
Yes, I do.

Shawn Buckley
I just want to introduce you a little bit [Exhibit WI-9]. Right now, you are president of a consulting company, called Objective Insights. And my understanding is that your company

consults for pharmaceutical and biotech companies, that you basically help companies to make business decisions by doing forecast models that include epidemiology. So for example, if a company was going to introduce a drug for third-line non-Hodgkin's lymphoma, how many people are out there with that and what public policy implications would the company encounter? Your company does things like that. Did I explain that well?

Charles Hooper
Yes, you did. Thanks, Shawn.

Shawn Buckley
So now, you used to work for the pharmaceutical company, Merck, and you were actually there when they came out with ivermectin.

Charles Hooper
Yeah, I was there. I think it was just shortly after ivermectin first launched.

Shawn Buckley
Okay, and then we can't leave out that you worked at NASA as a scientific applications programmer.

Charles Hooper
Yeah.

Shawn Buckley
Okay. Now, you became an expert on ivermectin. I'm just curious if you can explain for us what led you down that path.

Charles Hooper
Well, that's actually a good question. So first of all, I knew a fair amount about ivermectin working at Merck. Merck was actually quite proud of ivermectin when it first came out. And so, when the COVID pandemic hit and I saw ivermectin mentioned, I looked into it a little bit more. I was kind of curious, having a little bit of background, and then that just kind of snowballed. And here we are.

Shawn Buckley
Right, so you just, basically, read every study there was on ivermectin and became an expert. And bearing in mind, you already have expertise in the pharmaceutical field and research.

Charles Hooper
Right.

Shawn Buckley
Now, why should we care about ivermectin?

Charles Hooper
Well, the COVID-19 pandemic led to substantial loss of life, along with large social and economic costs, and ivermectin was presented—and still is available—as a potential drug to treat COVID-19. And I think that it has some legitimate claim to being a good treatment for COVID-19. Therefore, many people who suffered and potentially died, maybe, shouldn't have or wouldn't have if ivermectin was more widely available.

Shawn Buckley
Right. Okay, so can you explain for us, when the pandemic started, obviously there was no vaccine or any other tool available. Can you explain to us the importance of the drugs that are on the market then, at the time, specifically ivermectin, and why it should have been considered.

Charles Hooper
Yeah. So when a pandemic happens, everything happens pretty quickly and drug development is a very slow and lengthy process. So we really have a mismatch of a fast-moving pandemic, a contagious virus, and then a slow-moving pharmaceutical industry and a regulatory environment.

And so, by nature, we really need to look at existing drugs that are either already on the market or are soon to be on the market because anything else would just take so long to be developed that the pandemic might have already run its course. So, we, by nature, have to look at older drugs, and it's actually a very well-known principle that using repurposed medicines,

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with established safety profiles is a pragmatic public health strategy.

So people looked around at potential therapies that could work and ivermectin showed up as one because of some of the characteristics it has to attack parasites. Those mechanisms also attack viruses.

Shawn Buckley
And that was actually known before the pandemic started, am I correct?

Charles Hooper
The antiviral activity of ivermectin? I believe so, and if it wasn't before, it was definitely early on in the pandemic.

Shawn Buckley
I'm going to ask you, in a bit, on your thoughts as to whether or not you think it is a safe treatment and an effective treatment for COVID. But right away, there was some controversy about ivermectin and can you share with us about that?

Charles Hooper
Yeah, so if you followed the news over the last few years, essentially everything that's been said about ivermectin has been negative if it's been said by the established authorities.

First, we heard that ivermectin was a veterinary parasitic medicine that was intended for horses and cows. And then, second, a number of health and regulatory agencies came out against its use, for example, the Food and Drug Administration in the States. And then even the originator and inventor of ivermectin, Merck and Company, came out against its use. And then, we also heard that the largest study that showed that ivermectin worked was retracted for data fraud. Finally, we were told that the biggest and best study of ivermectin —the TOGETHER Trial—showed that ivermectin didn't work.

And I think there's a need to set the record straight because that's not the whole truth.

Shawn Buckley
Okay, so can you set the record straight for us today?

Charles Hooper
Yeah, I'd be happy to. Okay, so can I give you a little background on ivermectin?

Shawn Buckley
Yeah, do you want a screen share? I think we're set up for that if you need to.

Charles Hooper
Okay. Let's see. Oh, here we go.

Shawn Buckley
Okay, so we're seeing your screen now [presentation exhibit number unavailable]. We're seeing a slide *Ivermectin for COVID-19.*

Charles Hooper
First of all, we mentioned just a minute ago that older drugs are the way to go when a pandemic happens. So the three drugs that I've focused on, other than ivermectin, to treat COVID-19, they were available at day 235, day 661, and day 662. That's Gilead Sciences' Veklury, the generic name is remdesivir; Pfizer's Paxlovid, which is a combination of two older drugs; and then Merck and Company's Lagevrio, which the generic name is molnupiravir.

A little bit of history about ivermectin: It's an important drug and some have actually estimated that its overall public health benefit might be on par with that of penicillin. It was discovered in 1975 through the work of two individuals, William Campbell, at the Merck Institute for Therapeutic Research, and Satoshi Ōmura, at Kitasato University. And this discovery earned them the 2015 Nobel Prize in Physiology or Medicine.

Ivermectin was first used as a veterinary antiparasitic, with human applications coming just a few years after that. And in the developing world, it's proven so effective that it's on

the World Health Organization's list of essential medicines and it has been dosed four billion times

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in parts of the world where parasites are common, such as Africa, Central and South America. It's been used to treat and prevent river blindness and other diseases. It's been used safely in pregnant women, children, and infants, which is saying a lot.

So my history with Merck goes back 34 years when I was newly hired there and ivermectin was newly launched. And people might say, okay, well, it's an antiparasitic, so why should we use it for COVID-19? Well, it turns out, in the pharmaceutical industry, a lot of drugs have application in multiple therapeutic areas. So just one quick example: The drug amantadine was originally developed to treat influenza, but Parkinson's patients taking amantadine for the flu serendipitously noticed symptomatic relief of their Parkinson's disease. Now, amantadine is regularly taken by Parkinson's patients.

So anyway, with ivermectin, it works through a variety of mechanisms to kill parasites and some of those mechanisms have been found to attack single-strand RNA viruses, such as SARS-CoV-2, which causes COVID-19. So this led scientists to test it in laboratories, in vitro, and they found that it did, in fact, kill 21 different viruses in cell cultures.

Shawn, should I just keep going?

Shawn Buckley
Oh, yeah, please. Please do.

Charles Hooper
Okay. So because ivermectin has been around for decades—it's safe; it's an oral pill; it's cheap; it's off-patent—it would be an ideal therapeutic for COVID-19 if it worked. So the question is, does it work? And here's where things get more interesting.

So Merck came out against the use for ivermectin and said, quote, "It is important to note that, to date, our analysis has identified no meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease."

Now, the FDA was a little bit less circumspect and the FDA tweeted, "You are not a horse. You are not a cow. Seriously, y'all. Stop it." But then the FDA also added a statement pretty much like I just read from Merck. But the FDA went further and the FDA put out a special warning to warn us against using ivermectin for COVID. And it said, quote, "You should not use ivermectin to treat or prevent COVID-19." But this statement went on and it included words and phrases such as "serious harm," "hospitalized," "dangerous," "very dangerous," "seizures," "coma and even death," and "highly toxic" [Exhibit WI-9a].

But this is a drug that is FDA-approved as safe for human use, so why would using this safe drug for a new condition make it dangerous? Well, the FDA didn't say. And in fact, a normal person reading this might think that the FDA was warning against some criminal agent who had laced pills with poison. Then, further, the FDA claimed, with no scientific basis, that ivermectin is not an antiviral, notwithstanding its proven antiviral activity.

So it would be nice to have somebody who's been within these organizations recently and involved in these decisions to explain them. But, absent that, what we can do is we can explore some of the structural reasons for why these organizations might have come out so strongly against ivermectin.

With the FDA, I think it's really two different things: it's the Emergency Use Authorization and then off-label promotion.

[00:15:00]

So the Emergency Use Authorization is a regulatory pathway that the FDA may use to authorize unapproved medical products or unapproved uses of approved medical products in an emergency to treat serious or life-threatening diseases where there are no adequate approved and alternative therapies. This might have given the FDA a reason to want ivermectin out of the picture because if there's no approved alternative therapy, then the FDA could encourage companies, like Gilead and Merck and Pfizer, to keep developing their products. And what this really implies is that the FDA knows how long the drug development process takes and it takes too long, so the FDA, maybe wanting to help during the pandemic, wanted to get these new drugs out there. Also, I think it's possible the FDA wanted to incentivize the drug companies to keep researching these treatments because if the FDA said, "okay, maybe your drug will be approved in 10 years, long after the pandemic's over," then those companies would have very little reason to keep researching their treatments.

The second reason is off-label promotion. So once drugs are marketed, physicians can use them for any condition that they think will help the patient. And such usage is called off-label promotion because it's for a condition that's not specifically on the label of that drug that's been approved by the FDA. While this off-label prescribing is widespread and completely legal, it is illegal for drug companies to promote drugs for off-label conditions in any way, shape, or form. And during a particularly vigorous two-year period, the Justice Department collected over $6 billion in fines from drug companies in off-label promotion cases. So the FDA takes the position that it doesn't want to encourage off-label promotion, or off-label usage, but it knows it can't stop it.

So if the FDA were to make a statement on the efficacy of ivermectin for COVID-19, it would, pretty much, have to come out neutral or negative because if it promoted a drug for an off-label use, there would be obvious hypocrisy involved.

So Merck faced that same off-label promotion issue. You know, Merck is not going to promote a product and face substantial fines. Merck is too smart for that. Also, ivermectin has long since been generic, so Merck doesn't make much money off it. But Merck was hoping that its new drug, Lagevrio, molnupiravir, was going to be a successful treatment for COVID-19.

Now, sometimes, the sequence of events can prevent or work against the dissemination of balanced information.

Shawn Buckley
Charles, can I just step in and ask you a question? Because you were just offering an explanation, and I appreciate you don't know why the FDA made the statements that it did. But surely, the FDA could have just simply said ivermectin is not approved for treating COVID-19, and so, we don't know whether it would be effective for that. Which is very

different than, basically, making false statements that it's dangerous. Because, surely, it can't be dangerous with 4 billion doses out there and most of them would be non-prescription doses, just over the counter in other countries. So are you being a little gentle with the FDA in what you're suggesting to us?

Charles Hooper
Yeah. I really am curious what went on within the agency, but I don't really know.

[00:20:00]

But I do think that authorities in that position are culpable for what's happened because, essentially, they were spreading misinformation.

Shawn Buckley
Okay, and I'm sorry to interrupt, you were then going to go on about the TOGETHER Trial.

Charles Hooper
Yeah, so with the TOGETHER Trial. Sometimes the sequence of events of how information plays out can work against the dissemination of balanced information. The TOGETHER Trial was supposed to be the best and biggest trial testing ivermectin. But the press release came out at least a couple of weeks before the full study was published. Basically, the main news organizations, or some of the main ones, such as *The New York Times* and the *Wall Street Journal*— The only information they had was from the press release, and so, they basically parroted the conclusions of the study from the press release that said that ivermectin doesn't work.

Most people just stop there. The problem is, for those of us who like to scrutinize the studies, anything that we found was going to be weeks later, and at that point, it would look like old news. The news organizations might be hesitant to publish that because it could make their initial articles look premature or, perhaps, incorrect.

Anyway, after the full TOGETHER Trial was published, a number of researchers have looked into it and they've identified 75 serious problems with this trial. You know, even just a few serious problems would be cause for concern, but there were 75 problems identified. And worse, the trial that we were told proved that ivermectin doesn't work, actually, has results that suggest that it does work.

So in the TOGETHER Trial, the patients who were on ivermectin had a 12 per cent lower risk of death, a 23 per cent lower risk of needing mechanical ventilation, a 17 per cent lower risk of hospitalization, a 10 per cent lower risk of extended ER observation or hospitalization.

And then, using the results of the trial, I was able to calculate the probability of the benefit to patients who are on ivermectin. There were 10 different metrics in the trial and the benefit ranged from 26 per cent to 91 per cent. So 91 per cent was for preventing hospitalization. And for the most serious outcome, death, the probability was 68 per cent that ivermectin was helping these patients.

Now, another trial that got a lot of press was a trial that showed that ivermectin did work. It was a study by Elgazzar et al., but it was withdrawn on charges of plagiarism and faked

data. And so, this one study got a lot of press as if it was one of the only studies, but there's actually been quite a bit of research done on ivermectin for COVID-19.
So there's been 95 clinical trials, 95 studies, that have included 1,023 authors with patients in 27 countries, and the number of patients, if you added it up across all the trials, is 134,554. And if you pool all the results, the results suggest that ivermectin reduces the risk of death by 51 per cent.

So I just want to highlight that. This implies that if everybody had access to ivermectin, the death rate across the world could have been half of what it was and 29 per cent lower risk of mechanical ventilation, 41 per cent lower risk of ICU admissions, 34 per cent lower risk of hospitalization, 78 per cent reduced number of cases, 42 per cent improved recovery, and 45 per cent improved viral clearance.

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In these results, two of them are significant to P less than 0.01, and the other five of them are significant to P less than 0.0001.

So the other thing that the studies show is the earlier use is better. So, for example, the benefit is 82 per cent if it's given prophylactically, 62 per cent benefit in early use, and 42 per cent benefit in late use. So 45 of these studies were randomized, controlled trials and 80 of the studies were peer-reviewed.

Shawn Buckley
And, Charles, can I just stop you for a second? So you're basically, in that last slide, indicating that the most significant benefit is for early use. And what I find curious about that is, in Canada—I live in a province called Alberta—the College of Physicians and Surgeons in Alberta, concerning the COVID pandemic, basically made it clear to physicians that they would lose their licence to practise if the physicians treated COVID early on. So it was really only possible for doctors who wanted to keep their licence to treat COVID once the patient arrived at the emergency department. But what your analysis is suggesting is that was completely wrong, aside from the fact that it just sounds insane to tell doctors that they can´t treat an illness at its early stages. Am I correct that, based on your data, the College of Physicians and Surgeons in Alberta were completely wrong on this?

Charles Hooper
Yeah, I would agree with that. If you look at all the treatments that have any kind of efficacy for ivermectin, and this actually goes more broadly to viral diseases, you want to treat the patient pretty soon after they're infected. And in fact, if you treat them, something like, eight days after they're infected, the treatments basically have no benefit at all because this is a viral infection. It comes and it goes, and if you don't get it early, you're not going to get it at all. So it's a pretty established principle that, for a viral infection, you have to treat it pretty early.

Shawn Buckley
Okay.

Charles Hooper
So this just lends empirical evidence to that.

Shawn Buckley
Yeah, and I'm sorry for interrupting, just it was an interesting point you just made.

Charles Hooper
Oh, no, I appreciate your comments and points.

Okay, so we've talked about ivermectin. Now, there are some other drugs that have gotten clearance to be on the market to treat COVID-19, and I mentioned them in an earlier slide. But if you look at their efficacy, it's not as good as ivermectin. In fact, it's typically half or less as good as ivermectin. And further, the safety isn't as good.

So with Paxlovid, 15 per cent of the patients are contraindicated for Paxlovid, which means that they should definitely not get it. Remdesivir is associated with acute kidney failure. And molnupiravir is the most alarming: it's associated with creating dangerous viral variants and it's associated with mutagenicity, carcinogenicity, teratogenicity, and embryotoxicity, which in a little bit more plain English, means that there are risks to human DNA. So these drugs don't work as well, typically, as ivermectin; they're not as safe, and they also aren't as widely available and inexpensive.

Shawn Buckley
And yet they're permitted for treating COVID.

Charles Hooper
Right and they have the backing of the medical establishment behind them.

If you have any other comments or questions?

Shawn Buckley
No. Nope. Carry on. Thank you.

[00:30:00]

Charles Hooper
Okay, so I think to really understand how to interpret the results from clinical trials, we need to talk, for a minute, about the concept of statistical significance. And while it seems like an arcane and unimportant subject, we need to understand it because, essentially, it leads to many false conclusions, especially for ivermectin. What I want to do is show you the results of two clinical trials for ivermectin. Show you the results and then show you what the study authors actually said.

And so, again, statistical significance is a way that researchers try to make sure that the result is real and not due to luck. And so, what they've settled on is a number of 95 per cent. So they want to be 95 per cent sure that the results are real and not due to luck. What they do is if the results are good and the results are statistically significant, they say that the drug works. However, if the results aren't good or the results aren't statistically significant, they say that the drug doesn't work, which isn't true.

So here's one example: This is a study by Ravikirti et al., and as part of the study, they looked at the need for mechanical ventilation. Of the ivermectin patients, only one out of 55 needed mechanical ventilation. For the placebo patients, five out of 57 needed it. So if you just do the simple math, it looks like ivermectin reduced the risk by 80 per cent. But the authors concluded, "This study did not find any benefit with the use of ivermectin in… the use of invasive ventilation in mild and moderate COVID-19." And the reason they said that is because they were only 91.2 per cent sure that there was a benefit. In other words, it didn't match the 95 per cent threshold.

So here's another study: This is by Rajter et al. and this is, again, looking at mechanical ventilation. And so in this case, patients on ivermectin— so 36.1 per cent of them improved and got off mechanical ventilators, whereas only 15.4 per cent of the patients who got placebos got off the mechanical ventilators. So if you look at the results, you'd say that ivermectin benefited the patients by 2.3 times what the placebo response was. But, again, these authors reported no benefit and that's because they were 93 per cent sure that the results were true, but they wanted it to be 95 per cent sure.

Now why is this important and why does it affect ivermectin? Well, when a drug company does a clinical trial, it makes sure that the trial is big enough that it's going to get statistical significance. But with a drug like ivermectin, where there's no real money behind it, it's up to smaller organizations that don't have deep pockets to run the trials, and so, they typically run smaller trials. And so, frequently, you'll get a result like this where the study authors, based on using statistical significance, will say that the drug has no benefit. People who just look at the summary in that write-up of that study will say, "oh, ivermectin didn't benefit patients with mechanical ventilators." But if you look deeper, it actually does.

And so I wanted to just point out how ridiculous this can be. For example, imagine a pharmaceutical company testing drug X and there's two researchers, one researcher at each hospital, and they recruit 1,000 patients for this clinical trial, 500 at each hospital. So each researcher is managing 500 patients. Based on statistical significance, if they combine the results and publish together, they would say the drug works. If they, for whatever reason, maybe they had an argument over whose name should be first on the publication

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—you know, Jones and Smith or Smith and Jones—and they publish separately, they would conclude that the drug doesn't work. So could it be that the drug works if these two authors get along together and publish together, and it doesn't work if they argue and publish separately? Well, that's ridiculous.

And so what's happened with ivermectin is you've had all these little studies, some of which aren't statistically significant, but together they are. So what I showed a few minutes ago, all those results, when they're pooled, are highly statistically significant.

In conclusion, and then, if you'd like, I can talk about possible solutions to prevent a problem like this in the future.

In conclusion, whenever we have a pandemic, we need to rely on existing medications because new drugs just take too long to develop. And older drugs, such as ivermectin, they're a known quantity: they're safe; they're cheap; the manufacturing is established; and then it's just a question of if they work or not.

And with ivermectin for COVID-19, the clinical evidence is pretty overwhelmingly positive and it's substantially better than for other treatments, and it's safer than other treatments, and it's cheaper than other treatments. And those who dissuaded us from using ivermectin are responsible for some of the problems that this caused.

So I'd be happy to jump into possible solutions. Or I don't know, Shawn, if you have questions.

Shawn Buckley
I do want to actually ask you about that. But just following up on your last point about people being responsible, would it be fair to characterize it— You've made it clear with your presentation that there's 4 billion doses. Am I correct that in many countries, in fact, most countries where ivermectin is taken regularly, you don't need a prescription to get it. It's just over the counter. Is that fair to say?

Charles Hooper
Yeah, I'm not an expert in that, but I believe that's true.

Shawn Buckley
Right and would it also be fair to say, literally, ivermectin is one of the safest drugs on the planet?

Charles Hooper
I think, yeah. Based on what I know, I would characterize it as one of the safest drugs on the planet.

Shawn Buckley
So here we're faced with a pandemic where the media is telling us we're in great danger, and from a safety standpoint, there would have been little downside, even if ivermectin wasn't as effective as the meta-analysis that you've shared shows it is.

Charles Hooper
Right, there was very little downside risk to using ivermectin, and early in the pandemic, there were indicators that it did have efficacy. So the efficacy of ivermectin was pretty well-established— Well, established enough to make decisions around mid- to three-quarters of the way through 2020. So there was no reason after, say, the fall of 2020 to not be using ivermectin.

Shawn Buckley
Now, you had sent me some studies, and I'm not going to go through them, but I'm just going to indicate for the commissioners that we've entered them as exhibits. So you've sent me a study that you are an author in called "Ivermectin and Statistical Significance" [Exhibit WI-9b], and I'll just ask if you would adopt that as true today.

Charles Hooper
Yes. Yes, I would.

Shawn Buckley
And then, we've also entered as an Exhibit WI-9c, where you're one of the authors: "Ivermectin and the TOGETHER Trial." Would you confirm and adopt that that's true today?

Charles Hooper
Yes. Yes, I will.

Shawn Buckley
And then, we've entered as Exhibit WI-9d, an article where you're a co-author, titled "Setting the Record Straight on Ivermectin." And do you adopt that as true today?

Charles Hooper
Yes, I do.

Shawn Buckley
So now, I do want to ask you, and then I'll turn you over to the commissioners for questions, but how could we have done this better?

Charles Hooper
Yeah, that's a really good question and I've got some ideas. We could debate them, probably, for the next year,

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but let me just list them.

So one would be, allow drug companies to promote off-label uses. What this really means is drug companies have information about their drugs for certain diseases, and right now, regulatory agencies, like the FDA, don't allow them to share that information. So it's really a form of censorship.

The next idea would be to allow drug companies to benefit from finding uses for existing off-patent drugs. So, for example, if Merck really found that ivermectin worked for COVID-19, essentially, it might not make a dime from that investment. But if we change the structure somehow so that Merck did make money, then Merck might have been as interested in ivermectin as it was in its own drug.

Shawn Buckley
So can I just slow you down and spell that out because a lot of people might not understand what you're saying? So when a drug still has an existing patent on it, and Merck holds that patent, Merck can charge a high amount for the drug. And if somebody else wants to make it, Merck has to agree and then, basically, there would be a licence fee paid to Merck. But

when a drug like ivermectin is off-patent, then any generic drug company, or any other drug company, for that matter, can also make it and there's no financial benefit for Merck.

But you're suggesting in a pandemic if somebody like Merck could say, "Hey, wait a second, this data shows that it works for ivermectin," that then if there could be some financial incentive— like a licensing fee or something like that for its use for something like COVID— then that would be incentive for the drug companies to look into that and then, also, for them to share their data?

Charles Hooper
Yes, exactly what you just said. The financial incentive could be a number of different things. It could even be, like, a finder's fee or something that some organization pays to Merck, or whichever company it is. It wouldn't necessarily have to be Merck that would promote these uses for ivermectin.

Shawn Buckley
Right, but some financial incentive because we are dealing with companies that actually have fiduciary obligations to their shareholders, financially.

Charles Hooper
Right. And essentially, the generic market is so competitive, and the products are deemed substitutable that there's no way for a company to say, "Our generic is better," or "we know something about our generic, therefore you should pay us more money." Because as soon as that information is out there, then any customer could just use any generic and say, "Okay, well, this ivermectin is as good as that one, and I know that now it treats COVID-19, so why should I use Merck's?"

Shawn Buckley
Now, I interrupted you. It looked like you had a couple of more suggestions of how we could have done this better.

Charles Hooper
Yeah, so there are government agencies around the world that do a lot of medical-related research and the National Institutes for Health in the United States is one of those. And it has a budget, I think, of $45 billion a year. So in the beginning of the pandemic, if the NIH just said, "Hey, we're going to find all these old medicines that potentially could be used to treat COVID-19 and we're going to do thorough testing of each one of them," these studies wouldn't just be dribbling in. It would be well-designed studies with plenty of people, statistical significance, and you just do that early on. And that could have had phenomenal health benefits.

So just to keep going down my list. I don't quite know how you do this, but prevent agencies, like the FDA, from attacking older drugs. Or maybe a better way to do it is to allow dissenting opinions. So have, kind of, a red team that's set up to challenge the establishment views.

Another perspective on that is, I think power within these organizations has become too concentrated. Maybe spread it out some, so there isn't so much emphasis on the one organization having the one viewpoint.

[00:45:00]

And kind of along those lines, maybe clean the house within these organizations, that if there are people who are knowingly dissuading us from taking medications that have potential benefit, that's not who we want in charge of our public health organizations.

And then, my last two points are to use statistical significance more wisely.

And then, the very last point is something that has other benefits, also, which is taking the responsibility for efficacy away from regulatory agencies like the FDA. And I'll just try to explain this very briefly. From 1938 until 1962, the FDA only mandated safety testing for drugs. And then, after 1962, the FDA mandated safety and efficacy testing. And it sounds like a wonderful idea, but economists have studied it and it's pretty easy to make the case that things have been worse since 1962.

So if the FDA wasn't concerned about efficacy, but was concerned about safety, then any statements the FDA would have made about ivermectin just would have been about its safety. Which, I think, is pretty clear that ivermectin is a safe drug.

Shawn Buckley
Right, you've put a lot of thought into these and we thank you for that.

I'm going to ask the commissioners if they have any questions for you. And they do.

Commissioner Massie
Well, thank you very much for this very thorough presentation. I have a couple of questions. In fact, the way I look at that is it seems that these small molecule drugs that have been around for a long time, they lose their value after they're off-patent. Doesn't that call for a serious rethinking of the patenting of these molecules? Because why is it that, all of a sudden, a chemical that has been synthesized and proven to be safe and effective in many indications would lose its ability to function in other indications, knowing that it's generally the case that molecules that have been around for a long time have several indications? We know that from the practice. So why don't we come up with a different model? Copyrights, for example, on books or music could last much, much longer than the lifetime of a patent. Isn't that part of the problem we're facing?

Charles Hooper
I completely agree. So when a drug goes off-patent, it basically dies because there's no financial incentive to look for other uses for that drug at that point. The only research that's typically done on drugs at that point is organizations that don't really have a financial incentive. I think your point is actually very important. If we could, somehow, figure out a way to incentivize drug companies or universities or research labs to research new uses for off-patent drugs, I think we would find phenomenal benefit because a lot of these drugs have to be useful for other conditions.

And it could be an issue with patents or it could be just some other kind of reward for finding something that's useful. Or maybe have generics that aren't substitutable, so you could actually say that this generic is different than this generic. We'd have to think about solutions, but the potential benefit is huge.

Commissioner Massie
Another question that I had is, you're in the business of, I would say, advising different drug companies on strategies to develop new drugs or maybe find new markets.

[00:50:00]

I'm a little concerned that the position you're taking right now would probably put your position on this marketplace at some sort of a risk because it clearly goes against the business model of some potential clients. So I'm wondering whether you're concerned about that for your activity.

Charles Hooper
The answer is I'm not very concerned and that's because I'd be very interested in finding new uses for generic drugs, but, also, I'm interested in finding uses for new drugs, and so, that's what I help my clients with. I basically want good medicines to be out there so that people live long and healthy lives. Whether they're a currently generic drug or whether it's some kind of cell therapy that's coming down the road, cutting edge cell therapy, for example.

Commissioner Massie
Thank you very much.

Charles Hooper
You're welcome.

Shawn Buckley
So that's it for questions.

Mr. Hooper, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today and sharing with us your valuable testimony.

Charles Hooper
Thank you for your time and attention.

[00:51:45]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 11: Don Woodstock
Full Day 2 Timestamp: 09:06:00–09:20:05
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
And so our next witness is, if he's here, is going to be Don Woodstock.

Kyle Morgan
Good day, sir. Can you state your full name for the Commission?

Don Woodstock
Don Woodstock.

Kyle Morgan
And can you spell your first and last names.

Don Woodstock
D-O-N W-O-O-D-S-T-O-C-K.

Kyle Morgan
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Don Woodstock
Yes, I do

Kyle Morgan
Where are you from, sir?

Don Woodstock
Jamaican-born, but Canadian citizen since 1995-96.

Kyle Morgan
And I understand you live in Winnipeg right now.

Don Woodstock
Yes, I do.

Kyle Morgan
How long have you been in Winnipeg?

Don Woodstock
Since November 1999.

Kyle Morgan
Can I ask you your profession or line of work?

Don Woodstock
I'm the proud owner of JamRock Security. We're a security company providing some of the top-of-the-line products for home security, burglar alarm, commercial, industrial, residential security.

Kyle Morgan
And how long have you been in that area of work?

Don Woodstock
A little over nine years for myself, personally, but I started in the security business. It was my first job in Canada, in Toronto. I'm still doing it today.

Kyle Morgan
So when I spoke to you before, I was struck with the perspective that you have regarding what happened in our society during the COVID pandemic.

Don Woodstock
Yes.

Kyle Morgan
Can you tell us a little bit about your business, how everything affected your business?

Don Woodstock
Well, we started just before COVID. Just, sort of, sheer trying to diversify to try to get online and promote the business online instead of the door-to-door approach, which we're accustomed to. COVID hit, and we had to be very creative but, more so, push the envelope in terms of getting the business online.

So I had to be vaccinated to get into people's home because this is what I was told I had to do. We gave our customers the option to have a "vaccinated install" done, somebody who is vaccinated, or we have somebody who is not vaccinated, because some of the guys did not want to. Subsequently, all the guys, eventually, had to be vaccinated because nobody would entertain us.

Then we get into the business of self-install. So we would sanitize the product, do a lot of the back-end work to get the product to where it needs to be, and we would ship it to you. You get it and plug it in, and then we end up walking you through the process of installing it. So that was some of the major changes that we had to do.

Kyle Morgan
From talking to you, I understand that your business did relatively well during these years?

Don Woodstock
It's not something I am going to boast about because I've seen some of my clients being devastated by this. It pains my heart. But, yes, we have almost tripled our business because of COVID.

And I say that because when you get a phone call at 10, 11 o'clock at night asking for security because somebody thinks the neighbours are watching them, it speaks to a bigger issue. When they get a phone call that somebody, in an apartment block—eight, nine, ten stories up—saying they need security for their windows and the doors, it speaks to another issue. Who's climbing it, you know, Spider-Man? So it's real.

Kyle Morgan
Yeah. So what you're saying is that before the COVID pandemic era, you noticed a change between the patterns of your customers and their desires of your business during the COVID era.

Don Woodstock
Absolutely. It's night and day. Someone would call because they have a burglary, yes. And someone would call because they have a concern about their general security. But more people were at home, and they were afraid to go from one room to the next without making sure the door in that room was locked or the window was secured, or we had to put sensors.

[00:05:00]

One lady spends, pretty much, almost $4,000 protecting her home and then turn around and have to sell it and move because there was nothing I could do to keep her mind focused, and just, "It's okay." It doesn't work.

Kyle Morgan
So what do you attribute this change in behaviour of your customers to? Do you have any thoughts about that?

Don Woodstock
Fear. Unnecessary fear being promoted by the propaganda-media frenzy. Neighbours not trusting neighbours anymore. People watching people.

Simplest move people make, they call me and ask me, you know, "Don, should I get a security system to make sure that the neighbour's dog doesn't come over my place to poo?"

"And how do you know the neighbour's dog is pooing on your property?"

"Well, dogs do that, don't they?"

"Well, have you seen any poop on your property?"

"No, but I want a security system just in case he does."

Well, how do I secure that? It's— Yeah.

Kyle Morgan
Okay, do you have any other observations or were there any other effects that your business experienced during these years that you want to tell us about?

Don Woodstock
I had to travel because guys who were not COVID could not do the work outside of Winnipeg. Because my business covers Manitoba and, so, we have clients— Rankin Inlet, Nunavut, all over the place. And I had to line up six feet, social-distancing. I'm vaccinated, yeah? I line up to go in the plane, six feet. I got to the door and I'm sitting shoulder to shoulder, like sardine, you know, with everybody for two hours. And if I need to drink water, I have to pull the mask down and drink and put the mask back on. And right there, tells me this whole thing was a hoax and it was a scam to, kind of, keep us confined.

But more power to the people out there. Power to the people who saw this coming and decided to fight it because, Tiananmen Square, it took one guy to stop it. Nelson Mandela stopped apartheid with his efforts. Gandhi did it. We are the Gandhis.

Kyle Morgan
Now, I understand that you experienced difficulty meeting with certain tradespeople and people you were working with.

Don Woodstock
Yes.

Kyle Morgan
Can you describe to us how you would deal with those issues?

Don Woodstock
Well, we discover, pretty soon, that the small businesses were closing, which was the engine growth of our economy. But the large businesses were open, so we decided to start meeting at Walmart and Shoppers Drug Mart and Home Depots. And it worked because I could go to Home Depot and spend the entire day—meeting my trades and walking up and down the aisle and discussing projects—and nobody said anything to us, so, why not? In fact, I did a petition in the middle of the thing that all churches should go to Walmart and conduct services. Nobody would stop them.

We have to adapt. I think that's one of the things that I, personally, have got from this whole thing is— Government is going to bullshit us as much as they can, but we, the people, have to stand up and realize what the truth is. And once we do, then we adapt and we overthrow them, eventually. We have to adapt to this and rise above it, beyond it, and don't buy into it.

And there was so much anger between people that even when I installed a person's home and keep them safe, they're still worried about their neighbour coming over. Like, your home is secure: if anybody came to the door, the alarm is going to go off, the siren goes off. And it still wasn't enough for some people. They still wanted more security. They still wanted something else, and I couldn't help some folks. Couldn't help some folks.

Kyle Morgan
Looking at what happened in our society, what do you think should have been done differently regarding the response to the COVID pandemic?

[00:10:00]

Don Woodstock
Media. Anything the government tells the media and the media swallows it, we should know, right away, it's a lie. If the media is promoting anything, you know it's supposed to be contrary. We don't have to look far from the last election: everybody thought that Glen Murray was the best thing since sliced bread. Anything people promoting where the media is concerned, and if they're pushing the agenda to say, "This is for you." Whenever governments use those terms, just remember Adolf Hitler. They all say, "This was for you," right? It's never for us, it's for them. To do what? Ultimate power.

So I think we need to find a way to look beyond and don't get to the point where we hate our neighbour, whether they're vaccinated or not vaccinated. The government did a fantastic job of letting us hate our neighbours because this one is vaccinated and this one isn't. And this one is wearing a mask and that one is not wearing a mask.

I see this whole thing as just, man, it's a big boo-boo that went down, and they managed to control it with the media. And for the people who stand up—for the people who are prepared to be the Gandhi and the Mandelas of this world—power to us all, you know.

Kyle Morgan
I think you mentioned something to me about engagement and people shouldn't have kept quiet. Do you recall talking about that?

Don Woodstock
Yes, too many people were prepared to take the income from the government and take the buyout from the government and be silenced by the government because it's an income in the pocket. I'm not a medical professional, in any way, but, you know, the medical doctors have the information, the scientists they have the information, yet still they were prepared to be silenced with it because the government were paying them to be silenced with it. And they should have sensed that something is wrong when things like those happen.

When people ask me whether or not I want to be vaccinated, I said, "no." But to satisfy you, Mr. Client, if I need to come into your home, I'm going to be vaccinated. And what do I do? I've had people call me four or five times and says, "I can't get anybody out to my house. I have two senior people in the home and we are both elderly and sick. We don't want anybody to come into the home without vaccination." The mask thing doesn't work. What do you do?

That motivated me to go, "You know what, I'm going to take this damn, stupid vaccination just to, kind of, get some action going." And my business was riding high, so what do I do? Do I drop it? Walk away from it? Or do I adapt? I chose to adapt. I don't like the fact that I have to take a vaccine to adapt. If I could do otherwise, I would.

Kyle Morgan
I think those are all the questions I had for you, sir. I'm going ask the commissioners if they had any questions. It appears there's no other questions.

Don Woodstock
Good.

Kyle Morgan
I really appreciate your testimony, sir. Thank you, very much.

Don Woodstock
You're welcome. Thanks.

[00:14:05]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 12: Dr. Gerald Bohemier
Full Day 2 Timestamp: 09:20:07–09:58:57
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
So I'd like to call Dr. Gerald Bohemier to the stand.

Dr. Bohemier, we'll begin by asking you to state your full name for the record, spelling your first and last name.

Dr. Gerald Bohemier
Gerald Bohemier, G-E-R-A-L-D. Bohemier is spelled B-O-H-E-M-I-E-R. In French it's Bohémier, but we'll go along with the Bohemier or Bohemier.

Shawn Buckley
Okay, well I do want to say it correctly, so I apologize if I'm not. And I'll just call you Gerald because I know you as Gerald. Do you, Gerald, promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Gerald Bohemier
I do, so help me God.

Shawn Buckley
Now, I'm going to state your age, and I do that for a reason because it makes your story more compelling. But you are 72 years old.

Dr. Gerald Bohemier
I'm 73, almost 74 in a few months.

Shawn Buckley
Okay, so much for my notetaking during interviews. So you're 73 years of age, and you are a retired chiropractor.

Dr. Gerald Bohemier
That's correct. I've been retired for about 20 years now.

Shawn Buckley
Even though you're retired as a chiropractor, though, you basically spent your entire life looking into natural health issues.

Dr. Gerald Bohemier
Yes, and I continue to do that. I coach a lot of people. I've been asked by a lot of people to help them understand how they can naturally become healthy again, and many times, try to not have to rely on any kind of pharmaceutical medications. And I've been very proud and happy to have the knowledge and to be able to assist them when I can.

Shawn Buckley
Yes, you basically devoted your entire life to trying to be a healer to people.

Dr. Gerald Bohemier
Well, that's a word that I've never used about myself because the healing comes from the inside of the body.

Shawn Buckley
But you know what I mean.

Dr. Gerald Bohemier
The best thing a doctor can cure is bacon and ham and sausages and things that are dead. The entire healing is an automatic thing you're born with. It's part of being a human being. It's part of God's creation, basically.

Shawn Buckley
When COVID hit, you were working part-time doing some quality assurance work for a natural health product company. Am I right?

Dr. Gerald Bohemier
Yes, as a senior and having had the opportunity to be their spokesman at many health expos in Winnipeg and abroad, I was offered the job when they decided to open up a new plant here in Winnipeg to become their quality assurance supervisor. And to make sure that every product that is sent out to the market follows all of the rules, all the regulations, and that the lab tests show that the product is indeed safe and safely available for the public.

Shawn Buckley
Now, I'm not from Manitoba, but since coming here for the hearings, I have learned a lot about a notorious group called the Manitoba Five. And my understanding is that you are a member of this notorious group.

Dr. Gerald Bohemier
Proudly, a Manitoba Five member, yes.

Shawn Buckley
Can you share with us the journey of how you came to be an esteemed member of this group? My understanding is it basically began in January to February of 2020 as we were learning about this new virus called COVID-19.

Dr. Gerald Bohemier
So yes, I was like everybody else. I was listening attentively to what was going on in the media and my metres of non-truths were just firing on all cylinders. And that's because my whole upbringing and the whole professional training as a chiropractor believed in the terrain theory as opposed to the germ theory.

And therefore, I was never worried about a germ or a virus. I was always worried that if I was going to protect myself or my loved ones, I would train them to understand that the terrain, which is your body's physiology and chemistry, was always up to par

[00:05:00]

so that any bacteria or any microbe that could be coming in that's different, the body is going to be surprised by, but it's not going to have a big effect.

So that was basically how I felt, very strongly about, and how I'd been trained. How I had scientifically read and read and read. If you saw my collection of books that I have, you would see that I felt very strongly about that position. The terrain theory—

Shawn Buckley
Gerald, I'm just going to focus you because I'm wanting you to talk about you going to rallies, what you were protesting there and get into what those experiences were.

Dr. Gerald Bohemier
Right. So the minute I started hearing that there was going to be some rallies organized—and these were rallies that, initially, I had heard from a few of the ladies that were putting them on—I decided that we're going to attend these rallies and we're going to see what's going on here. Because hopefully, they are going to tell the truth about what's going on.

So I attended many, many rallies everywhere from the legislative building, the City Hall, at the Forks, where we have our very infamous— What's the name of that big building there, my mind is slipping up, the Human Rights building. We had rallies at that exact site on numerous occasions. And one of the times—and I'm just going to put this as an aside there because it is on my mind—there was at the Human Rights Museum, if you were not vaccinated you were not allowed in that building. And so, the dichotomy was just so

overwhelming. Then many of the rallies that I attended to and spoke at were out of town, in Steinbach and in Winkler, and elsewhere.

Shawn Buckley
Now, did you notice a police presence at these rallies?

Dr. Gerald Bohemier
I'm sorry, I didn't hear that.

Shawn Buckley
Did you notice a police presence at these rallies?

Dr. Gerald Bohemier
They were always present. They were always, initially, very kind and just observant. And then we started to see that they're taking pictures. And eventually, following these rallies, they started coming to the door and pounding the door. We would not answer them because we did not recognize who was that.

We're seniors. We don't let anybody into our homes, and especially when they have an attitude of pounding on the doors. They were there to deliver tickets, and the tickets were $1,296. I thought that was pretty weird until somebody pointed out that that's the multiplication of six times six times six times six. And so, I thought, okay, we got some bureaucrats involved here.

There's no doubt that they're out to punish. They're out to punish a dissenting voice that on social media was completely censored. I, and many others that had the same ideas as I did, were censored. So the only place that my voice was heard was outdoors in public, in gatherings called rallies.

Shawn Buckley
So I just want to focus. So you were trying to have a voice online.

Dr. Gerald Bohemier
Yes.

Shawn Buckley
And you were finding that you were censored.

Dr. Gerald Bohemier
That's right.

Shawn Buckley
And your voice was about the government activities. You were basically trying to have a voice about what you thought about lockdowns and masking and mandates and things like that, right?

Dr. Gerald Bohemier
Absolutely, absolutely. They were all ridiculous, in my opinion, and I had to tell the people my story. Then don't forget: there were many, many, doctors worldwide and scientists worldwide that had a voice that was never heard.

Shawn Buckley
Right. But what I want to focus you on and you started to talk about it— Because I'm wanting you to share, basically, your experience with state power. Because you were going to protests to have a voice, to basically say, "Look it, I disagree with this." My understanding is you were always completely peaceful.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
And the protests were peaceful.

Dr. Gerald Bohemier
Very much so.

Shawn Buckley
But you discovered right away that the police were filming.

Dr. Gerald Bohemier
That's correct.

Shawn Buckley
And then you told us about people coming to your door. But these weren't the police coming to your door, were they?

[00:10:00]

Dr. Gerald Bohemier
No, it was very quick to see that they were tattooed, very large people with attitude. And I'd hear them say, "Come on, Bohemier, come on out here; put your big pants on, we've got something to give you." That kind of stuff. My wife was shaking. She still has PTSD. When somebody knocks at the door, she jumps right away. And this is three years later.

Shawn Buckley
And these people would, literally, be banging on there. Like a pounding on the door.

Dr. Gerald Bohemier
We're talking fists here.

Shawn Buckley
Okay. Because I think the world needs to hear what you're saying. So the state of Manitoba basically hired some Canadian ambassadors that were big.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
That were tattooed.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
That were not police officers.

Dr. Gerald Bohemier
No.

Shawn Buckley
And they were coming to your door to give you tickets for your protest.

Dr. Gerald Bohemier
Yes.

Shawn Buckley
And they would pound on your door.

Dr. Gerald Bohemier
That's correct.

Shawn Buckley
And they would yell through the door.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
Basically, taunting things. Can you repeat what they were saying?

Dr. Gerald Bohemier
Well, like I just said, the worst of the words were, "Come on, Bohemier; put your big boy pants on and come on out here. We've got something to deliver to you." And I did go out initially, the first time, or two times. But after that, they were not going to come to the property anymore. We put up a No Trespassing sign. They were always escorted by a real police officer. We recognized that there was always a cruiser car with a couple officers in there. Just in case that I would take out a baseball bat or something like that. But I'm not that kind of person.

Shawn Buckley
Okay, so there would always be a police car and then another vehicle?

Dr. Gerald Bohemier
Yeah, one or two other vehicles, up to three vehicles that I can remember at one time. Yes.

Shawn Buckley
Okay, and then you basically said that Rose would freak out. So can you explain for us who Rose is and give us more of an understanding there, what you're describing?

Dr. Gerald Bohemier
Rose and I have been together for 23 years. So she is my partner, and she's amazing in this. She has the same drive for natural health and natural health products. And so, we get along just incredibly that way. And she's diminutive; she's not very big and strong. And when these poundings happened, it was very threatening. It was very threatening, especially to her. I wasn't really bothered by that because I knew the door was secure enough that they couldn't pound their way in. And that there were police officers out there and that would never get to that stage.

But, nevertheless, it still left us with this impression that—my goodness, what is going on in this world? This cannot be happening in Canada. This is like thugs at the door here to give me a ticket? Why don't you just mail it to me? That kind of stuff.

Shawn Buckley
How many times would this have happened, where basically these big, tattooed people are showing up and pounding on your door to give you tickets?

Dr. Gerald Bohemier
Well, of the nine tickets that I received, I believe at least seven were delivered to the door. A couple more, the other two, would have been delivered, let's say at the Church of God, at

that one incident that was heard where the police were blockading people entry to that church.

I had shown up in support of that church and eventually stepped out of my car and walked over and stood between the tow truck and the van that they wanted—that the police had ordered towed out of the way on the highway. This van contained children and a family. And I started to yell, "Criminal Code 176, you are causing—" Yeah, what's the word I used? They were doing a crime. How do you say that?

Shawn Buckley
Committing?

Dr. Gerald Bohemier
You were committing a crime. "You're committing a crime against *The Criminal Code of Canada*, section 176, where you cannot interfere with a church or a pastor when he's in the process of wanting to give a sermon or his congregation a service."

And when I started saying that, some young guy pulled out his cell phone, and sure enough, he was flashing it around, "Yes, Criminal Code 176 does say that." All of a sudden, the police officers seemed to calm down. And the superior, the superintendent, not the superintendent, but the sergeant

[00:15:00]

from that detachment of the RCMP started to look at his officers. And then he seemed to melt away and tell the tow truck to back off. And we were very happy. At that time, the preacher approached the car that was on the highway, being blocked, and we had a prayer service right there on the car. And the family in the car. And we knew we had had a victory right there.

Shawn Buckley
So getting back to these tickets.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
So you said there were roughly seven, at least seven times they came to your door.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
How would that be timed in relation to rallies that you attended?

Dr. Gerald Bohemier
Well, many of them were several days after a rally. Sometimes, I would get a ticket at a rally, like in that case of the Church of God. I was parked on the highway. When they recognized my car—that's easy, the plate number—they had surrounded my car. And they put a ticket in my— I wouldn't open my window to talk to them or anything. So they put the ticket in my windshield wiper. And I flushed it off. So that was a ticket for a previous occasion.

Shortly after that, they were banging on my door to give me one for having attended at that particular outdoor event that was against the rules of the government.

Shawn Buckley
How many thousands of dollars in total have you been ticketed, do you think?

Dr. Gerald Bohemier
The face value is 9 times $1,296. I believe that's got to be close to $12,000 plus, somewhere in that vicinity.

Shawn Buckley
Now as I understand it, you've also had the experience of being arrested.

Dr. Gerald Bohemier
Oh, my goodness, yes.

Shawn Buckley
And can you share with us what happened?

Gerald Bohemier
Yes. Unbeknownst to a warrant that had been, as I understand, encouraged by our premier of Manitoba at the time— "That we've got to do something. These clowns are not going to stop just with fines." We seemed to be just thumbing our nose at the fines. And we were, absolutely: got another one, no problem.

I was in the backyard doing gardening with Rose. And at the same time, I had lent my sound equipment—because I'm a musician, I have a very powerful sound equipment—to another group of people in Winkler that wanted to do a rally that day. I was not able to attend, but they had access to my sound equipment. And that gentleman's father was returning the equipment to me at the same time as the police officers arrived. They came into the backyard and said that I was under arrest. And I said, "For what?" "There is a warrant out for your arrest, and we're taking you in." Oh my goodness, and all hell broke loose.

Interestingly enough, the father that was returning the equipment had a phone, and he started filming the whole thing. So the whole thing is videotaped and available on Rebel News. It became quite the public embarrassment to me in public to get arrested. But, nevertheless, I took it with my big boy pants on. And off I went with some resistance, and eventually, they started hurting my shoulders too much. I begged them to not do that because at my age, I don't want to be injured. So they did handcuff me in front, and then I

went into the car. They escorted me downtown, into the elevator upstairs, and into the jail area where they began to process me.

They had told Rose, before leaving— Because she was so worried, "When are you going to come back?" "Oh, it's a two-hour process. He's going to be processed and released on a promise to appear. He'll be back in a couple hours." This was seven o'clock at night. And so by—

Shawn Buckley
Now did the officer tell you that he could have just given you the promise to appear at your home?

Dr. Gerald Bohemier
No, he never did that, never offered me that as an option, no. And it gets worse.
I get processed. I'm still in the processed room. I was interrogated, blah, blah, blah. Three hours later, those officers that brought me in are still there, and I turned to one of them. He was a corporal, interestingly enough. I had learned subsequent to that, that two groups of officers refused to come to my house to arrest me. Why?

[00:20:00]

Because one of the officer's father, who was significantly injured in a motorcycle accident and had suffered tremendously, was helped by my chiropractic adjustments. His son refused with his team of officers to come and arrest me, who had helped his father so much.

The second set of officers that were told to come and pick me up said, "There's a conflict of interest. My mother's his first cousin." And so, that led only the corporal, so that's probably one of the superior officers in the thing, to team up with somebody else to come and to arrest me.

So I'm talking to the corporal now, after three hours of being in this jailhouse, still sitting in the interrogation rooms. And I say, "You told my wife it's going to be two hours, and I'll be processed and released on a promise to appear." And he turned all red. He says, "Yeah, that was our intention. But when we got here, we were informed that there was a memo sent out by the Department of Justice to hold us here until we appeared in front of a magistrate and not before. So therefore, you're going to probably spend the night here, unfortunately."

I found out recently that there were magistrates available up until 11 o'clock at night in a typical jailhouse like that. And I don't know if that's right. But if so, I was lied to that I would get out after a promise to appear. And I was told that the only way we're getting out is in front of a magistrate, to make a contract with him or her. And that there was none available, and we are going to have to spend the night in jail. So there I was—

Shawn Buckley
So I'm just curious because I'm familiar with the criminal laws. The arresting officer can release you on bail conditions. You were not released by the arresting officer on bail conditions.

Dr. Gerald Bohemier
I was not given that option. No.

Shawn Buckley
Okay, and the officer in charge, which is probably the corporal, can also release you on bail conditions and that didn't happen.

Dr. Gerald Bohemier
That never happened.

Shawn Buckley
You were held, my understanding is, for 16 hours.

Dr. Gerald Bohemier
That's correct, by the time we were finally walking out the door.

Shawn Buckley
So you weren't in the interrogation room that whole time. You were put in a cell, am I correct about that?

Dr. Gerald Bohemier
Yeah, right about the time that he was telling me that you're going to spend the night here, that's when they escorted me to a jail cell. Because they had finished talking to me, asking me all the questions that they would ask, and I was assigned the jail cell.

And the problem is that when I entered there, I was told that there's only one layer of clothes that you can have on. And so by the time I would strip down to one layer of clothes, I would be in my underwear and a t-shirt. And I says, "At my age, I'm going to freeze to death here." And then one young officer said, "Well, put your sweater on and your sweatpants on, and that'll be your one layer of clothes. And then plus that, I'll get a little blanket or something like that when you're in there." And I thanked him for that because how incredibly smart was this young officer to give me that option.

So I stripped down and put on the warmer pants and the sweater. And therefore, I was definitely more comfortable for the rest of the evening. Because I got put into a concrete room, the lights on, with no soundproofing, so it's very noisy. Everything's concrete. I'm given this little flimsy, what they called a wool blanket. It's definitely not the kind of wool blanket that I've ever seen. I'm sitting on this concrete thing, embarrassed to death, not knowing what's going to happen next. I'm 70 years old. I've got an enlarged prostate. I've got to pee every hour. So I knock at the door. And all the way till midnight, the staff would open the door, allow me out, and put me back in, no problem, no questions asked.

Shawn Buckley
You mean allow you out to go to the bathroom?

Dr. Gerald Bohemier
After midnight there is— I'm sorry. I didn't hear you.

Shawn Buckley
I just want to clarify. They would allow you out of the cell so that you could go to the bathroom?

Dr. Gerald Bohemier
That's correct.

Shawn Buckley
Okay.

[00:25:00]

Dr. Gerald Bohemier
At midnight, there was a crew change. There was no way I was sleeping. There was noise, the doors slamming all the time. Everything's steel and concrete, and they're processing people all night long, and bing, bing, bang. I was not aware at the time that there was some of my friends that had been arrested that day either. But anyways, we met the next day.

Somewhere after midnight, it's time to pee again. I get up and knock at the door, and a lady shows up. "Yeah, what do you want?" "I've got to go to the bathroom." "Okay, put on your mask." "No, I don't have a mask, and I don't wear a mask, and I was allowed and processed in this facility with a mask exemption." "Well, we don't care about mask exemptions."

Well, hearing that discussion, the sergeant comes from the desk. He puts his face about 12 inches from mine, and he's turning red, and he's F-bombing me that, "You're going to wear this effing mask because I'm here to protect my staff. And I don't care about your effing medical, whatever it's called, to not wear a mask." And I says, "Well, I'm not going to wear a mask." I was looking at him. He turned so red, I thought he was going to explode. That's how livid he was. He wasn't wearing a mask. Anyways, I just stared him down, and I finally said, "I am not going to wear a mask." And he slammed the door, slid the window off. Basically, tough luck, buddy.

So I turned around very depressed about that and very innervated by the force of his voice and the closeness and the redness in his face. And his eyes were just bleeding. I thought he was going to blow a fuse. And I turned around, and oh my goodness, there's a floor drain in the corner. And so I relieved myself in a floor drain in a corner. How embarrassing is that? But it was a solution, and for the rest of the night, I didn't have to bang on the door and have that kind of treatment by this staff that had replaced the earlier staff, which was very kind, all the way through.

In fact, so kind that one time— Around 11 o'clock, they were ready to go. He knocked at the door, one of the jailers, a very young, obviously a very junior member. He said, "I've got good news for you." "Oh, what?" He says, "I've got news from your son." I said, "My son, he lives in Michigan."

"Yeah, but he went to school with one of the officers that refused to arrest you. And I'm not going to mention the name." But he said, "Your son sends off a message, 'Dad, I'm proud of you. You're my hero.'" And so, it was a moment of joy that this young officer, the jailer, had brought me. It was like a gift. It made me very emotional, and I still am.

And so after midnight, it's just regular freezing to death in there. There's no way to stay warm. The little blanket was used as a pillow because it's all concrete. A big concrete pad, probably the size of this table. And you have to stretch out in there and try to be comfortable. There was no way to sleep. I didn't get any sleep. And the next morning, they finally came around 11 or 12, saying, "You can call a lawyer. Which lawyer do you want to see?" I said, "Rocco Galati." "Okay, we'll get in touch with Rocco Galati, and we'll see if you can have an interview with him." And so they did call, and he was not available. So they came back and said, "No."

Shawn Buckley
Gerry, I'm just going to speed you up a bit because some of that we don't need, but—

Dr. Gerald Bohemier
Okay.

Shawn Buckley
But you were eventually released after 16 hours and put on conditions.

Dr. Gerald Bohemier
Got to see a magistrate, read the riot act, signed the— "Under duress." If you look at my signature on that release order, it's written, "under duress." They did not pick up on that, I guess, because I scribbled it. But you can probably see it. And I was let go.

I asked them, I says, "Can you call my wife and have her pick me up?" "No, we don't do that here,

[00:30:00]

but if you go downstairs, you'll go to the end of the block, and there's police services in there, and you can go in there and have them do that."

Well, I did that, and they wouldn't do it. So here I am, in the middle of, I don't remember the name of the street there, York or whatever. So I turn around, I say, "Okay, well, I'm just going to walk to St. Boniface. There's a couple restaurants that I could use their phones there," because I had no phone, no nothing.

Shawn Buckley
Gerry, I'm just going to focus you because we don't need that much detail. I was just trying to get that you were, basically, prohibited from having contact with people and the effect that was going to have on you under that court order.

Dr. Gerald Bohemier
But there's one interesting part about my walk back home, I have to say it. Because on the opposite side of the street, there was a release of another one of the top five, Miss Vickner. And all of a sudden, we get to Main St. You can imagine, she's walking on one side, I'm walking on the other side. And we say, "Oh, my goodness." And we went and we crossed and we looked and we were so timid. And we hugged. And then, we went each our own way, not to be all of a sudden discovered. Because we were told not to be within 200 metres of each other or any of the five.

But anyways, I got a hug in before I entered St. Boniface. Okay, go ahead.

Shawn Buckley
So how did it make you feel? Because once you were under the court order, it did basically stop your activities.

Dr. Gerald Bohemier
My voice was extinguished for over a year.

Shawn Buckley
Right. So for over a year, you couldn't participate in rallies.

Dr. Gerald Bohemier
None. Under the pressure that I would go to jail until the trial date, which was never revealed to us until many months later. It was almost a year, anyways.

Shawn Buckley
Right. So basically, the force of the state succeeded in silencing your voice.

Dr. Gerald Bohemier
I was depressed. I was sad. I was not permitted to do something that I enjoyed so much, talking to people about alternative health and how to stay well in spite of a so-called "virus" that's going to cause so much havoc. I didn't believe in that theory anyways.

Shawn Buckley
Thank you. I've got no further questions except that I want you to share how you learned about losing your job.

Dr. Gerald Bohemier
The night after the first rally we went to, there was a couple of young individuals that picked the pictures out of the [*Winnipeg] Free Press*, and on their Facebook, I guess, said, "Hey, we got to find out who these people are. We got to find out who they work for. And we got to get these people fired." And it got to the company that I was working at.

And oh, my God. So they, in a knee-jerk reaction, immediately published a letter to the Free Press and to the government saying that we have no affiliation with Dr. Bohemier. None. So

that night after the rally, when this was all happening— Because the Free Press had published the papers already, published the pictures already. I found out while at home celebrating that we had such a great rally that— You're being fired. You don't have a job anymore. They're saying that they've cut costs. I says, "What?"

No, I know these guys; I've known them for 35 years. They would never fire me without at least calling me and telling me, "Hey, we got a problem. We got a PR problem. We're going to have to let you go. We got to disassociate our company from your activities." That never happened; it still hasn't happened today.

Shawn Buckley
Right. So basically, you were fired because of people's actions and social shaming.

Dr. Gerald Bohemier
And it wasn't a big job. But for a 72-year-old, one day a week, I was in there doing paperwork, making sure that all processes got done properly so that we could certify that the product could be released to the public. So that's what the quality assurance person was entitled to do. The quality assurance person had to have a degree, and I did have a degree. So I fit all the criteria, and, man, it paid really well. A couple hours every Wednesday I'd drive in 75 kilometres from our farm and did all that paperwork for them, and said goodbye, and they gave me a big fat check every month.

Shawn Buckley
Right. Thank you. I have no further questions. The commissioners might have some questions for you.

Dr. Gerald Bohemier
Yes, sir.

Commissioner Drysdale
Good afternoon, Dr. Bohemier.

Dr. Gerald Bohemier
Good afternoon.

Commissioner Drysdale
When at the time that your employer fired you had you been convicted of a crime?

Dr. Gerald Bohemier
No, not at all. Never been convicted of any crime.

[00:35:00]

Commissioner Drysdale
I think somewhere in your presentation you mentioned that you felt you were under pressure. Did you feel like you were under pressure when you made the decision to go to these rallies? Were you apprehensive about doing that?

Dr. Gerald Bohemier
No, on the contrary, going to these rallies was like, oh, my goodness, my voice can be heard here. I really believed that the things that I had to say would help people, would help people lose the fear. I saw the fear campaign, and I needed to go to these rallies. I felt I needed to be there.

Commissioner Drysdale
But did you not understand that there was some potential for retribution or fining in any of these activities that you undertook?

Dr. Gerald Bohemier
Not at the time, not at the first ones. But once the tickets started being delivered, yes. I knew that it was game up. Because I had nine tickets. But we did probably 15, maybe 20 rallies.

Commissioner Drysdale
So there was at some point in time when you did understand that there may be consequences?

Dr. Gerald Bohemier
Yes, at that point, I thumbed my nose up at the consequences. I was going to speak, and people needed to hear that they don't have to be afraid of a virus.

Commissioner Drysdale
The reason I ask you that question is because previous witnesses today said that other people have felt pressure in their positions and that perhaps explained why they didn't serve the Manitobans. I'm particularly talking about the judge who testified today that other judges must have felt pressure. And my point is, you must have felt pressure, too, but you did what you thought was right.

Dr. Gerald Bohemier
I did so. And when I received the notice that I was no longer employed, I was expecting a phone call to tell me what had happened. They never did that. But I retired at that point. I made up my mind, I don't need that job. And therefore, although it was great people to work with and the products that they produced were great, I just quit. And so, basically, that was a relief off of my shoulders. I don't have to worry about Wednesday mornings anymore, going to spend a day at the factory. So no, I just— Get me out at a rally and give me a horn. I felt I was doing something. That was important to me.

Commissioner Drysdale
Thank you, doctor.

Dr. Gerald Bohemier
You're welcome.

Shawn Buckley
Thank you, Dr. Bohemier. On behalf of the National Citizens Inquiry— Oh, I'm sorry, there is another question. I apologize, Commissioner.

Dr. Gerald Bohemier
Oh, sorry.

Commissioner Kaikkonen
I'm just wondering: If you had another opportunity to speak to those ambassadors who came pounding your door, what would be the words that you would tell them?

Dr. Gerald Bohemier
Knowing that they were hired thugs, I would have not spoken to them. I would not have given them five minutes of my time. I would have gone to the police officers. I says, "Get these people off my property." And they would have had to. Because unless they had a court order to be on a property, they would not have been able to be there.

Commissioner Kaikkonen
Thank you.

Dr. Gerald Bohemier
You're welcome.

Shawn Buckley
Sorry to be premature commissioners.

So, Gerald, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story today. It was very important to hear your experience.

Dr. Gerald Bohemier
Thank you for the opportunity.

[00:38:52]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 13: Carley Walterson-Dupuis
Full Day 2 Timestamp: 09:59:16–10:08:39
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Shawn Buckley
Okay, thank you. So we'll proceed. Our next witness is going to be Carley Walterson-Dupuis.

Wayne Lenhardt
Could you give us your full name, and then spell it for me, and then you'll have to give us your oath.

Carley Walterson-Dupuis
My name is Carley Walterson-Dupuis C-A-R-L-E-Y W-A-L-T-E-R-S-O-N hyphen D-U-P-U-I-S.

Wayne Lenhardt
And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Carley Walterson-Dupuis
I do.

Wayne Lenhardt
I'll try to help condense this almost two-year saga of yours that you've gone through after your shot. When did you get the Moderna shot?

Carley Walterson-Dupuis
On June 28th of 2021.

Wayne Lenhardt
And why did you get it?

Carley Walterson-Dupuis
I got it because I wasn't going to be allowed into sports facilities for my kids.

Wayne Lenhardt
And right after you got the shot you started having symptoms.

Carley Walterson-Dupuis
Yeah.

Wayne Lenhardt
Is that correct? Can you tell us about that?

Carley Walterson-Dupuis
Yeah. The day of, I felt fine. It was the next day that I started experiencing some stomach problems that lasted about three weeks. From there, I had vertigo for a week, which was new to me. I've never experienced dizziness like that before. Following the vertigo was the really scary part. I experienced heart problems: heart palpitations, loss of breath. I couldn't exercise.

Wayne Lenhardt
And that developed over the course of the first four to five weeks after your shot. Correct?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
One of your family members, I believe, took you into urgent care at about the five-week mark. Correct?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
And what happened? Why did you go to urgent care and what happened?

Carley Walterson-Dupuis
I was sitting at my desk at home; I was working from home at the time. And I could feel my heart beating out of my chest. It was very, very uncomfortable. I was losing my breath and

felt very scared. So I was talking to my mom, who is a nurse, and she took me into urgent care that day.

Wayne Lenhardt
And what did they do at urgent care?

Carley Walterson-Dupuis
They did an EKG. I got into a room and they had me lay down in a bed. I was hooked up to heart monitors, but everything came back normal. There were no abnormalities that were found on the EKG. The doctors that I spoke to would not consider it being from the vaccine, at all.

Wayne Lenhardt
And they sent your home. Correct?

Carley Walterson-Dupuis
They sent me home because everything looked normal.

Wayne Lenhardt
Okay. So you went back to your family doctor at that point. Correct?

Carley Walterson-Dupuis
I did, yes.

Wayne Lenhardt
What did he say?

Carley Walterson-Dupuis
My family doctor also didn't want to consider this being from the vaccine. But she's known me my entire life. She actually delivered me into the world, so she knows my entire health history, and I've never had a problem before. So she got me in to see a specialist. She recommended me to a cardiologist in the city.

Wayne Lenhardt
And that took you a certain amount of time to make that appointment, and your symptoms continued during that time. Did they?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
What were the symptoms?

Carley Walterson-Dupuis
Heart palpitations, loss of breath, and by this point, I was also experiencing chest pain, on and off.

Wayne Lenhardt
You had to rest during the day.

Carley Walterson-Dupuis
I had to rest during the day. Yeah. My workdays, I work at a desk at home all day. But I had to actually go and lay down multiple times in the day to get my heart rate back to normal.

Wayne Lenhardt
Okay. So finally, you got to go in to see that cardiologist. What happened there?

Carley Walterson-Dupuis
He was aggressive, very dismissive, and rude.

Wayne Lenhardt
They did a second EKG?

Carley Walterson-Dupuis
He did a second EKG. Everything looked normal still. But he was aggressive and continued to push me to go and get another shot.

[00:05:00]

Which I refused.

Wayne Lenhardt
Okay. So then you went back to your family doctor, correct?

Carley Walterson-Dupuis
Yes.

Wayne Lenhardt
We're at about the ten-week mark from the time you got your shot. And you're still having problems, correct?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
So your family doctor then did what?

Carley Walterson-Dupuis
She recommended me to an allergist just to make sure that this wasn't an allergy-related symptom, which I figured it wasn't. So I spoke to an allergist on the phone. I never saw him in person. He ruled out any of my symptoms being allergy related. He said he had a friend that's a cardiologist in the city, and he recommended me to see him.

Wayne Lenhardt
Okay. So you actually went to a second cardiologist at that point, didn't you?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
And what happened then?

Carley Walterson-Dupuis
He was very kind. He made me feel validated. He verbalized to me that this is definitely from the vaccine. He also said that there are numerous other people going through this. It was nice to feel not alone.

Wayne Lenhardt
Is he the one that told you might have an [autonomic] nervous system disorder?

Carley Walterson-Dupuis
Correct. He is the one that diagnosed me with that.

Wayne Lenhardt
Did he prescribe anything for you?

Carley Walterson-Dupuis
I was prescribed beta blockers at that time.

Wayne Lenhardt
We're now at about the thirteen-week point after your shot. You went back to your family doctor at that point, and I'm trying to decipher my notes here. Was there another cardiologist that you went to at this point?

Carley Walterson-Dupuis
That was the only cardiologist. But at that appointment with my doctor, she brought up my medical files, and he wrote— The cardiologist wrote in my medical files that it was from COVID.

Wayne Lenhardt
Okay. So you started to feel somewhat better at this point, is that correct?

Carley Walterson-Dupuis
Yes, things were on and off. It wasn't as persistent as it was in the beginning where it was every day. I would experience on and off symptoms, so I'd have some good days, some bad.

Wayne Lenhardt
Around March of 2022, you started to go to a homeopathic doctor.

Carley Walterson-Dupuis
That's correct.

Wayne Lenhardt
And he prescribed vitamins and a food regimen and that type of thing, correct?

Carley Walterson-Dupuis
Yeah, I looked into alternative methods of healing as the healthcare system was failing me at that point, and I wasn't willing to live the way I was living.

Wayne Lenhardt
And you still have some symptoms today, although things have improved to some extent.

Carley Walterson-Dupuis
Yes. A lot of symptoms have improved. I would say my heart is back to normal at this time; although, we don't know what long-term effects could be. My only ongoing symptom is everyday dizziness. If I turn my head a certain way, I'm dizzy. So it's just something I've had to live with now.

Wayne Lenhardt
How was your health prior to getting the Moderna shot?

Carley Walterson-Dupuis
A hundred per cent.

Wayne Lenhardt
Did you have any ailments of any kind?

Carley Walterson-Dupuis
Never.

Wayne Lenhardt
Okay. At the present time, again, you still have dizziness during the day. Correct?

Carley Walterson-Dupuis
Yes.

Wayne Lenhardt
Is there anything else that I may have missed in your health saga here for those,

Carley Walterson-Dupuis
That sums up it.

Wayne Lenhardt
a year and 10 months, I think it is.

Carley Walterson-Dupuis
Yeah.

Wayne Lenhardt
Okay. I think I'm going to turn you over to the commissioners. Are there any questions that you have for this witness?

Carley Walterson-Dupuis
Thank you.

Wayne Lenhardt
Okay. Thank you very much for your testimony. Appreciate you coming.

[00:09:23]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Witness 14: Shelley Overwater
Full Day 2 Timestamp: 10:09:024–10:50:39
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Alexander MacKenzie
Again, for the record, my name is Alexander MacKenzie. Shelley, would you give your full name to the Commission and spell it, please?

Shelley Overwater
Hi, I'm Shelley L. Overwater. It's S-H-E-L-L-E-Y. And then Overwater, just like it sounds.

Alexander MacKenzie
And, Shelley, do you swear that the evidence you will give to this Commission will be the truth, the whole truth, and nothing but the truth?

Shelley Overwater
Yes, I do.

Alexander MacKenzie
Thank you. Shelley, you reside in Morden, Manitoba. Is that correct?

Shelley Overwater
Yes, I do.

Alexander MacKenzie
And that is quite close to where your parents live.

Shelley Overwater
Yes. They lived about a block and a half from me, originally. Now my mom lives just down the street.

Alexander MacKenzie
Right. Your father is now deceased.

Shelley Overwater
Yes, he is.

Alexander MacKenzie
And you, you are a practising lawyer, yourself.

Shelley Overwater
Yes, I am.

Alexander MacKenzie
Getting your call in 2011.

Shelley Overwater
Yes, I did.

Alexander MacKenzie
And you practise now in Winkler

Shelley Overwater
Yes, I do.

Alexander MacKenzie
with one associate lawyer you met while practising at a firm that had a branch office in Morden and Winkler, but they are now closed.

Shelley Overwater
Well, the Winkler office is closed. They still have the other branches.

Alexander MacKenzie
Right. Thank you. And you yourself received vaccine in July of 2021?

Shelley Overwater
I think that was the second one, I believe. Me, my husband, my daughter, and my mom all got two each because we thought we were going to get to go to the U.S. for July long

weekend. And they weren't mandatory at that point. We didn't even think; we trusted that vaccines were safe, so we went and got them.

Alexander MacKenzie
And you had some special concerns about your daughter, Katie, is that right?

Shelley Overwater
Well, we found out after the second shot, which was, by the way, Moderna— Katie has epilepsy. My daughter has had epilepsy her whole life, pretty much. Anyways, that night she broke out in such a terrible fever, high fever, that of course she seizured through. When I talked to the pharmacist who hadn't mentioned anything about it causing fever, I said, "You should let people with seizure disorders or epilepsy know that these shots could do this." So she said, "Oh, yes. I'll make sure of that." And then she phoned Manitoba Health. Then they phoned my daughter and said that she couldn't have a licence because of the seizures, right? So she basically did nothing except cause Katie some grief.

Alexander MacKenzie
So because she got the shot, she lost her learner's [licence].

Shelley Overwater
Well, she had a learner's at that point. But yeah, she only had it— Because of the epilepsy, she wasn't allowed to drive till she was older anyways. But that probably ensured she won't be driving.

Alexander MacKenzie
Okay. Now, you've been involved yourself in a number of the anti-mandate citizen initiatives that the Commission has heard about. Is that correct?

Shelley Overwater
Yes. That's correct.

Alexander MacKenzie
You were involved in the slow-rolls on Highway 75, and you joined the convoy from Portage to Steinbach, that is the Truckers' Convoy.

Shelley Overwater
Yes. I did.

Alexander MacKenzie
And you have done some pro bono legal work at the Emerson blockade.

Shelley Overwater
Yes. I spoke for them initially to the— The RCMP had special negotiators come out.

Alexander MacKenzie
And you spoke to them on behalf of the Emerson people.

Shelley Overwater
Yes, yes. I did

Alexander MacKenzie
And we may get time for you to discuss any questions the commissioners may have on those things. But we'll move along from them.

Shelley Overwater
No problem.

Alexander MacKenzie
Now, in addition, you represent a number of accused for charges for fines relating to COVID mandate breaches.

Shelley Overwater
Yes, I sure do.

Alexander MacKenzie
Those are both federal and provincial acts.

Shelley Overwater
Yes, they are.

Alexander MacKenzie
You're also representing parties in a number of litigations: some in the Manitoba Provincial Judges Court; one in the Manitoba King's Bench Court; and another one in the Ontario Supreme Court. Is that correct?

Shelley Overwater
Two in Ontario, now.

Alexander MacKenzie
Two in Ontario.

Shelley Overwater
Yes.

Alexander MacKenzie
Things change.

Shelley Overwater
Yeah.

Alexander MacKenzie
Now, COVID mandates have also affected you personally.

[00:05:00]

Is that correct?

Shelley Overwater
Yes.

Alexander MacKenzie
And you want to inform the Commission about several matters. In fact, one relating to your father.

Shelley Overwater
Yes.

Alexander MacKenzie
One relating to your own medical care.

Shelley Overwater
Yes.

Alexander MacKenzie
And one relating to your employment.

Shelley Overwater
Yes.

Alexander MacKenzie
Well, starting with your dad. Your dad's name was Patrick Rice. Is that correct?

Shelley Overwater
That's correct, Patrick Rice, yes.

Alexander MacKenzie
At the beginning of COVID, he was 89 years old, was he?

Shelley Overwater
Well, he was 89 and a half when he died.

Alexander MacKenzie
Okay. And when did he die, Shelley?

Shelley Overwater
He died December 19th, 2020.

Alexander MacKenzie
Can you tell us what his physical condition was?

Shelley Overwater
He was in excellent health. He didn't even need glasses or hearing aids. He had all his teeth. He still drove; he had his downhill ski pass ready to go to La Rivière, to Holiday Mountain, because he still skied. He also was the oldest skydiver in Canada.

Alexander MacKenzie
And that was all at the tender age of 89 years.

Shelley Overwater
Yes.

Alexander MacKenzie
In relation to his health, it was known, was it not, that he had an aneurysm?

Shelley Overwater
Yes, he did. It had been diagnosed probably around 2015 or so, and they had offered him some kind of surgical procedure. But at his age he decided not to bother. But they told him if it ever went, it would be quick. He wouldn't probably have time to get to a hospital, possibly.

Alexander MacKenzie
I see. And then in 2020, your father had a rapid test for COVID, and he had tested positive at a Winkler drive-through COVID testing station. Is that correct?

Shelley Overwater
Yeah, him and my mom went. They were recommended by the family doctor to go check. This would have been about the first of December, maybe. He tested positive; she tested negative.

Alexander MacKenzie
And that was about the beginning of December.

Shelley Overwater
Yes.

Alexander MacKenzie
And so, in obeying the rules, I take it your father quarantined himself.

Shelley Overwater
Yes, they were told to just go home.

Alexander MacKenzie
Did he have any symptoms?

Shelley Overwater
Not that I recall. He seemed fine. He seemed like Pat always seemed.

Alexander MacKenzie
And no coughs, no fevers.

Shelley Overwater
Not that I recall. I mean, he seemed fine. And when he died, it was three weeks after he'd had this test.

Alexander MacKenzie
Okay. So he had the test; he was asymptomatic in terms of anything to do with COVID.

Shelley Overwater
Yes, so was my mom.

Alexander MacKenzie
He had had an aneurysm in the past; it had been diagnosed. And then on December the 19th, can you tell us what happened on that day?

Shelley Overwater
I believe it was about five in the morning. My mom phoned and she said, "Pat fell and he's mumbling." I said, "Mom, call the ambulance." Because she said he was mumbling, but he wasn't speaking. So she called 911. We got ready to rush over there, me, my husband, and my daughter. I could hear the ambulance because I lived so close; I could hear they were lost. So I phoned 911 and said, "You have to go to—" blah, blah, blah.

When we got there, the ambulance was sitting there with the lights off, and there were two Morden police officers standing in the doorway. I jumped out of the car, and they said, "Your dad's gone." I thought they meant they'd taken him away already, but they meant he was deceased. This would have been, well, I guess 20 minutes, half hour after my mom initially called me.

Alexander MacKenzie
So that was about 5:30 in the morning.

Shelley Overwater
I would say, yeah, I believe so.

Alexander MacKenzie
On December 19th.

Shelley Overwater
Yes.

Alexander MacKenzie
And did you then go into the home?

Shelley Overwater
Oh, immediately. My mom was a mess, obviously. She was there with the two paramedics, I believe, and then the two officers were in there. They were asking her questions in her den. I went downstairs. At that point, we went downstairs, and he was still laying there on his back, and there was a little trail of blood to the bathroom door. So it was obvious, he'd gone to the washroom, come out, and something happened. He fell, must have bashed his arm on his way down. Mom heard the crash,

[00:10:00]

came running, and this is when she said he was like, "urrrurrurr." And then he just died; his breath stopped. So he was dead before the ambulance even got anywhere near there; he was gone. So I wiped up the blood because I didn't want my mom to see it. I got a quilt to cover him because he was still just laying.

Anyways, when I come back upstairs, she was on the phone, at some point there, later. And it was the provincial medical examiner she was on the phone with, a woman, telling my mom that it was clearly a COVID-19 death. At this point, no one had seen him: He had not gone to a doctor. He had not had any outside people look at him. The police weren't taking

pictures. Like nobody had seen him, and he died in a few minutes. Oh, and then she told my mom that she must go that very day and get tested for COVID-19. So later that day, we had to—

Alexander MacKenzie
Before you get on to that, if you don't mind.

Shelley Overwater
Oh, not at all, sorry.

Alexander MacKenzie
Thank you. The medical examiner was suggesting to your mother that your father had died of COVID.

Shelley Overwater
Yes. No, she insisted. And she said they wouldn't be doing autopsies because they were afraid of getting COVID.

Alexander MacKenzie
So without any more information than that your father had died, they were absolutely not going to do an autopsy.

Shelley Overwater
No. No, absolutely not.

Alexander MacKenzie
And they were going to say

Shelley Overwater
Died of COVID-19.

Alexander MacKenzie
[from] everything you could tell, that it was a COVID death.

Shelley Overwater
Yes.

Alexander MacKenzie
Despite your father not having had any COVID symptoms.

Shelley Overwater
Not that I was aware of. And he died, like in 20 minutes. You don't die of a lung ailment in 20 minutes.

Alexander MacKenzie
And he had been diagnosed some time before with an aneurysm.

Shelley Overwater
Yes, yes. So I assumed it was that or a heart attack.

Alexander MacKenzie
Are you aware of how your father's death may have been reported in any local newspaper?

Shelley Overwater
Well, it was on the *Pembina Valley Online* because they were reporting the deaths by different regions. They would report Morden deaths, Winkler, and, of course, they showed December 19th, one male, 89, died of COVID-19.

Alexander MacKenzie
So he was reported in the newspaper as being dead from COVID-19.

Shelley Overwater
Well, *Pembina Valley Online* is like an online news service. But yes, that's where I saw it.

So I just thought, well, whatever, right? I phoned the funeral home because he went Saturday morning, the day he died; he went right to the funeral home. And I asked the owner if they had taken pictures. He said, "Absolutely not." They cremated him Monday. So he was in the funeral home, and he was cremated Monday. And the provincial medical examiner's office phoned my mom again during the week and kept telling her it was COVID-19. And at that point, my mom just gave up on arguing because what was she going to do about it exactly, right?

Alexander MacKenzie
Now, in your work as a lawyer on some of these things that we've mentioned, you've had occasion to see an affidavit that was filed. Is that correct?

Shelley Overwater
Yes. We were working on an appeal for some unnamed clients, and some of the evidence in the transcripts was from the church's case, you've heard about. One of them was an affidavit from this Dr. Loeppky.

Alexander MacKenzie
Well, a person by the name of Carla Loeppky.

Shelley Overwater
Yes, yes, I believe she was some kind of doctor.

Alexander MacKenzie
For the record, that is a document that was filed in a provincial court in Winnipeg in pocket number 558-30323, and there are ten provincial court pockets associated with that affidavit.

Shelley Overwater
Yes, sir.

Alexander MacKenzie
What did you see in that affidavit as you were doing your work as a lawyer?

Shelley Overwater
Well, there was 40 pages of CV. But then there was all these COVID-19 deaths in Manitoba, and they were listed individually. So just because I went through them and, of course, I get to December 19th, 2020: Morden, Manitoba, one male, COVID-19. And so I realized that this person had submitted this as affidavit evidence to the court. I mean as a lawyer, you would never—

Alexander MacKenzie
So what you saw in the affidavit was one death in Morden,

[00:15:00]

exactly on the day of your father's death.

Shelley Overwater
An 89-year-old male, which he was the only death in Morden that day.

Alexander MacKenzie
And it was put down as COVID.

Shelley Overwater
Yes, not COVID related. COVID-19, as it was said.

Alexander MacKenzie
I see. And insofar as that might be relied upon for developing statistics,

Shelley Overwater
Yep.

Alexander MacKenzie
what do you think of that?

Shelley Overwater
I think that they were padding, at the very kindest. I'd say they were padding their statistics. But I mean, to me, this was an out-and-out lie. They had no evidence to support that. They didn't even try to get any.

Alexander MacKenzie
In fact, they assiduously avoided getting any.

Shelley Overwater
Yeah, that's how it appeared to me. I mean, obviously, we're supposed to go to court with evidence, right? So you would just expect that. But apparently not.

Alexander MacKenzie
Thank you, Shelley.

Now, quite apart from your dad, is there anything else you'd like to add in relation to your father's situation?

Shelley Overwater
I can't think of anything other than I just couldn't believe they would browbeat my elderly, widowed mother into trying to get her to accept that. I was horrified.

Alexander MacKenzie
Thank you.

Now, quite apart from your dad, you've mentioned that you've had some medical issues yourself.

Shelley Overwater
Yes.

Alexander MacKenzie
And what is that? What sort of medical conditions did you have?

Shelley Overwater
Well, I have a history of high blood pressure where it would shoot up to like 200 over 110. Angina, chest pains. That kind of stuff.

Alexander MacKenzie
Ever given any medicines for them?

Shelley Overwater
Yeah, I've had nitro and whatever over the years. But my heart's fine. So I felt it was stress-related, probably came in around the time I went to law school. But yes, I have a history of it.

Alexander MacKenzie
In early '21, you consulted with a doctor, is that right, a Dr. Mansour?

Shelley Overwater
Yes, he was my family doctor, and I was experiencing these again. He told me that if it happened on the weekend or during the day when he couldn't be available, I should go to emergency at Boundary Trails Hospital, which was our local hospital.

Alexander MacKenzie
In March of 2021, what happened that day?

Shelley Overwater
So that morning, I felt my chest pains were bad. I was having trouble breathing, and I was feeling kind of dizzy. So I drove my truck by myself over to Boundary Trails. And I parked and I walked over to the emerge. door, and I went to enter the Emergency. A uniformed security guard was on the inside door, and he started yelling at me to wait outside.

Alexander MacKenzie
Okay, now, you drove yourself. You were feeling chest pains.

Shelley Overwater
Yes.

Alexander MacKenzie
You drove yourself from your home, which was about three miles, was it, from the hospital?

Shelley Overwater
Yes.

Alexander MacKenzie
You arrived there; I presume you parked your car.

Shelley Overwater
Well, I parked my truck, yes, and I walked—

Alexander MacKenzie
Your truck, pardon me. You walked to the front door of the hospital.

Shelley Overwater
Well, there's two doors.

Alexander MacKenzie
Emergency door.

Shelley Overwater
Yeah, well the far one is Emergency.

Alexander MacKenzie
Okay, thank you. And what was the weather like that day?

Shelley Overwater
Probably between 10 below and zero. It was cold. It was windy. It was gray. You know, it was like one of those prairie fun, late winter mornings.

Alexander MacKenzie
What was the nature of the discussion with the security guard inside the foyer behind the doors? What was the nature of it?

Shelley Overwater
Well, he just yelled at me to wait outside. And so, I believe I yelled back, "But I'm having chest pains." And he said, "Well, you have to wait." He yelled, "You have to wait." And so, I let go of the door because I was shocked. I didn't know they had security guards at the hospital, for one. So I had to stand there outside. And I'm thinking, well, this is great. If I drop dead, now I'm going to have to lay outside too. So I was becoming more stressed, obviously.

Alexander MacKenzie
And how long, again, did you stand outside?

Shelley Overwater
I think about 10 minutes. It wasn't probably that long. But still, it was scary because it's emerge., right? You go there for a reason.

Finally, he gestured I could go in, in between the two doors where he stopped me. First, I just used the hand sanitizer. Then he handed me a mask with a tong, and I had to sit on a chair with these plexiglass things, like a little cubicle.

Alexander MacKenzie
Like a cubicle.

Shelley Overwater
Yeah. I had to sit there until they said I could sort of distantly approach the lady at the desk; she had a big plexiglass, and all that, too.

[00:20:00]

Alexander MacKenzie
So then you went through some sort of reception process, is that correct?

Shelley Overwater
Yep.

Alexander MacKenzie
How did that go?

Shelley Overwater
It was pretty quick. I said I had chest pains, and I had to put my Manitoba Health on the tray so they wouldn't touch it. Then I had to go sit back down for a few minutes. And then these gowned and covered people came out and said, "We'll take you to the trauma room." I said, "Well, I can walk in." So I walked into this— It's kind of like an operating room, a trauma room, and they're behind me. So I walk in, and there's a bed there. So I go over to the bed and I look behind me, and they're all in the doorway, way far, and they started yelling at me questions.

Alexander MacKenzie
So they brought you to the room, had you go in, sit on the bed, stood at the door. How were they dressed?

Shelley Overwater
They were covered head to foot in those paper gowns and booties and masks and some of them had face shields. I think they had gloves and everything, like the whole nine yards, like you were in surgery. I was like, okay. They all stood in the door and then this doctor or these people are yelling, "What's your problem, what are you there for?" And so I said, "I'm having chest pains; I have a history. I have blood pressure. I think I'm having— My blood pressure's really shot up." And then the doctor said, he had a very South African accent, it was very distinguishing, and he said, "Well, those could be symptoms of COVID-19. We need to test you." I was like, "No, I have a history. I don't have COVID-19. I just want someone to check my—" And he said, "Well, no, no, this could be symptoms." So then we yelled back and forth about me being tested, and I refused. I said, "No, I won't be tested; you're not shoving anything up my nose, I don't have any— "

I should mention quickly, I've had pneumonia; I've had two lung infections. I had lung cancer surgery. I know all about lung ailments. And so, I was—

Alexander MacKenzie
Those are not recent though, those were—

Shelley Overwater
Well, those were prior to when I went in the hospital.

Alexander MacKenzie
But those symptoms that you describe—

Shelley Overwater
Well, no, what I'm saying is that I knew I didn't have a lung problem. I knew that. And so, for him to keep insisting I needed a COVID test was ludicrous.

Alexander MacKenzie
Right. But I'm wanting to make it very clear for the Commission that those were not current symptoms.

Shelley Overwater
No, no, not at all.

Alexander MacKenzie
Those were in the past.

Shelley Overwater
I apologize. Yes, they were all in the past. But I did have some understanding of what a lung ailment felt like.

Alexander MacKenzie
Yes, thank you. I understand that.

Shelley Overwater
Or a flu, I guess I could say.

Alexander MacKenzie
So how long did this stand off go on?

Shelley Overwater
Maybe 10 minutes. Then they said, "Okay, we'll be back." And then a girl came with a tray, like they carry the tray with all the stuff. I believe she checked my blood pressure with the stethoscope, maybe my oxygen level. I cannot remember positively right now, but she may have drawn a little blood, I'm not even sure. Then she started asking me about being tested for COVID-19, again.

Alexander MacKenzie
Just to be clear. So they did test your blood pressure; they did test your heartbeat.

Shelley Overwater
Yep, yep.

Alexander MacKenzie
They did do all that. Did they report those results to you right there on the spot?

Shelley Overwater
No.

Alexander MacKenzie
No. Okay, so what happened then?

Shelley Overwater
Then she left the room, and I waited there. Then they came—an attendant of some kind, I can't remember clearly—and said, "Well, we're going to put you in the recovery area, and we'll monitor you for an hour." And I said "Okay." So I followed them there, and they put you on a bed; there's curtains all around you. I think there was maybe three of us. I was struck by how many staff were going around with all their stuff on. I think there was three of us in that place. But so, I just laid there.

Alexander MacKenzie
Were you feeling anxious?

Shelley Overwater
I was scared. I was starting to get worried because not only were they not talking about what was happening to me, but they were getting— He had been really kind of aggressive and ugly about this deal. And I was starting to get nervous: like what are they going to do, hold me down now? I was nervous. So I was trying to force myself to breathe and calm myself because I didn't want them to have any excuse to keep me. Then, finally, the doctor because of his accent—obviously they're covered up right. But he came in and he said, "Well you might as well leave now seeing you refuse to be tested."

Alexander MacKenzie
Did he tell you of the results of the blood pressure test he'd done?

Shelley Overwater
No.

[00:25:00]

Alexander MacKenzie
Did they tell you of the results of the monitoring of your heart or your heartbeat that they'd done?

Shelley Overwater
No.

Alexander MacKenzie
Did they tell you anything about the condition you'd gone in for?

Shelley Overwater
No. They told me that they would have liked to have tested me for surveillance purposes, and seeing I was being stubborn, I might as well leave. And I said, "You got that right." But I was very anxious to get out of there. So I left and went home.

Alexander MacKenzie
And did you ever follow up with your doctor?

Shelley Overwater
Yeah. He checked me over and my blood pressure was high. He said, blah, blah, blah. And I said, "Don't ever send me there again, ever." I said, "You didn't tell me what it was going to be like, and I will not be tested for something I don't even have. So don't ask me." And that was the end of that. I didn't go back to the hospital till I had my knee surgery, as I told you, and that was only because I had to.

Alexander MacKenzie
Thank you, Shelley. Now, is there anything else you'd like to say about your adventure at the hospital?

Shelley Overwater
What can you say? I felt like I had woke up in the middle of George Orwell's *Nineteen Eighty-Four*. Or I was on the Gulag. I was like, this is unbelievable. This is a hospital. I felt like I was— I don't want to admit I've ever been in a cell, but that's what it felt like. It was very scary. And they were very rude, and that doctor, in particular, he was ugly.

Alexander MacKenzie
Okay. Thank you.

Now, as I mentioned earlier, you've also had some experience that's COVID related in a law office in which you worked.

Shelley Overwater
Yes.

Alexander MacKenzie
That was a satellite office of a larger firm, and that satellite office was in both Morden and Winkler. Is that correct?

Shelley Overwater
Yes, that's correct.

Alexander MacKenzie
When COVID started, the firm adopted a number of safety measures. Can you tell me what they were?

Shelley Overwater
Well, we had to— Obviously, the hand sanitizer, the masks, the plexiglass in the reception area. Initially, they wanted to meet the clients between the two doors at a little table that they had to sanitize every 10 minutes, I think. And we had to wipe down parcels and Lysol all the desks between each use.

Alexander MacKenzie
And how many people worked in these offices at those two locations, Morden and Winkler?

Shelley Overwater
I'd say there was roughly two or three lawyers on any given day, and there would have been five or six clerical staff. But we all kind of went around. Like not all the clerical staff. But the lawyers, we circulated to different offices, sometimes, depending what was going on.

Alexander MacKenzie
So how many people all together would circulate through those offices in a week or two weeks?

Shelley Overwater
Oh, I don't know, maybe a dozen or so. Then we got an articling student that ended up being at the Morden office, I should mention.

Alexander MacKenzie
And was anyone ill during that time?

Shelley Overwater
Well, because of my father's death, I had missed the two weeks over Christmas because they said that we had to quarantine.

Alexander MacKenzie
Because he had been a COVID death, or recorded as that.

Shelley Overwater
Well, yeah. And so, the firm— I would have gotten bereavement, anyways, and it was the holidays. We were closed a bunch of days. So yeah, I was off for the two weeks. Then we

had another girl. She had the two-week quarantine because she was sick for a week. And a lawyer who had a cough, and she was off for two weeks because of the mandated quarantine. That was in the entire time I worked there.

Alexander MacKenzie
Then in May of 2021, there were some changes in policy, is that correct? What were those?

Shelley Overwater
Well, at that point the managing partner and the other partner and the manager decided they were going to have to know the vaccination status of all the clerical staff and the articling student. And if they weren't going to discuss it—

Alexander MacKenzie
They had to disclose their vaccination status.

Shelley Overwater
Yeah. It was mandatory, yes.

Alexander MacKenzie
I see, and how did that go down with the staff?

Shelley Overwater
Well, it went down very badly because I sent an email to the lawyers and said, "What about, employment standards and the Charter and all those things?" And then there was one young girl,

[00:30:00]

20-years-old, who was our reception girl. Just a dear little girl who'd worked there two years, and she said, "Well, I refuse to put that in my body, and no one's going to force me, not even for a job." That was the first time I'd ever heard somebody say that. I was quite taken by it because she was such a young, nice girl. And then one of the clerical staff, whom I'm actually friends with and had been there three years, she disclosed that she hadn't been vaccinated. They asked the articling student who they had hired and couldn't say enough nice things about. And she said, "Are you asking me if I have COVID antibodies in my system?" And when they said, "No, we want to know your vaccination status." She said, "Well, I don't know that you have the right to ask me." Well, at that point, all heck broke loose, so to speak.

Alexander MacKenzie
Were there any inter-office communications, like emails. What sort of was the office buzz during that time?

Shelley Overwater
Well, we had a group email deal: so that's where everybody, lawyers and staff, in all the offices— And it started, this daily almost barrage of, "Well, I know someone who's sick with COVID. And can you believe how selfish these people are, these unvaccinated, and the whole common good," and blah, blah, blah. This went on and on. And in the meantime, all the staff from the other offices would drop the files off outside the back door and yell in the office because they couldn't come in because the unvaccinated were there.

And they were allowed to pick on the articling student. Everybody was mocking her and making fun. Then they decided she couldn't do any real law work because she was obviously—

Alexander MacKenzie
So what did they have her do?

Shelley Overwater
They had her do real estate reports. That's all she was allowed to do. She had to sit in the back with the clerical staff and do real estate and probably, every couple of days, she was yelled at by the partners. She wasn't allowed to come to the lawyer meetings.

But from June on, the lawyer meetings became me battling because I couldn't believe they were going to hold someone's career hostage. Because if they fired her in the middle of her articles, it's pretty hard to get a job, right? And she'd been in school for seven full years for this deal. And these other girls— I just could not believe people would take someone's livelihood like that. I was shocked. It had never occurred to me that they would mandate this stuff and force these vaccines. I didn't understand that that could happen.

Alexander MacKenzie
And I understand that at some point in October, there was an ultimatum.

Shelley Overwater
Yeah, well, the managing partner had told me he would let her finish her articles; this would have been, let's say middle of October. So he comes in—this is about the end of October—he comes in to the Morden office, and he asked me and the other lawyer into my office. He sat down and he said, "I just walked by them, and I'd fire them all today if I could." And I went, "Well, that's no surprise," right? Like tell me something, I don't know. He said, "I've made a decision. If they won't get vaccinated by November 19th, they're fired."

Then he started tapping the desk and he goes, "I've decided even the lawyers will have to submit proof." So at that point, I kind of lost my cool and I said, "Well, I gave you my word I was vaccinated because I'm not like you, I keep my word." And he said, "Well you still have to show proof." I said, "I'm not showing you anything." I said, "You can put me down as resigning on November 19th because I will not stay here then. I will go with the people you're firing." So the next day, [he] goes, "Oh, hey, was that serious?" I was kind of shocked at that, and I said, "Yes, I'm very serious." So I sent him my resignation letter and that was that, and off we went.

Alexander MacKenzie
And what did happen to the articles student?

Shelley Overwater
Well, what happened was we found a lawyer, another local lawyer; he just had three years in, and so he was allowed to finish her articles. So she went over there.

Alexander MacKenzie
And what did you do?

Shelley Overwater
Well, I went home in shock because I went, "What am I going to do?" But, anyways, they were leaving the Winkler building they were in. I knew that. They hated Winkler. So I phoned the owner of the Winkler building, and said, "Hey, how about renting to a different lawyer?" So I rented an office for January 1. But I ended up having a knee replacement, so I didn't actually start till later. In the meantime, the articling student finished her articles, and the lawyer said he wouldn't keep her. So she came over, and she said, "Would you consider working with me?" I said, "Right on, partner." So she's my partner in our little firm. We got another office we were able to rent. So we have two, like an office each in Winkler.

[0035:00]

Alexander MacKenzie
Is there anything else that I've missed relating to your employment situation?

Shelley Overwater
Well, I just wanted to say we were law firms, and we were essential workers. And no provincial health people ever walked into any law offices out there. They didn't, and they weren't going to. I understood that we had to do whatever in the hallways or in front of clients that were nervous. I get that. But we never, ever had a policy of asking clients if they were vaccinated or anything. It was just the people that worked there. But we'd all been there the whole time, and it was fine. And I couldn't believe— By then we already knew that people were still getting COVID-19, even with the vaccine. So there was no real reason other than they just got in a mood. I don't even know what to say. I was horrified. Yeah, I couldn't believe it. I mean the Supreme Court has said your livelihood is an integral part of— yada, yada. So you believe that when you're in law school. Apparently, it doesn't apply lately, anyhow.

Alexander MacKenzie
Okay. Thank you very much. Now, just a couple other small things. You and your mother both volunteered at a couple of homes for aging people in Winkler and Steinbach.

Shelley Overwater
Winkler and Morden. There's Tabor Home in Morden and Salem Home in Winkler, and we volunteered at both.

Alexander MacKenzie
Okay, and do you still volunteer there?

Shelley Overwater
No, when the lockdowns hit, of course, we weren't allowed to go there. But during the time, they got rid of a bunch of their staff, of course. And so, when they wanted volunteers to come back, they contacted us. We just said, "No, we can't in good conscience volunteer for a place that would just dump their employees for no good reasons." So we never did go back.

Alexander MacKenzie
So the employees that they, in your words, dumped, were not ones who were infected. They were ones who would not vaccinate. Is that correct?

Shelley Overwater
Right. Some of them were willing to do the testing. I think they wanted three a week, or I can't remember. To me, it was all nonsensical. The one place said, after it was all said and done, that if people gave a letter of apology, they might consider hiring them back. Yeah, go figure.

Alexander MacKenzie
And Shelley, from your work as a lawyer in these matters that I mentioned earlier, have you had occasion to consider any statistics relating to the fines that have been imposed on people in Manitoba? I believe you did have something on that.

Shelley Overwater
Yes, the Manitoba government—between the federal *Quarantine Act* and the provincial *[Public] Health Act*—they fined over $9 million, as of lately. Now, I'm not saying they've collected; I'm just saying this is what it is. Five million of it is just the federal *Quarantine Act*.

What that was is when the mandate came in in January at the border, the United States border people had discretion. So some unvaccinated people were still allowed to go into the U.S. Well, when they came back, if they presented at the Canadian border, the screening technology was, "Are you vaccinated?" And of course, if you said, "No," you got an $8,550 ticket. If you didn't answer, you got the $8,550 ticket and a $1,453 ticket. So I'm dealing with— I think I've got about 25, 26 of these we're challenging. But none of these people were symptomatic; none of them had priors; some of them got tickets as late as last fall, September of this last year.

Alexander MacKenzie
And what were the mandates when those tickets were being issued?

Shelley Overwater
Well, the border mandate because they were Canadian citizens entering Canada, and they didn't have a vaccine. Or they didn't have the ArriveCAN [app] or the PCR test. So it didn't

matter. Whatever it was, you were getting an $8,550 ticket. So that's what happened. It didn't matter if it was— All my clients have no priors; they were all working citizens.

Alexander MacKenzie
What sort of jobs do they hold, typically?

Shelley Overwater
You're never going to guess. Most of them are truck drivers. Some of them are farm labourers. And then, interesting, I had a couple of clients that were actually vaccinated and they got tickets because they didn't have the PCR results because they couldn't wait that long for them.

[00:40:00]

So they made the mistake of saying, "But we have this," and they showed the Charter of Rights. And so, they were given $8,550 tickets each for showing the Charter.

Alexander MacKenzie
And this may be a dangerous and last question from me in any event. But how do you feel about the way these things were handled both provincially and federally?

Shelley Overwater
You don't want to ask, really. No, I'm absolutely appalled. It's like the Canada— I'm old, right? The Canada I grew up in, this is not the Canada I live in today. I didn't buy into this; none of us did. It was like they ripped away the veil and said, "Haha, you think you have freedoms and rights," and all that. "You've got nothing." And I've never been so ashamed of— I mean, I'll tell you, I've been a separatist for a long time, anyways. But I've never been so ashamed of this country as I was when I saw them in Ottawa bludgeoning working people, like normal, everyday taxpayers. I'll never forget it.

Alexander MacKenzie
Thank you. Shelley, I'm going to ask the commissioners if they have any questions for you. No. Thank you. Thank you very much for attending.

Shelley Overwater
Thank you.

[00:41:34]

Final Review and Approval: *Margaret Phillips, August 10, 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/

NCI | CeNC

NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 2**

April 14, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 2 Timestamp: 10:50:39–10:52:42
Source URL: https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html

[00:00:00]

Ches Crosbie
Commissioners, I have one very simple point to make— If we could have the slide up on the screen, please?

I know it's late in the day. Could we see a little bit further down the text of the article there? What it says is, it declares a legal emergency in Canada. Can we see any more of that image?

So Children's Health Defense has a Canadian Chapter, and if you can adjust that a bit more, you'll see there's a headline there declaring that there's a legal emergency in Canada. This is datelined on March 26th of this year. We can't quite see that, can we? Anyway, it's March 26th in their newsletter.

For those of you who don't know, Mr. Kennedy, it's Bobby Kennedy Jr., is going to announce that he's running for president of the United States next Wednesday. And he's been identified by the U.S. government as one of the great misinformation spreaders about vaccines, so that's going to be an interesting one to watch.

My point here is that the analysis in the article, which unfortunately you can't see— But take my word for it, it's there. I've read many of the cases. And yes, there is, as we've heard today from many sources, a legal emergency in Canada. And it's mainly with the judges and the courts who aren't doing their jobs. Thank you.

[00:02:03]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
WINNIPEG HEARINGS

Winnipeg, Manitoba, Canada
April 13 to 15, 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.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 01:04:22–01:41:00
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the third day of our Winnipeg hearings of the National Citizens Inquiry as we literally march across Canada. We started in Truro, Nova Scotia. We then went to Toronto. We're now in Winnipeg. Next week, we're going to be in Saskatoon. We're then travelling on to Red Deer. On to Vancouver. Back east to Quebec City. And then finishing in Ottawa.

This has become quite an experience. Somebody said to me this morning, before we started, that this is really the first thing that has happened since the Truckers' Convoy, and very excited about it. Everyone that finds out about this participates, watches. They're finding themselves energized. They're finding that actually the action of participating—learning what happened together and hearing our stories—is strengthening us and healing us. And so, as I did yesterday, I encourage every single one of you to participate by sharing us with your social media. It doesn't matter if you have ten followers on Twitter, for example. Share what we're doing because if we all do this together, if we all share what we're doing, we'll make this happen.

This is our ninth full day of hearing. And I mean, when I say full day, if you've sat through any of these, we sit late. Because we want people to be heard. So we fill each day. We have had one mainstream media attendance to give one little report on us. When even this event, **the fact that it's happening, the fact that some citizens have just banded together, came up with this vision of a way to heal the country—of a way to move forward in a positive way—and planned an event that we had no idea how much work and how big it was and how ambitious it was until, white knuckles, we're running our first hearing in Truro. And purely citizen-funded.**

It's interesting. We were out for supper with some people yesterday, and they just assumed we have a couple of big funders. And we don't. Literally, we send out email asks to people that have signed our petition. And we have your email address so we can share with you what's going on.

Please, actually go to our website and sign the petition. It legitimizes what we're doing. And then, when we have a need— So we had a need for people who are willing to reach out to social media influencers. For example, we sent an email out asking, "Is there anyone out there that will participate?" It's a way for us to plug you in.

But the point I'm trying to make is this is pure citizen-run and -funded, and it only works because we're all doing this together. So when I'm asking you, "Will you please push us on your social media networks?" we don't have a budget for advertising. We don't have a budget to hire people to do this stuff. We need you to do it.

But amazingly, this is happening, and it's happening in a wonderful way because you are participating. So again, I'm calling on everyone to go sign our petition. I'm calling on everyone to donate. Every set of hearings costs us between $30,000 and $35,000, and we have some nail-biting moments paying the bills. This is happening because, thankfully, you are supporting us, and thankfully, you are buying into what we're doing. But we need your continuing support—literally, city-by-city—to just help make this happen.

Now this morning, I wanted to talk about one of your enemies. And to help you appreciate that this truly is one of your enemies— And many who hear this, especially online, might be surprised when I identify one of your key enemies. But first I need you to appreciate that your Achilles' heel is fear.

For those of you who don't know the story of Achilles in Troy, he was just this mighty warrior that no one could defeat. But while he's at Troy fighting against the Trojans, an arrow strikes him in his Achilles' heel. That's why we call it the Achilles' heel.

[00:05:00]

And so, he wasn't able to fight, and he was killed.

Your weakness—your weakness—is fear.

So for example, if for those of us in the room, if all of a sudden, we heard screaming outside and a grizzly bear burst through these two doors, fur all standing up on end—we know he's angry. Every single one of us—every single one of us in this room—we're going to run to that door. In fact, we're going to be in such fear. Without thinking, before our conscious mind understands that it's a grizzly bear, our body's already in fight or flight mode, and we are not thinking about anything. We're not fighting a grizzly bear. We're not thinking about anything about flight—every single person in this room. In fact, some of us might get trampled and seriously hurt because the rest of us will be so anxious to get out of that door. So literally, out of our minds.

And we all know that this happens. There's example, after example, after example where people are killed when a crowd is fleeing in fear. Because when we're moved into a state of fear, we are out of our thinking mind, and there's nothing we can do about it. We're literally filled with a drug cocktail. And so, you need to understand you do not have a defence against the physical reaction that occurs when you're in fear. You're not without options, but there is nothing you can do to prevent your body from going into fight or flight mode when you're presented with fear. And using the bear example, it might actually be a couple of hours or it might be a couple of days before you're calmed down.

Literally, there's a physical reaction. And you need to understand there's nothing you can do about your physical reaction. But mentally—mentally—if you train yourself to identify

that when you go into fear— And literally, it's like the police and the military, they train through drills. You have to train yourself as soon as you start getting afraid to go, "Just wait a second, I need to be aware. I have to keep connection to that thinking part of my brain, regardless about how I feel." And you can train yourself. There are people that will look at the stampede at the door and go, "There's no point in me trying to get through that door right now. Is there another way out?" Or just wait until there's a space. There's people that can do that, and you need to do that.

I think we all appreciate that for the last three years, we have been in a theatre of fear. And I use the word "theatre" with two meanings. Because we literally have been in an information war. And theatre is a term to describe war. When I say we've been in an information war, we have had witness after witness speak about censorship. We've had journalists speak about it. We have had medical people speak about it; doctors being silenced. We have been in a theatre of war, an information war.

But more importantly, we have been in a theatre, a drama. Shakespeare said, "The whole world is a stage." When this topic to speak about came to me this morning at about quarter to eight, and I wrote down the phrase—"the whole world is a theatre"—it occurred to me that these sayings are actually true. The whole world is a theatre, and we're just players on the stage.

We have been through a military-grade psyops operation that has been theatre. We have been watching the news, and it has been theatre. It has been deliberately designed to put us into a state of fear where literally, when you're watching the news, you will have a physical fight and flight response that you have no control over. And unless you have trained yourself to keep connection to your thinking mind, you are not thinking.

It's funny,

[00:10:00]

I totally bought into the pandemic before it hit the mainstream news. Before I closed my law practice down last August so that I could participate as a volunteer in this National Citizens Inquiry, I did a fair amount of work with clients that make natural health products. And I had a couple of clients tell me they were having supply chain problems sourcing things from China.

So I start looking. Before it hit our mainstream news, I think China had 600 million people locked down because of this coronavirus. And remember, I'm just coming to this fresh. And this was my thought process, right or wrong: My thought process was, "Wait a second, China is a police state." And surely, they depend on their legitimacy and being able to hold on to power with increasing the living standards of their population. Because we've just actually seen a tremendous increase in their prosperity over the last several decades. And I thought, "They're not going to be locking down 600 million people unless this is a real threat."

So I was afraid before you were afraid. We didn't have to go when people were lining up to buy toilet paper; we didn't have to do that: we had already stocked up. And it wasn't until about 10 days in of the TV coverage when all of a sudden, I started hearing the word vaccine. How could that word come up 10 days in? Because I'm in the drug-approval world, and I knew there's no way they were going to come up with a vaccine.

My wife and I had to make a conscious decision to actually turn off the TV. Because when you're in a global pandemic and the world's falling apart, you're actually glued to the TV. You make a point of watching the six o'clock news. And we were watching it for about a month, even after I thought, "we're being gamed here." But we actually found that we were in such a state of fear—all day, every day—because we were watching TV. So we made a decision: we're just not watching TV, and we turned it off. And I think it took about a month before we kind of felt settled down.

And then, just to give you an example of how good the TV media is at ramping you up. I don't know, maybe it's three and a half, four months ago, we're watching Del Bigtree on "The Highwire." He's talking about, I think it was monkey pox. Remember that they were kind of teasing us with the fear that monkey pox might run through. And so just on his show, he was saying, "Here's how the mainstream media is reporting on it." He maybe played about only five, six minutes of clips of media reporting, much like we've done here, showing six, seven minutes of government announcements on COVID. So I'm watching—for a very short period of time—the mainstream media reporting on monkey pox, and I realized I was afraid. I was legitimately afraid while I was watching this. The amount of money and brain power that goes in to determining how to play on our emotions and create fear when we're watching TV is absolutely tremendous.

Even yesterday, we played two sets of clips that we just had our video guy splice together of news reports from Manitoba, except there was that one Christmas one with Santa Claus and Theresa Tam, and I think everyone in the room will agree with me that it was traumatizing. It was traumatizing to watch old footage of the Manitoba leaders basically announcing lockdowns and restrictions and watching Santa Claus and Theresa Tam encourage children to get vaccinated.

So what we experienced was literally surreal but understand—it was theatre.

[00:15:00]

It was deliberately done: the show, the play was deliberately run to put you into a state of fear. And the state of fear that we were in was horrendous.

We've heard in this inquiry about, basically, people in Montreal and old folks' homes literally starving and dying of dehydration because the care workers abandoned them. Can I say that again? In Canada, we experienced old people—that were totally dependent upon us for their care—dying of dehydration and starvation because we were too afraid to care for them. Can you get your head around that, that that is possible? This is how effective the theatre was.

We know it was theatre. We look at our overall death count in 2020 when we had no protection from the vaccine, and our all-cause mortality was really no more significantly different than in a bad influenza season. We did not have to let old people die of dehydration and starvation alone in their rooms, without their diapers changed. In Canada, we didn't have to do that. But the theatre was such a great production that we had no choice because we were all having a physical reaction that disconnected us from our minds.

We had a witness yesterday who runs a security company. It was almost comical because people would be putting these security systems in their homes because they were so afraid of anyone coming to the door and they needed to be secure. It was irrational. His business took off. It was irrational fear.

I forget who—but it might've even been the Honourable Ches Crosbie—had put up a news article with an opinion piece about, "let the unvaccinated people die." And we all heard about putting unvaccinated people into camps. We all heard, in Canada, about putting unvaccinated people into camps. Were we in Nazi Germany talking about the Jews? Carrying disease and lice? For public health reasons, surely, we need to get them into camps. We were talking about putting unvaccinated Canadians into camps.

The theatre—the theatre—was tremendous, and it was effective.

You've got to think about this as the day goes on and as the weeks go on— What actually happened? And ask yourself, "My God! How can that happen? How can Canadians let old people die of dehydration and starvation? How can Canadians talk about putting other Canadians into camps?"

Because we were afraid, and we're so afraid that the entire nation has post-traumatic stress disorder. Literally. It's why I keep speaking about hatred and our need to forgive each other. Now that we're in a state of post-traumatic stress disorder where it's still difficult for us to empathize with our fellow Canadians, understand that we are more easy to manipulate because we're already on edge. That switch to fight and flight—that fear switch—it's primed. There's a spring on it now. And it's much more easy to be depressed. We are more vulnerable now than we were in the spring of 2020 when this had begun.

And remember when I said earlier—when quoting Shakespeare—that when we hear these historical phrases, they're true. President Roosevelt, one of his fireside chats: "We have nothing to fear but fear itself." That is not a historical statement. It is true. It literally is a tautology. It's true.

What you have to fear is not COVID.

[00:20:00]

What you have to fear is not monkey pox. What you have to fear is not the Russians. What you have to fear is fear itself. What you have to fear is being put into that fight or flight mode. We don't need to get locked down because we're afraid of climate change. We don't need to fear civil unrest, although it is being fomented because we're put into a state of fear. We don't need to fear another pandemic that people like Bill Gates is telling us—assuring us—is coming.

When the theatre continues—and it's still continuing. But when it continues in full force, and listen carefully, you will go into a physical fight and flight mode. You will. You can't stop it. That's why they do it. But you can train yourself to understand that you're doing it and **keep that thread of conscious thought to your thinking mind.**

You cannot watch the mainstream media. You cannot watch the mainstream media that has put on this theatre. They have, in my opinion, acted criminally. They have been manipulating you. If the media had not put on this theatre—what I call fear porn—this couldn't have happened. Could you imagine if the media had been reporting, "Ah, there's this new virus," and actually reporting fairly? "Yeah, it might even be worse than one of our bad influenza seasons. We're not sure. We need to be cautious. But let's not be afraid. We've got plans in place. Here's what we're going to do."

A witness had to back out for personal reasons yesterday. We hope to have him back at a later hearing. But he had been involved in pandemic planning, and he says, "Oh, you know,

what you do with the City of Winnipeg, you just pick a big building; you empty it. Every single COVID patient goes there. You bring your surplus medical people there. And right away— Because you're not sending COVID patients to all the different hospitals, you're sending them to one place. Right away, you'd know, 'Oh, this just affects old people.' Okay. So now we don't have to worry about young people. We're just now able to—"

All that information comes quickly. And he says, "You're not wearing out your mainstream medical system because the doctors and nurses are doing the regular shifts. They're not facing any new threat." So they're not in fear. You can still go for your regular treatments. You're not afraid to go to the emergency ward. And this is just some things. I see people in the audience shaking their heads, like, "Yeah, this makes sense."

Well, what if the mainstream media had said, "Here's our plan; here's how we deal with this." And it wasn't fear, but it was reassuring. Would we have tolerated being locked down? Would it be possible that we would be coerced into taking what truly is an experimental treatment? What if the media had reported fairly?

I mean— "safe and effective; safe and effective; safe and effective." Well, wait a second. The vaccines were exempted from the safe and effective test. In fact, when you read the test that they were approved under, the word "safety" and the word "efficacy" isn't even in there. They didn't have to be proven to be safe and effective. So why would anyone pretend that they were? Why did the media keep telling us this?

The point I'm trying to make is— This could not happen but for the media, but for the theatre. The police state depends on the theatre.

What would have happened in Stalinist Russia if no one watched TV and no one read the newspapers? What would have happened? It would have been different. But none of this could happen without the media. And if we get our institutions back. If initiatives like the National Citizens Inquiry can get Canadians having a dialogue together, to get us working together, to get us peacefully getting our institutions working for us again, I pose the question: Is it possible that a single person

[00:25:00]

on the mainstream media's editorial boards, or a single journalist— Is it possible that a single one will escape jail? It's a good question. If we get our institutions working for us again, is it possible that a single one of them will escape jail?

Now, understand as I say this, because I'm just trying to educate you about the fact that when you're put into the fear mode, you have no choice. Understand, they will play this **card again. We're not done. They want climate lockdowns; they want 15-minute cities; they want us eating bugs; they want us adopting a digital currency, which we'll have to because "our financial system is falling apart and we're all going to starve and die." It's like collectively, we couldn't come together and figure something out for a while. We need their solution.**

But understand, more importantly— Remember, I just asked you the rhetorical question that if we get our institutions back, is it possible that a single journalist that was really carrying misinformation when they were saying, "Oh, this person's spreading misinformation. Dr. McCullough is spreading misinformation. Dr. Malone is spreading misinformation. Oh, you know, if Uncle Bob starts talking about that the virus escaped from

a lab, here's how you defuse him"— If a single one of those can escape from jail if we get our institutions back, I'll be surprised.

But understand: They'll be surprised, too. They know. So you're on the editorial board of a mainstream media company, and if we get our institutions back, you know you're going to jail. They can't stop. They've got to continue with the state now. They have a vested interest. They have a vested interest.

You were their enemy before we started waking up. Because you don't carry out a military grade— And there have been actually Canadian news reports about how we've been put through a military grade psyops: This is what this theatre was; this was the full-meal deal. You don't carry that out against a population unless you consider the population to be your enemy. But now that they're understanding that—if we wake up in time and get our institutions back that they're going to jail—we're really their enemy now. You think about that. We're really their enemy now. And you have to defend yourself.

Don't watch. Educate your circle. And then when they make you afraid—and they will—when they make you afraid, understand it is an attack.

I was dialoguing with a potential witness that chose not to speak at the Winnipeg hearings. We may get this witness to speak at another hearing, and a lot of effort went into trying to get this witness to testify. Listen very carefully to what I'm going to say here.

This witness was afraid of testifying because not just of social repercussions, although that was a very real threat to this witness, but economic repercussions and repercussions against family. Some things have already happened for what this witness has already done. And I'm mindful that some people have actually gone into hiding that we used to hear from regularly on these topics. And so, we were having a discussion and the witness almost wanted me to give them reassurance that speaking would be okay. But I had to say, "Actually, you speaking out is very, very dangerous." But listen to what I said next. I said, "In fact, the only thing, the only thing more dangerous than you speaking out, is you not speaking out."

So we're going to start this morning—and I just can't resist—with some more video clips. And then we're going to move into our first witness, Cassie Schroeder.

David, if I can have you just illustrate for us, basically,

[30:00:00]

what I'm talking about with this theatre and what I call fear porn.

[A video of news clips was played outlining vaccine requirements for public employees and proof of vaccination status using a vaccine passport.]

[Video] Brian Pallister, Former Premier of Manitoba
I've said it before, I'm going to say it again, and we'll keep saying until everybody does it: Vaccines are our safest and only way out of this pandemic. Vaccines are our protection against the fourth wave. Vaccines are our protection against future lockdowns. Vaccines are how we get our lives back. Thank you to you for your willingness to do your part. Roll up your sleeve not once but twice and protect yourself and protect your fellow Manitobans.

Protect our businesses too, our small business community. Protect our economy and to protect our communities and our healthcare system as well.

. . . .

Experts are saying that the fourth wave will be an even greater threat in terms of its numbers of cases than the third. This is why today we're announcing that all frontline provincial employees who work with vulnerable populations must be fully immunized by October the 31st or undergo frequent COVID-19 testing. All designated public sector workers will be required to be fully immunized and provide proof of vaccination or undergo frequent COVID-19 testing in order to ensure the safety of their workplace and the people they serve. As an additional protection measure against the rising Delta variant and a possible fourth wave, we are also announcing today that we are requiring mandatory mask use in all indoor public places. In other words, we're strengthening the value of being vaccinated and the utility of the vax pass in our province.

[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)
Public Health has been advising Manitobans for many months now on the value of being vaccinated. It's the best way to protect yourself, those around you, and our province. So it's in our best interest to keep these COVID numbers down and the best way for that is for us to practice fundamentals, which includes being vaccinated as soon as you're eligible. So those designated employees who are not fully immunized or who cannot provide proof of vaccination must submit to COVID-19 testing regularly. And so, for a full-time employee this could be up to three times per week.

We're recommending that private businesses and organizations follow the Province's lead and consider mandating COVID-19 vaccination for their employees to protect their staff, protect their customers. But I encourage all Manitobans who have not yet done so, book those vaccine appointments. And what we can see in other jurisdictions that this is now a pandemic, largely, of the unvaccinated. And we have to make sure that does not lead to adverse health effects for all Manitobans. We want to protect all Manitobans from the fourth wave.

[Video] Brian Pallister, Former Premier of Manitoba
Our vax card's giving every immunized Manitoban the right to travel safely across Canada, and it will now be your passport to doing even more and that will be announced later this week. To all of those who have done this, who have gone and got vaccinated, remember the influence you have around you. Remember the people that are your friends and your family may not have made that choice, and you have the opportunity to encourage them—to educate, to inform, and to motivate. Doing your part to get vaccinated and to encourage others to do it is how we're going to get through this together.

[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)
These new public health orders are being implemented that will require Manitobans to wear masks in indoor public places and that will be effective tomorrow, August 28th. This includes schools across the province. And so, in addition the Province has developed new requirements for individuals to be fully immunized to participate in certain events and activities. These requirements will come into effect by public health order on September 3rd, and these would be for all regions. And this includes requirements to be fully vaccinated to attend indoor and outdoor ticketed sporting events and concerts, indoor theatre, dance, symphony events, restaurants both indoor and outdoor dining, nightclubs

and all other licensed premises, casinos, bingo halls, VLT lounges, movie theatres, fitness centres, gyms and indoor sporting and recreational facilities.

This does exclude youth recreational support, organized indoor group recreational classes and activities and indoor recreational businesses. Children 11 and under who have not been immunized will be able to attend events and activities with fully immunized adults. And again, these orders are here to try to reduce the transmission of the virus as well as to reduce the future need for further lockdowns.

[Video] Dr. Theresa Tam and Mrs. Claus
Dr. Theresa Tam
Every child in Canada has definitely earned a place on a nice list, their parents and caregivers, too. It's been a tough season with lots of viruses making people sick.

Mrs. Claus
Thankfully, Santa and I are feeling as healthy as ever.

[0035:00]

We are both up to date with our vaccinations, including COVID boosters and flu shots.

Dr. Theresa Tam
That's so good to hear.

Mrs. Claus
I always tell Santa to make a list and check it twice. One, stay up to date on your vaccinations. Two, wear a mask in crowded, indoor places and make sure it fits nice and snug. Three, wash your hands to the tune of, "Jingle Bells, Jingle Bells, jingle all the way…"

Dr. Theresa Tam
Great advice, great voice, too. Also, you can be sure to stay at home if you're feeling sick. And if you're gathering indoors with other people or elves, open a door or a window for a few minutes at a time to let in some fresh air. The more items you check off the list, the more protected you are.

Mrs. Claus
Yes, you can think of it like decorating a tree. You need tinsel, lights, ornaments, and the star on top. The tree is at its best when all the decorations are up and nicely layered.

Dr. Theresa Tam
Thanks, Mrs. Claus. Happy Holidays, everyone.

Shawn Buckley
If we get our institutions back, I look forward to that last clip, particularly, being played at a couple of the criminal trials.

I will ask if people can just not clap to respect the audience that's online.

[00:36:38]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg **Day 3**

April 15, 2023

EVIDENCE

Witness 1: Cassandra Schroeder
Full Day 3 Timestamp: 01:41:00–02:01:14
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Shawn Buckley
I'd like to invite our first witness, Cassandra Schroeder.

Cassandra, can I get you to state your full name for the record, spelling your first and last name?

Cassandra Schroeder
Yeah, my full name is Cassandra Jaden Schroeder. Spelling of the first name is C-A-S-S-A-N-D-R-A and Schroeder is S-C-H-R-O-E-D-E-R.

Shawn Buckley
Do you promise to tell the truth, the whole truth, and nothing but the truth so help you God, today?

Cassandra Schroeder
Yes.

Shawn Buckley
I'll have to just apologize. Earlier, Cassandra showed up, and I was waiting for a lawyer named Cassie Desanda to show up. And I thought Cassandra was the lawyer. So I was walking her through what she needed to do as a lawyer. So I think I probably put her on edge today, and I apologize for that. Now, Cassandra, you have a bachelor in science degree?

Cassandra Schroeder
Yes. I received it at the University of Manitoba.

Shawn Buckley
I don't want to name your employer. But basically right now, you are working, kind of treading water, because you're wanting to do something else once it becomes available?

Cassandra Schroeder
Yes, yeah. So right now, I'm just working in the meantime while I apply to other programs.

Shawn Buckley
Right. And what you're wanting to do is train to be a naturopathic doctor, is my understanding.

Cassandra Schroeder
Yes.

Shawn Buckley
So now, you made a decision not to get vaccinated.

Cassandra Schroeder
Yes.

Shawn Buckley
Can you share with us how you arrived at that decision.

Cassandra Schroeder
So early on in my degree, I was taking a cell bio course. In the course, we were talking about how you could use mRNA at this time. They called it "gene therapy for cancer treatment" in our cancer unit. I just remember hearing about that. Then, when they rolled out the vaccines—that they said they were going to be mRNA—I was like, "Oh, I've heard this before, and it didn't go over well in science, that's why it's not widely used." So immediately, I had some red flags.

Shawn Buckley
Right. And my understanding is also, you have high blood pressure and that that's an issue.

Cassandra Schroeder
Yes.

Shawn Buckley
Did you speak to your doctor about that to see if you could get an exemption?

Cassandra Schroeder
Yes. So early on, I started collecting some research on this. I was very skeptical. I really only became a problem, I guess, when I couldn't partake in society with friends in school. So I started collecting some research, presented it to my doctor, and she did agree. As a healthy young adult, you shouldn't need to get this, and there is research against this, and so, she recommended not to. At this time though, she told me she could not write an exemption because of legal things: she'd lose her licence and wouldn't be able to practise medicine.

Shawn Buckley
Can I just stop you because I want to make sure that the audience understands what you're saying. So your medical doctor agreed that it would not be medically wise for you to get the vaccine?

Cassandra Schroeder
Yes.

Shawn Buckley
But despite that, she said she couldn't write you an exemption letter or she would lose her licence to practise medicine?

Cassandra Schroeder
Correct.

Shawn Buckley
Okay. Now, you had indicated that you started doing research when some restrictions started on you. Can you tell us how this affected your university? What was happening with the COVID mandates?

Cassandra Schroeder
Sure. So in 2020, in the winter term, they moved classes online. That's when they had their first recorded cases here in Winnipeg, and so everything was moved online. That summer, obviously things happened with the pandemic. Nothing crazy.

Then in the fall of 2020, we were told, as university students, that it was going to be mandatory masking, and all classes would be online. That was for fall and winter of 2020 and 2021.

And then in the fall of 2021, they started rolling out the vaccines that spring and they mandated all university students to be vaccinated. At this point, the university had said— So we all registered for classes in June and July. Come end of August, they released a statement saying that you had to be vaccinated. And you'd have to have your first dose by mid-October and your second one by the end of November.

Shawn Buckley
Can I just pause you? So I think, you were going into your third year

Cassandra Schroeder
I'm going into my fourth.

Shawn Buckley
in 2020, right?

Cassandra Schroeder
In 2020, yes. That was my third.

Shawn Buckley
And you had switched majors to microbiology?

Cassandra Schroeder
Yes.

Shawn Buckley
And in microbiology, there's a heavy lab requirement; you've got to be in the lab quite frequently.

Cassandra Schroeder
hmm-hmm.

Shawn Buckley
Okay. Because that played into things also as it went forward, right?

Cassandra Schroeder
For sure. So I originally was on path to do a biology degree. I didn't quite enjoy the courses at the 4000 level, so I switched to microbio. And with the pandemic, a lot of the labs, if they had the opportunity, they were offered online. But not the ones in microbio that I had to take because they were lab techniques

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that you had to actually practise. And so because of that, I wasn't able to actually participate in them. I actually changed my degree, which kind of changed the trajectory of my future options. Not because I wanted to but because I didn't really have any other choices.

Shawn Buckley
Right. Because my understanding is your plan was, at first, to do a masters in microbiology?

Cassandra Schroeder
Yeah, I was very interested in doing a masters. I did some research work and enjoyed it. Thought that a master's could be an opportunity, but I couldn't because I changed my degree.

Shawn Buckley
Right. Just so that people listening to your testimony understand. So had you been able to participate normally in classes, you would have gotten a four-year degree and been able to go on and do a master's in microbiology.

Cassandra Schroeder
Yes, I would have been able to go down that route. But now I can't. I'd have to go back.

Shawn Buckley
Right. Okay. So you had to kind of come up with a different plan. What did you decide to do? Because I understand that, at one time, you were actually interested in, then, going into become a medical doctor?

Cassandra Schroeder
Yeah. So I was interested in medicine. I ended up applying to the University of Manitoba. But seeing how everything happened in the pandemic, I was just very appalled with medical ethics. I mean, speaking with my own doctor who said, "I advise you not to, but I actually can't help you with anything."

I couldn't believe or even picture myself practising something like that. So I ended up not going forward with that and applied to naturopathic medicine, instead. I got a seat there, but I still can't attend due to restrictions in the province that the school is in.

Shawn Buckley
Okay, so can you share with us more specifically what the restrictions are?

Cassandra Schroeder
Yeah, so I applied to the Canadian College of Naturopathic Medicine in BC and their clinical requirement—not the school's but provincially—is that you have to be vaccinated to be in a medical clinic, practising as a student, whatever the case may be. If you are employed or a student you have to be vaccinated. And I obviously am not. So I cannot go to that program, and I cannot pursue that opportunity right now.

Shawn Buckley
Okay. So that's why you're on hold right now because you still want to become a naturopathic doctor, but the restrictions today, still in April of 2023, are holding you back.

Cassandra Schroeder
Yes.

Shawn Buckley
Okay. Now, I'm curious if you were treated differently at the university because you were unvaccinated?

Cassandra Schroeder
For sure. So I actually didn't disclose my status to friends or my colleagues. I had told my boss at the time because I was also employed on campus— That was my only opportunity to be on campus was through work. And so, I had been upfront with my boss, but I hadn't disclosed this to anyone else. I didn't think it was information that anyone, quite frankly, needs to know. But I had a couple friends who I did tell, and they ostracized me. They treated me differently.

Going out to social settings was very different. I had people almost treat me as if I was ill, even though I wasn't. And they all knew I was there, and they were all friends with me before the pandemic. So yeah, that really changed my friend groups, which I think was very difficult. As a young adult, you predominantly look for advice and hang out with peers your age, and to lose all of my friends was very, very hard.

Shawn Buckley
Right. And were there any comments by professors or anything like that, that you experienced?

Cassandra Schroeder
Yeah. So in the classes, even though I was taking them online, there were some professors who would still make comments belittling those who were unvaccinated. "I can't believe there's anti-vaxxers." Things like that. "I can't believe that people wouldn't get vaccinated. It's so crazy, make sure you get boosted." It was just crazy. Because I'm taking science courses, but that, quite frankly, has nothing to do with science, has nothing to do with the courses I was taking. It was just kind of a jab at those who chose not to get vaccinated.

Shawn Buckley
Now, you told us that you were employed at the university. And my understanding is that in the winter of 2022, you got tested to see whether you caught COVID or not.

Cassandra Schroeder
Yeah. So my thought process was, how do I end up keeping my classes so I can pursue my **degree? How do I make sure I can still work so I can pay for all of this? So I asked my doctor if I could get an antibody test done, which, interestingly enough, you cannot get one if you're vaccinated. So I went to my doctor; she agreed. I got the lab work done. It came back positive. So I said, "Hey, can you write me an exemption so that I can go to these classes?" And she said, "The best I can do is write you a letter saying you can cross the border and go to the States, and you can try to use that to get into classes."**

So I emailed what the university had set up as their COVID committee, saying, "Hey, can I provide an antibody test and a letter from my doctor that'll allow me to be on campus so I can continue working and going to classes?" And they told me, no, according to their research, the best bet, even if you had recovered from the disease,

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was to still get vaccinated. I asked them if they could provide the research that they used to say this, and they just stopped communications with me. Which is very frustrating because at this point, I don't know what they're making their rules on. And there's nothing I can do to fight this, which was very disappointing and discouraging.

Shawn Buckley
Just so that everyone understands. When you say you had an antibody test and it showed you had the antibodies, that means that you had caught COVID, you had overcome COVID, and you had natural immunity now.

Cassandra Schroeder
Yes.

Shawn Buckley
Having successfully fought COVID.

Cassandra Schroeder
Yeah. On the actual antibody test when it comes back, it says. "This test cannot differentiate between naturally induced antibodies or vaccine induced antibodies."

Shawn Buckley
Now, who was this COVID committee that was kind of controlling your life and stopped responding?

Cassandra Schroeder
They never released who it was. I asked a couple people, like who is making up this body? It wasn't voted in; the university never disclosed who made up the committee. They just made the committee themselves, and that was it.

Shawn Buckley
So there's basically this secret committee whose membership won't be shared with the students, who are basically making decisions that significantly affect people like you, and you don't even know who it is.

Cassandra Schroeder
Yeah. I also asked them, too, if people who disclose their vaccine status to the committee—I said, "Who will be able to see this on the university side?" and they didn't provide an answer. So who knows who's seeing that on the other side. They didn't really provide any information.

Shawn Buckley
Right. So they're not going to let you attend in person, even though you have natural immunity. So what did you do?

Cassandra Schroeder
So at this point, the university had offered testing in the fall semester. You could get tested. You could go on campus. Every two days you had to go back and get tested again. They asked you questions like, "Who are you on campus for?" "Who can we send this information to?" Things like that when you go to get tested. So before, that was an option. Come the winter, they took that option away, and you could no longer test, and they kicked me out of all of my classes. I was in some in-person and online options. They still took me out of all my classes.

Shawn Buckley
So they took you off of the online classes?

Cassandra Schroeder
Yes.

Shawn Buckley
I'm just trying to get my head around this. So they kick you out of the in-person classes because you're not vaccinated, although you have natural immunity. But you can't even attend online classes when you're unvaccinated?

Cassandra Schroeder
Correct. After that I did re-register in courses because I just needed to finish the degree. At this point, I was very discouraged and I just wanted to get out of that situation. It wasn't doing anything good for me, and I just needed to finish my degree. So I ended up registering for some online options after that. That's where I switched from focusing on microbio to just finishing my degree as a general science degree.

Shawn Buckley
Right, okay. Now, you actually were living at home at the time, right?

Cassandra Schroeder
Yes.

Shawn Buckley
Can you tell us what happened concerning vaccination with your family and maybe the dynamics that were occurring in that process as COVID went on?

Cassandra Schroeder
Sure. So right off the beginning because I was skeptical— My mom's a nurse, and so she also knows kind of the science background, stuff like that. And she actually got very sick at

the beginning of COVID with COVID. And she called some people, and they said, "We still recommend you get vaccinated." So she did, and then everyone else in my family did as well.

Shawn Buckley
I'll just stop you. So you live with both your mother and your father and then you had two siblings.

Cassandra Schroeder
Yeah, and they were at home at this time.

Shawn Buckley
Right, okay.

Cassandra Schroeder
So I was the only one that chose not to get vaccinated and received a lot of pressure. And I know that they come with good intentions as any mother does, and you know, family. It was just a lot of pressure, you know. [They] mentioned so many times, it was like, "It was your fault. You won't be able to hang out with your friends." "You're going to miss out on all these opportunities." Stuff like that.

And honestly, it just confused me because I was like, "It's not my fault that I'm choosing not to get vaccinated. I just don't think that's the best health for me. But the repercussions that I'm going to suffer, the loss of friendships, the loss of future opportunity, that's not my choice, that's not me doing that." So it was just really hard because it felt like it was me who was sabotaging my own life, which was very difficult. It was lots of tears. Thankfully, I had a really good support group that I found later on that really helped get me through all of it. But it was very, very difficult.

Shawn Buckley
Now, eventually, the kind of dynamics or feeling in your family changed about your vaccination status.

Cassandra Schroeder
Yeah.

Shawn Buckley
Do you want to tell us about that and how they currently feel?

Cassandra Schroeder
Sure. So thankfully my boyfriend also knows

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a lot of science and sat down and had a really good conversation with my mom and really just opened her eyes to everything. And she was so supportive after that, which I'm so thankful for. But now, also, it's the reality of like, we know people who are vaccine-injured: people who have died from getting the vaccine; people who have brain fog, chronic fatigue, debilitating illness. And it'll change their life forever. And being awake to that reality and seeing that is very, very hard.

There's a lot of stress now. Like, what happens to my parents? What happens to one of my siblings? How do you help people through that? What happens if everyone around you dies? I actually had my first ever panic attack realizing that could be a reality, that I could lose everyone around me. And it was very, very difficult.

Shawn Buckley
And is it's fair to say that, actually, your family that's vaccinated, they're stressed now that they have been vaccinated?

Cassandra Schroeder
Oh, for sure, for sure, absolutely.

Shawn Buckley
Right, so they've come to realize they're at risk now.

Cassandra Schroeder
For sure, yeah.

Shawn Buckley
Okay. Now, you were talking about you came across a group that helped you get through this. Can you just share with us about that?

Cassandra Schroeder
Yeah, so Students Against Mandates is the group. It's founded by Leigh Vossen, who's fantastic. She's been a great support. It's just a bunch of students and young adults, even parents, who are just very, very concerned about what was going on. What options did students have? And really, just give a voice to those who are young and going through this. Because up until this point, I didn't know anyone who was on my side, who viewed things the way I saw it. So it was very, very isolating. So to have a group of people who could support you and talk to you about all this was just amazing, and that really did give me hope. It really was just phenomenal.

Shawn Buckley
Right, so I imagine that you would probably recommend, if anyone finds themselves in fear and isolated, to find like-minded people.

Cassandra Schroeder
Absolutely. Share your story. Find people who support you.

Shawn Buckley
Now, going forward, is there anything that you think we should have done differently?

Cassandra Schroeder
Oh, man, I think the biggest thing is that medicine, bodily autonomy, all that needs to be protected to the utmost priority. It's not a group collective. Each person is an individual going through individual situations, and you cannot make a group decision on what people should do. And that should never be pressured.

Shawn Buckley
Right, okay. I'm finished asking the questions, but I'll ask if the commissioners have any questions.

Cassandra Schroeder
Sure.

Commissioner Drysdale
Good morning.

Cassandra Schroeder
Good morning.

Commissioner Drysdale
You had mentioned that you had signed up for university, and I assume you paid your tuition before you started?

Cassandra Schroeder
Yes.

Commissioner Drysdale
Did they refund you the money when they kicked you out of the classes?

Cassandra Schroeder
So at that point I hadn't paid for my tuition. The way the university works is, it's two weeks. They kicked me out of the classes before they started.

In the fall, I'm assuming the reason that they couldn't kick us out of our classes is because we had already paid for our tuition when their mandate had happened. Because they'd actually told us you had to be fully vaccinated by a date in November. But because, I think, we'd already paid, people were already taking the course, and they couldn't have done anything. They didn't have much power. So that's why, I think, they heavily implemented it in January, and then they just kicked people out before tuition had been paid.

Commissioner Drysdale
Hmm. Thank you.

Cassandra Schroeder
Yes.

Commissioner Massie
Thank you very much for your testimony. I'm a little confused about your situation right now.

Cassandra Schroeder
Sure.

Commissioner Massie
Did you mention that the vax mandate is still in action and prevents you to do some of the courses you'd like to do? Or did I miss that?

Cassandra Schroeder
Yes, so I applied to BC, and in BC, they still have the provincial rules, the laws that say that you have to be vaccinated to participate in clinical. So in naturopathic medicine, the first year you already are in clinics, and you need to be vaccinated for that. So the school does not have the mandate, but the Province is mandating it in clinics. So yes, that is why I cannot go to classes.

Commissioner Massie
And are you aware of any prospect that this law at the level of the province will change anytime soon?

Cassandra Schroeder
No. That's why I'm looking at American opportunities, hopefully. But I have no idea where I'm going to go with all that. We'll see where opportunities present themselves.

Commissioner Massie
Did you explore other provinces?

Cassandra Schroeder
Yes, they have a school in Toronto. Last minute, I was told I could go and attend that school. It was about a week before it would have started, and it was not feasible for me to up and move to Toronto. In the future, I may look at that avenue, but I'm not sure if I want to partake in that right now.

Commissioner Massie
Thank you.

Cassandra Schroeder
Thank you.

Shawn Buckley
Well, Cassandra, those are our questions. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story this morning.

Cassandra Schroeder
Thank you so much.

[00:20:14]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 2: Steven Setka
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Shawn Buckley
Our next witness is Mr. Steven Setka. Good morning, Steven.

Steven Setka
Good morning.

Shawn Buckley
So I'll start by just asking you to state your full name, spelling your first and last name for the record.

Steven Setka
Steven Christopher Setka. S-T-E-V-E-N, I go by Steve, though. Last name Setka, S-E-T-K-A.

Shawn Buckley
Steve, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Steven Setka
Yes.

Shawn Buckley
Now, my understanding is that you have a business; you are a freight broker in the Winnipeg area.

Steven Setka
That's correct.

Shawn Buckley
And you've been doing that for five and a half years?

Steven Setka
Yes.

Shawn Buckley
So you kind of started just shortly before the pandemic and then, you're still working through that today.

Steven Setka
That's right, we've been doing our business— It's more or less a family business and I won't mention too much about the business, just the fact that it's in the freight and transportation industry. I myself am a sales manager for our company, selling freight services, small parcel services, transportation services for international and domestic shipping.

We started a couple years before the pandemic, and as anyone would know, a new business more or less struggles somewhat out of the gate, so we struggled for sure, for a while. The pandemic actually was a little bit of a supercharger for our business, fortunately. I would never choose to go through a supercharger event like a pandemic in order for the benefits of my business because I was deeply affected by a lot of other aspects of the pandemic. But, yes, that was the career path that I've chosen for the past five years.

Shawn Buckley
Now, you mentioned it as a family business and I want you to talk about your family. But my understanding is that, prior to COVID, you had a sizable extended family in the Winnipeg area and that you were really tied into that. So my understanding is you've got aunts and uncles and cousins and that pre-COVID, I mean, this was a tight-knit family that you were an integral part of.

Steven Setka
Absolutely. I would say we're a pretty tight family. There's a member of my family here today, which is awesome. I really appreciate that. I would say the size of our family, it's medium to large and it is spread across Canada. There was more members of our extended family in Winnipeg up until a couple of years ago, since a few of them have moved away to other areas of the country. My immediate family: there's my mother, father, and my sister and I. Then there's cousins and aunts and uncles, and a few of those families we're very close with. And there were some consequences for my decisions throughout the pandemic that affected those family relationships negatively.

Shawn Buckley
Before you go into that, though, just explain to us how regular your family would meet and for what types of things. Just so that people understand what was normal before things changed.

Steven Setka
It was pretty regular, for sure. There's a cousin I have that I'm very close with that I would spend a good amount of time with. We grew up together. We spent a lot of time together. We had a lot of common interests. Family gatherings would occur, I think, the same as any regular family: maybe every couple of weeks, maybe once a month, maybe once every couple months depending on the season. Summertime, there was definitely a lot more going on. And there would be somewhere between 10 and 20 family members at these events that we would have: barbecues, indoor gatherings, birthdays, Christmas, Easter celebrations, a variety of different things. We all got along really well for the most part. There was some chaos, as there is in any family, for sure, but for the majority of the time it was wonderful. We had a great time.

Shawn Buckley
And you were involved with some sports with some family members.

Steven Setka
Exactly, yes. So growing up, we played hockey. I played rugby with family members. And we were just an athletic family, our extended family. My family, specifically my sister and I, excelled at sports and other members of our family around the city were the same. That was my passion and that's where I really enjoyed spending my time, with family and friends, and that's my community.

Shawn Buckley
And pre-COVID there would be regular phone calls and family group chats and texting and things like that on a pretty regular basis, am I right about that?

Steven Setka
Absolutely, yes. No more, no less than any other family, but we were close. And we appreciated each other's company. I was raised by the phrase that blood is thicker than water and family is very, very important. You can't pick your siblings, you can't pick your family, you can't pick your parents, so you might as well make the best of it.

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Shawn Buckley
Okay. And we appreciate your enthusiasm. So tell us, as the COVID experience started, what happened and what changed?

Steven Setka
I would say that I was questioning the pandemic. Not necessarily from the start. I started to question it a few months in, before vaccines even came out, before lockdowns and severe

mask mandates and all those different types of things. I have a pretty healthy belief in my immune system, my physical health. That's very important to me: physical, mental, and spiritual health. Therefore, I looked at it from a different lens, right from the get-go, more or less. But I was scared, and I had fear from the get-go. For the most part, my immediate family was very on board. They feel more or less the same way.

Other members of our extended family probably didn't really feel that way. They went right into the so-called fear-porn response, I would say, and watched too much television. That affected the relationship that we had. I was not overly outspoken in the family, but I was most definitely comfortable telling them what I felt in a polite and respectable manner, what I thought. And they didn't really like that a whole lot.

Shawn Buckley
And then was there also some disapproval that you would be going out when, perhaps, the government did not want you going out?

Steven Setka
I was a rule breaker. I'll leave it at that.

Shawn Buckley
Okay, but how did that affect family dynamics?

Steven Setka
Again, the immediate family, there wasn't any issues necessarily, per se, but if we're going to jump ahead and talk about the whole vaccination process and my decision not to get vaccinated, there were a fair-few members of our family that didn't approve of that. Just the fact that I didn't do it and that I was still attempting to participate in everyday life as I normally would. Of course, I wasn't able to for a variety of reasons. As most people that do know me, they would understand that I'm quite a gregarious and outgoing individual. I have a lot of energy. I need social engagement in my life. And being locked down and being isolated in a house or home on my own or with a partner, at the time, was very, very difficult. So it wasn't received very well in my communities, in both family and friends.

Shawn Buckley
Right. And then you told us you chose not to get vaccinated. What types of things happened within the family and your access to the family with that decision?

Steven Setka
There's a few households that I was not able to attend. I have not been back there since. I won't go too much into depth on that, but the relationships of being around those family members has definitely changed. And I would say that it's uprooted some deeper hurt that has been long-standing, maybe, within the family. Our family, I believe, like others, struggles with issues and challenges and relationships. Especially the larger that they get, the more difficulty you can experience. COVID, the pandemic, the vaccines, the lockdowns—our difference in views definitely affected that negatively.

Shawn Buckley
So my understanding is you're not invited to birthday parties and there's some of your nieces and nephews you're no longer allowed to see, right?

Steven Setka
More or less. I would say it's more— Currently, it's just the association, the discussions, the participation in family has been very limited and minimal. I would say our immediate family has been ostracized and excluded from events. Specifically, I'll tell a really quick story.

Members of my immediate family that were vaccinated are and have been invited to events. And then the ones that aren't, aren't invited to anything anymore, and that's really been the case for a couple of years now. I don't know if that has to do with the vaccination status or with the fact that there's other things going on. To be honest, it doesn't bother me as much any longer. It did affect me really negatively and my mindset for a long period of time, though.

Shawn Buckley
Now, I want to segue to church because you had an experience with church. My understanding is that you were going to Oasis Church when the pandemic hit. Can you share with us what happened there?

Steven Setka
For sure. This is something that I have a friend that I discuss with regularly. Because I was in a Zoom group or more of like a family-care group with this individual. A couple of years ago,

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Oasis Church was concerned about the pandemic and vaccination requirements, and whatnot. And I brought it up with the leadership of the church that I was concerned about that, the fact that they were going to separate individuals, bring in a vaccination pass or something of the like. And I had met with the leadership of the church to express my concerns, to no avail. Whenever it was that the vaccine pass came around—that would have been 2021, end of summerish, going into the winter—it got really severe and really heated. Oasis Church brought in a vaccination pass, and they had it right around Christmas time. And I made the decision to go— They had a section for undeclared individuals for Christmas Eve. I decided to go to that.

Shawn Buckley
I just want to stop you. So this is Christmas Eve service which, in a Christian church, is one of the two major celebrations.

Steven Setka
Absolutely. Christmas Eve's a big deal. It's a wonderful opportunity to spend time with your family. I decided to go on my own, in the section of the church that was declared for individuals who did not want to declare their status. And I'm walking in and I go into the church and I go into the theatre, which was separate from the main congregation, for the

regular vaccinated service, I guess you could say, on Christmas Eve. I was the only one in that separate theatre at the church. And I was shocked that there was, first off, no one else there. But it didn't surprise me that nobody else showed up: if they didn't want to declare, they just wouldn't go. I just put myself on the line, and that was more or less the straw that broke the camel's back for me when it came to not attending that church anymore because of that decision that they had made. Which brings me to changing churches and going somewhere else now.

Shawn Buckley
Right, so basically, they were accommodating people that were undeclared, but they were in a different theatre. And I guess, the idea would be, you'd watch it on a screen?

Steven Setka
Right. Absolutely.

Shawn Buckley
But when you show up, you are the only one in that room.

Steven Setka
Exactly. There would have been— I would put my number on it at, maybe, 1,000 people at the service in the main area. And then myself as the one individual who went undeclared.

Shawn Buckley
Were there other things about being unvaccinated, other restrictions that affected you?

Steven Setka
Absolutely. There were work repercussions in terms of events and networking and social engagements. That was severe. I also love to travel. I have family all over the country. I enjoy travel for business, family, and leisure. I have not been able to do that for a long period of time. I can now, of course. But I was not able to attend work conventions in the United States, work conventions in Canada. My business partner and I actually drove to Toronto right near the end of the flight mandate—it was about eight to ten months ago—which is a long drive, especially in the wintertime, to get to another city in order to attend a mandatory work event. So we were not able to fly there. Instead, we had to drive 24 hours and take time away from the day-to-day operation of our business in order to do that. And that was very difficult and very challenging.

Shawn Buckley
How has this affected you mentally?

Steven Setka
Tremendously, I would say. As I stated, a very outgoing and gregarious individual, I felt feelings of sadness, loneliness, anger, depression, anxiety, a variety of different things. I would say I utilized my family and my friends as an outlet to talk about them. Was it sufficient? I have beautiful people in my life and I was very happy to have those people

there. And those support groups, the aforementioned ones that Cassie said about S.A.M. [Students Against Mandates] and other groups that I affiliated with. But the readjustment of my social scene and social circle was extremely difficult. And it's ongoing. When you lose friends, when you lose opportunities, miss out on a variety of things and aren't able to do anything for fun, per se, for eight months, that takes a toll on your mental health.

Shawn Buckley
Especially, for a large period of that time, you were living by yourself, weren't you?

Steven Setka
Correct.

Shawn Buckley
So you know, lockdown for you meant just being isolated.

Steven Setka
Exactly. I was living with a partner for a period of that time, but, more or less, probably half of the pandemic I was living on my own.

Shawn Buckley
Now, do you have any ideas how we could have done this better?

Steven Setka
Depends how much time we have to talk about it.

Shawn Buckley
Yeah.

[00:15:00]

Steven Setka
I have a belief that, in this world, we live with a lot of risk every single day. I would have liked to see the government, or those-that-be, allow us to choose which risk we wanted to take in our life and the ability to have autonomy in our own decision-making. If you wanted to get vaccinated or stay at home or wear a mask, or whatnot, that's great. But if you are willing to take the risks associated with daily living, along with going out when there's flu season, sickness going around, that would have been how I would like to see the response.

Now, that response was done in other areas of the world—Florida, probably, being the one that we're most familiar with. Bodily autonomy, personal autonomy, and individual responsibility. That's just what I believe in and how it should have been done better.

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

Commissioner Kaikkonen
Good morning. I'm glad you decided to find another church, but I'm just wondering how the new church did things differently with regard to the mandates and lockdowns.

Steven Setka
So I'll share that I'm a member at Springs Church, and there's other people around here that I see that are there as well, too. I felt more at home there. A little short anecdote about the reason why I ended up there is because of this experience at the previous church, the vax pass, and then being accepted elsewhere. Also, members of the community that I was becoming involved with were there. And I never really knew much about it, but it felt more like home. I went to the church, to Springs Church, for that reason.

I stayed because of the pastor, Leon Fontaine. God bless his heart, is no longer with us. And I'm continuing at that church, and I will be for a long period of time because of the communities and the associations that I've built there. Springs definitely pushed the envelope. They allowed people individual autonomy and responsibility. They were in the news and in the media more than, definitely, many others. They stood up for the Charter freedom that we have to practise our religion or our faith, and I appreciated that because that's exactly how I felt in regard to the human rights we all have as citizens of the world.

Commissioner Kaikkonen
Thank you.

Commissioner Massie
I'm most tempted to ask you a question about what you experienced in the church. I guess you must have had conversations with people over there. I'm wondering whether the question about, what would have Jesus done under those circumstances with the un-vaxxed? Was that ever raised?

Steven Setka
I believe so. I have these conversations with my father regularly. He reads the Bible on the daily. We are very biblically focused, and we have a lot of faith, and I don't necessarily know, I don't think there's any— I don't know if in the Bible there's anything to do with vaccination specifically. But Springs teaches us this little acronym that many people are familiar with, and I believe this is what Jesus would have done. He would have loved and accepted and forgiven people for the decisions that they made. Love people for where they're at, accept people for the decisions that they have made, and forgive those who have potentially wronged you. And that's just the spirit that I live by.

Shawn Buckley
Thank you. There being no further questions, Steven, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your experience with us.

Steven Setka
Thank you for having me.

[00:19:05]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 3: Steven Kiedyk
Full Day 3 Timestamp: 02:20:56–02:33:36
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Shawn Buckley
And our next witness is going to be a Mr. Steven Kiedyk.

Wayne Lenhardt
Good morning, Steven. Could you give us your name and then spell it for us. And then you're going to have to swear an oath for me.

Steven Kiedyk
My name is Steven Kiedyk, S-T-E-V-E-N K-I-E-D-Y-K.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here today?

Steven Kiedyk
I do. I will.

Wayne Lenhardt
Your testimony today is going to relate to your injuries that you've suffered from the vaccine. So let's start with a bit of background. Your profession is that of a land surveyor in Manitoba, correct?

Steven Kiedyk
Yes.

Wayne Lenhardt
And when did you first start doing land surveying?

Steven Kiedyk
2007, I believe.

Wayne Lenhardt
So by October 2020, you were still doing that and you were doing it for the Manitoba government, correct?

Steven Kiedyk
I was, yes.

Wayne Lenhardt
That job terminated in April of 2021 for no COVID reasons, am I right?

Steven Kiedyk
That is correct, yes.

Wayne Lenhardt
As a restructuring of the government. You continue to do surveying and went back to your original company in June of 2021. Am I correct?

Steven Kiedyk
Correct.

Wayne Lenhardt
Tell me why and when you were convinced to get one shot of the Pfizer vaccine.

Steven Kiedyk
Well, it took me a while to actually finally convince myself to go in and get a shot. I finally got it in July of 2021. Up to that point, I was pretty adamant on not wanting to get it, only because I believed I should have the right to choose on whether I should get it or not. Secondly, because I wasn't really a part of the demographic that was at risk for the disease. So therefore, I just didn't want to put myself through that risk. But eventually, after months of being essentially cast out of society and being told that I was a horrible person for not joining the vaccination campaign, I finally decided in July. I just woke up one morning and decided to get my one shot to regain my presence in society, I guess.

Wayne Lenhardt
At that point, you are pretty healthy. I understand that you did a marathon in July of 2019.

Steven Kiedyk
Yes, I'm a fairly avid gym-goer. I go to the gym, roughly about five days a week. I ran. Like I said, I did my first marathon in 2019. I actually did really, really well and tried to continue on going down that path of being as healthy as possible. Because I'm only getting older, so I may as well try to stay healthier.

Wayne Lenhardt
And did you have any ailments of any kind?

Steven Kiedyk
Up to that point, no. I was fairly healthy. I was a fairly healthy 35-year-old, just trying to learn how to run.

Wayne Lenhardt
So in July you had your one shot of Pfizer.

Steven Kiedyk
Yes.

Wayne Lenhardt
And when did you have your first health concern?

Steven Kiedyk
So it was only the one vaccination that I had, so I was still kind of locked out of most of society. I wasn't able to go to the gym and I wasn't able to do much physical activity. But it wasn't until October. I got together with some friends and we decided to play some basketball, where just playing a regular game of pickup with some friends,

[00:05:00]

I ended up losing consciousness and collapsing on the floor. Just playing regular basketball. It was really alarming because it had never actually happened to me before under strain, losing consciousness and blacking out and getting all tingly. So that was kind of alarming. But now I realize that it has not stopped, actually. I'm finding myself losing consciousness on overexertion, actually a lot of times. My body goes tingly, I lose vision. I have to take a knee or I have to take a second to regain my composure.

Wayne Lenhardt
And how often does this happen?

Steven Kiedyk
Well, in the beginning, it could happen almost three times a day, depending on what I was doing that day. Now, I'm a little bit better at regulating how much stress and how much strain I can put on my body so that it doesn't happen. But it does happen still quite regularly if I over-strenuate myself, I guess.

Wayne Lenhardt
Has this interfered with your surveying job in any way?

Steven Kiedyk
Indirectly, yes. I'm not as good at my job as I was before. I'm finding myself taking a few more breaks during my work. When I'm doing my physical activity during my work, I'm not getting as much work done as I did before. Again, because of breaks, because of having to catch my breath, because of having to make sure I don't collapse and lose consciousness.

Wayne Lenhardt
Yes. We talked earlier about your work and how you, as you put it, you do a certain number of bars per day.

Steven Kiedyk
Yes.

Wayne Lenhardt
Could you explain what that means for the commissioners?

Steven Kiedyk
Sure. For an example, let's say I was on a regular day, I would be able to place about 12 bars. These are iron bars about three feet long, about one inch by one inch. I'd use a sledgehammer and I would be pounding those into the ground on property corners.

Wayne Lenhardt
Okay, so let me take an example so this is understandable. If you're surveying, let's say, a lot out in the field somewhere, you will want to locate the corners of that lot.

Steven Kiedyk
Yes.

Wayne Lenhardt
And when you do, you will put an iron bar at each corner of the lot.

Steven Kiedyk
Exactly, yes.

Wayne Lenhardt
And it's about two and a half feet long and it's about an inch by an inch in outer dimension.

Steven Kiedyk
Yes. In outer diameter, I guess.

Wayne Lenhardt
So what you'll do is, you'll put that bar and then you'll get your sledgehammer out, and you'll drive that bar into the ground.

Steven Kiedyk
Yes.

Wayne Lenhardt
Okay and then that becomes the precise location of the corners of the lot.

Steven Kiedyk
Exactly.

Wayne Lenhardt
Previously, we had said that you could do something like 12 bars a day. And you're now only able to do, sometimes, three bars, sometimes five a day.

Steven Kiedyk
Yeah, depending, again, on how tough the ground is and how much strain I'm actually having to put onto that. I am actually doing much less than what I was doing before because, again, I'm not able to just continuously work like I did before. I'm finding I'm having to take a lot more breaks and catch my breath.

Wayne Lenhardt
Have these sessions of blackouts, let's call them that, have they gotten worse or better? Or have they stayed the same roughly since October 2021?

Steven Kiedyk
You know, I'd like to be hopeful and say they've been getting better. But I think it's just I'm better at regulating exactly how much strain I can put. Maybe they've gotten slightly better. But for the most part, they're very evident and they are very continuous in my daily life.

Wayne Lenhardt
Okay. Have you gone to a doctor to have him or her look at this?

Steven Kiedyk
That's the one thing I have not done. Mostly because of the whole scenario that has gone on during the pandemic. I've lost a lot of faith in the medical industry; I mean, I didn't really want to. But I just really don't know who to trust and if I'm just going to be cast aside and now your problems are unimportant.

[00:10:00]

I know my body. I know what I know. For the last 37 years I've been living with this body.

Wayne Lenhardt
So is it fair to say, then, that you're able to manage it to some extent so that you can still work?

Steven Kiedyk
Yes.

Wayne Lenhardt
But has it gotten better or worse or stayed the same?

Steven Kiedyk
I definitely wouldn't say it's gotten— It hasn't gotten better enough, to say that it's very noticeable.

Wayne Lenhardt
You have learned how to manage it to some extent?

Steven Kiedyk
Yes, and that's probably about the way I could say it's gotten better.

Wayne Lenhardt
Okay. I think, at this point, I'll ask the commissioners if they have any questions they would like to dig into. Yes, Dr. Massie.

Commissioner Massie
Did you try to report your side effect to the authority?

Steven Kiedyk
I did. I signed a form, one of the forms that was circulating on the internet, but that was about as far as I went. Again, mostly because of the medical industry: I was hearing a lot of people complaining about side effects that were going unheard, so I just didn't really know the right person to give my complaints to that would actually get traction. I'm under the impression that it just wouldn't get much traction—hence why I actually even signed up for this, so that my story could get heard.

Commissioner Massie
And my other question is, has your partially vaccinated status affected your ability to work or your social life?

Steven Kiedyk
Yeah, it definitely has affected it, two ways. One way it's affected it is because the people who are on the vaccine campaign give me flack for not getting my second one. And then,

also the fact that I got my first one. Like I said, it impacts my life, every day. It's very strenuous on my life.

Commissioner Massie
Can you also specify the delay between the vaccination you had and the first onset of symptoms that you have noticed.

Steven Kiedyk
Yeah, it was the first week in July when I got the vaccination. And it was about the second week in October when I actually realized I had that first symptoms and I noticed that I couldn't exercise like I used to.

Commissioner Massie
Thank you.

Wayne Lenhardt
Any other questions? No. Okay, on behalf of the National Citizens Inquiry, thank you for your testimony.

Steven Kiedyk
Thank you.

[00:13:18]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 4: Devon Sexstone
Full Day 3 Timestamp: 02:33:36–02:47:34
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Devon Sextone.

Okay, could you give us your full name, Devon, and then spell it for us, and then I'll make you swear an oath.

Devon Sexstone
It's Devon Sextone, D-E-V-O-N S-E-X-S-T-O-N-E.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Devon Sexstone
I do.

Wayne Lenhardt
Okay, to start with a little context, could you tell us what your career and work history has been since about 2005? Just quickly.

Devon Sexstone
So I've been an army reservist for about 16 years; I'm now a veteran. I have operated equipment and trucks, both militarily and in the civilian world.

When COVID hit, I had just become a unit manager managing a freight terminal for an expedited LTL and courier company, one of the largest in Canada. And I lost both that job and I've been kicked out of the military due to the vaccine mandates.

Wayne Lenhardt
Okay. So let's pick up the timeline: March of 2020, then. This is when there was evolving COVID policy happening. You started to have some fears. Then March of 2021, you're off on parental leave for a bit of time. This is why you were working for Purolator. And then in October of 2021, the vaccine mandates came in. What happened, at that point, in your work place?

Devon Sexstone
So March of 2020, three months into being a manager, COVID, as far as I can recall, landed on the shores of Canada. There was constant, ever-evolving policies coming from head office. The executive branch, in my opinion, did not do a good job of allaying people's fears. A lot of people were understandably concerned, but we were told that we were essential services and we were to continue working.

Throughout the next year and a half or so, there was a lot of high stress. Our industry exploded in terms of busyness and it was uncontrollable growth, coupled with mask mandates and constantly changing policies.

When I returned from parental leave after the birth of our fourth child, in October of 2021, I was told that there would be an impending vaccine mandate. I believe the initial date that they had stated was November or December of 2021. They kept pushing it back because there was a lot of pushback. I was told that if I didn't disclose my status—I believe in November of 2021—that I would be disciplined. I actually ended up disclosing it under duress because, at that point, I wanted my children to have presents under the Christmas tree. Because financially, we were still recovering from me being off on parental leave.

At the same time in November of 2021, the armed forces had told me that if I was to refuse the vaccine that I was no longer allowed to train and parade with them. I was made to read through the entire COVID policy from the Chief of Defence staff and discovered that I had missed a date for voluntary release and was told that, basically, I would be forced out—5F released. I told them that I was going to grieve that because I was not aware of it.

So at the same time, I had the stress of losing my civilian job, which provided for us because my wife was at home with our four young children, who were four or five years old and younger at the time, and my part-time job, which we used to help sustain us.

During the time period between October and December of 2021, there was a lot of confusion going on amongst the head of Purolator, the executive staff. There was questions about the legality, both for myself and others. The only responses I got were either no response whatsoever, or I was told that that was a good question, and that was the end of the email.

At one point, one of the individuals responsible for the vaccine mandate at the executive level was asked,

[00:05:00]

essentially, what was going to allow them to legally do this. And his response was that the government was going to be helping them out. So I took that to mean that this was not legal and that, basically, it was a political thing.

Fast forward to January of 2022: myself and 1,032 other individuals were placed on unpaid leave and our ROEs [record of employment] were coded, I believe it was code M—which was suspension or temporary dismissal—and as a result, I was ineligible to collect EI benefits, even though I had been paying into them. So at that point, I had lost my military career. I was no longer allowed to parade. That release finally happened in June of 2022.

So basically, the stress from that was absolutely crushing because had my wife been working and not lost her job, that would have been a different story. But when you are the sole breadwinner for your wife and four young children— To be honest, I felt like an abject failure as a man for quite a long time. Yeah.

Wayne Lenhardt
Okay, to quickly summarize: In January of 2022, the mandate came in to disclose your status or tell them that you're not vaxxed. And if you weren't vaccinated, you would be put on unpaid leave, which happened.

Devon Sexstone
Correct.

Wayne Lenhardt
And so, at this point, you are still basically suspended, unpaid leave with Purolator.

Devon Sexstone
That's correct, yeah, from Purolator.

Wayne Lenhardt
But you did get a different job, so you've been driving truck since.

Devon Sexstone
Yep.

If I may, though, delve into some of the impact that I saw happen to some of my employees that I managed. One of our clerical workers, her husband suffered Bell's palsy as a vaccine injury. She was terrified to get the shots as well, but basically, disclosed to me that she felt she had no choice because financially, it would ruin them. Two of my drivers that drove for me told me that after their second dose of the vaccines, they had horrendous headaches every single day that they had never had previous.

After the 1,032 of us were placed an unpaid leave, 215 of us launched a lawsuit. Several of the individuals from that lawsuit lost their apartments. They were in places like Toronto where the rent is extremely high. They were living in their vehicles. The impact of this policy was attempted starvation. To say to someone that you can't work somewhere is one thing. But to say to someone you can't work somewhere and then, basically, pull out any social safety net is a different thing entirely.

Wayne Lenhardt
I think we should note that you have had other vaccines in the past, so it's not as if you are anti-vaccine.

Devon Sexstone
Yes, I deployed to Afghanistan in 2011. I believe I received five or six different inoculations in a very short window. I had no concerns about it at all. I had no adverse reactions whatsoever. I probably have more vaccines than most people sitting in this room. So I'm not an anti-vaxxer.

My reason for suspicion with the vaccine was my mom was a nurse and she told me about a lot of what she knew. The longer things went on, the more it became quite clear to me that it was politically motivated. People that were asking legitimate questions as to the safety and efficacy of the vaccine were told that they were conspiracy theorists. Our own Prime Minister stood on TV and called them misogynists and racists. It was apparent to me that—From my experience in the military, the government will do what it needs to stay in power and to protect its liability. They often don't, unfortunately, do what is right.

There were a lot of veterans that were prescribed Mefloquine, which is an antimalarial drug. And it came out years later that that drug was causing severe psychological effects on those that were prescribed it. And they knew for decades that it was doing that. So I had an underlying suspicion of the government telling me that a drug was safe.

Wayne Lenhardt
In terms of your employment at the moment, are you making similar money to what you made with Purolator before? And could you compare your wages and your benefits now to what you had with Purolator?

Devon Sexstone
I am making similar, but I'm working 12 to 14 hours a day, instead of eight to 10. I had a pension plan with Purolator that was very good. I had a lot of upward mobility.

[00:10:00]

I had hoped to move into more of network planning and logistics and load planning across the entire network, or at least the Western Canada portion. Where I am now, I'm very grateful for the job. The employers treat me very well, but I'm making $10 an hour less than I was working at Purolator. So it was a substantial pay cut.

Wayne Lenhardt
And was there any benefits from the military prior to you being released from the military back in June of 2022?

Devon Sexstone
No. Thankfully, there had been rumour that my pension would be taken away from that. Thankfully, that didn't materialize. I still have my pension.

Wayne Lenhardt
Okay, so you're managing to support your wife and your four children and yourself at the moment.

Devon Sexstone
Correct.

Wayne Lenhardt
I think, at this point, I'll ask the commissioners if they have any questions.

Dr. Massie?

Commissioner Massie
Thank you very much for your testimony. If I am not mistaken, I was reading this morning that Purolator has dropped this vaccine mandate. Are you aware of that?

Devon Sexstone
I've heard rumour of it, but I have not been contacted by HR to inform me that that's changed. So until that happens— Maybe that is the case, but no one's contacted me to inform me.

Commissioner Massie
Would that be something you would consider?

Devon Sexstone
It's hard to say. To go back after what's approaching a year and a half, to a company that violated every aspect of my employment contract and treated people like absolute garbage—it would be a pretty hard sell. I'm not saying it would be a no-go, but I don't know. By their fruit shall you know them, right?

Commissioner Massie
Thank you.

Wayne Lenhardt
Any other questions from the commissioners?

Okay, on behalf of the Citizens Inquiry, thank you for your testimony.

Sorry, one more question.

Commissioner Kaikkonen
I'm sorry, I'm always slow to put my hand up.

I'm just wondering about the safety net the government provides when you lose employment. I'm thinking of government-contracted employees who can collect EI in the non-contracted periods of the year.

How did you feel when you could not collect EI, even though you had contributed to the system, if you will, since 2005? I believe that's the year.

Devon Sexstone
Yes, since I was 16. It might sound a bit extreme, but I would almost liken it to attempted murder. I mean, you've taken away my ability to provide for my family. It's one thing to do that to me as an individual. Part of the struggle was everyone, it seemed, had vaccine mandates. I have my Class One, which is kind of a ticket to a lot of employment. But a lot of companies would not even entertain employing you if you were unvaccinated.

I mean, even then, you go to an interview— And I had a few interviews that I'm sure the reason that they booted me out the door was because when they asked, "Well, what's going on with Purolator?" "Well, I was unvaccinated." It was immediately a black mark.

So yeah, to pay into something and then be denied it— I mean, it was in keeping with everything they did. Everything Purolator did violated the employment contracts and employment rights of their employees. And they were directed to do that by the government, based off their own admissions.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Any other questions?

Thank you, again, for your testimony.

[00:13:58]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 5: Leigh Vossen
Full Day 3 Timestamp: 02:47:50–03:17:55
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kassy Baker
Good morning. Ms. Vossen, can you please state your full name for the record and then spell your full name, as well, please?

Leigh Vossen
Yeah, my name is Leigh Elizabeth Granelli Vossen and that's L-E-I-G-H, V as in Victor, O-S-S-E-N.

Kassy Baker
Very good. Now, Miss Vossen, do you swear to tell the truth, the whole truth, and nothing but the truth today?

Leigh Vossen
I do.

Kassy Baker
Very good. Now, I believe we've actually had some reference to you already this morning, as Ms. Schroeder mentioned you during her testimony. I understand that you're here today because you're one of the founders of a non-profit organization called Students Against Mandates, or S.A.M. for short. We're going to get into the circumstances that led to the formation of that group. But just to give us a bit of background, can you please explain to us your qualifications and your education and your employment as of the pandemic, at the start.

Leigh Vossen
Yeah. So when the pandemic started, I was working as an in-house graphic designer, and at the time as well, my friend and I were actually planning on opening a small business. So we

just finished doing a business plan and we were looking at spaces to lease. The two weeks to slow the curve hit and I said, "Let's take a pause on this," and it ended up being a little bit longer than two weeks to slow the curve. So that small business was put on hold, but that's where I was at, at the beginning.

Kassy Baker
And you were continuing to work throughout the pandemic, at that point. Your current employment was still continuing at that point, is that correct?

Leigh Vossen
That's right. It was moved to all online, so I was able to work from my apartment. By December of 2020, I decided to leave my position there and go back to school, to take business administration, accounting. I felt that it would be good to make use of the pandemic and that education could be put towards opening my small business.

Kassy Baker
Very good. Where did you enroll for these classes?

Leigh Vossen
It's at Red River College, here in Winnipeg.

Kassy Baker
And just to confirm, that was in December of 2020 that you enrolled in those classes. Is that right?

Leigh Vossen
It started in January of 2021. So my last day at my graphic design job was in December, and then January is when I started business administration.

Kassy Baker
Very good. And at that time, how were classes being conducted?

Leigh Vossen
So they were all on Zoom.

Kassy Baker
All of them, 100 per cent of your classes.

Leigh Vossen
All of them, yeah. And there was no mention of mandates. No mention of vaccine passports. Hadn't heard of them at the time.

Kassy Baker
Very good. So I understand that you were able to complete your first and second term, in fact, of your business administration program.

Leigh Vossen
And third term.

Kassy Baker
And your third term, as well, all via Zoom, is that correct?

Leigh Vossen
That's correct.

Kassy Baker
Now, how long was your program? How many semesters in total?

Leigh Vossen
It would have been four terms. I had one term left.

Kassy Baker
All right. So at what point were you preparing to start your fourth and final semester?

Leigh Vossen
I remember that the mandates hit in August of 2021 and I was still in my second term. The mandates actually didn't affect me because I was online and it wasn't moved to in-person. But any staff or student who needed to be on campus—say, nursing or there's a lot of construction programs at Red River. It's a very hands-on college, so there's a lot of programs that required students to be in-person. At that time, it didn't affect me.

It wasn't until the end of my third term, going into my fourth term, I was notified that my classes would all be moved to in-person and that I would need to submit proof of vaccination. I contacted my school and said, "You'll need to provide an alternative." And I guess I can just say, they provided one online class per course. But for some reason, a number of students'—including mine, another unvaccinated student, I don't know about the rest of them—but our registration portals were frozen until all of those classes were filled. So I don't know why that happened, but I was unable to register for any online classes. They were taken up, and I decided to drop out because I didn't want to support the college.

Sorry, I'm going ahead. I'll let you ask questions.

Kassy Baker
That's okay, I understand. I'm just going to circle back a little bit here and just try and get a little more detail about some of what you've told us here.

So you've advised that you were told in August of 2021 by your school that a mandate would be coming into effect shortly. What, specifically, were the terms of that mandate? You have said that only those that were required to attend classes on campus,

[00:05:00]

at first, were required to be vaccinated and that this did not affect you as an online learner. Is that right?

Leigh Vossen
Yeah, that's right.

Kassy Baker
At what point did the mandate, then, affect you? And what did the mandate require?

Leigh Vossen
Yeah. So again, it was at the end of my fourth term— I can't remember the exact date of when that was. Or sorry, the end of my third term going into my fourth term, that's when I was informed. I received an email saying business administration classes were going to return to campus, and in order to step foot on campus, you need to provide proof of vaccination.

Kassy Baker
And so, this policy was only coming into effect on your fourth and final semester, in fact.

Leigh Vossen
Yes, so the mandate was still in place, but then they were moving my program to in-person. The mandate actually started during, maybe, halfway through my third term. So I felt like I'd be able to get through my whole program without having to go through this.

Kassy Baker
Right. Now, you did say that you expressed some concern regarding the mandate to your administration. Can you just describe, generally, how you communicated those concerns?

Leigh Vossen
Absolutely. So I remember I was driving with my family to Toronto, sitting in the backseat of the car, and I received an email from the President of the College announcing the implementation of vaccine mandates and passports for all staff and students who wanted to step foot on campus. And again, didn't affect me, but I felt so strongly against this—and I guess, throughout the whole pandemic, I'd felt that a lot of the treatment towards the unvaccinated was very unjust—and I decided to do something.

So I wrote an email to the President expressing my concern. I said, "On behalf of a huge group of concerned students—" It was just me but— I just explained I'd like to see the data. I followed that up by posting that email into an anti-mandate group on Facebook that I

joined the day before. There was about 5,000 people in that group. I said, "Could you guys send this and bombard the President of my college?" which a lot of them did.

A few days later, the College announced— I should add, they had said no exemptions were allowed for students who are unvaccinated to step foot on campus. They said, "Actually, we will allow exemptions for unvaccinated students." And then I messaged the President and said, "Would I be able to meet with you in person to discuss the data?" I mean, it's a very nerve-wracking thing to do. I'm not comfortable with that, but I felt like we needed to push back on this. And he ignored a number of emails and voicemail messages and then, eventually, they said something along the lines of, "We're against discrimination and segregation of any kind, but these are our policies, and that's the end of the discussion."

Kassy Baker
Now, you said that the school did, at some point, advise that there would be exemptions made. Were there any conditions that you had to meet in order to qualify for an exemption?

Leigh Vossen
Those weren't stated. And once I started my organization, Students Against Mandates, I started receiving messages from people saying, "My religious and my medical exemptions are all being denied." You're hard-pressed to find a student who got an approved exemption. I think it was just sort of a, "Look we're offering this; it needs to be approved," and none of the exemptions really met the criteria. I think there's a couple of students, but very few.

Kassy Baker
So did you ever receive any direct communication from the administration, specifically with regard to your attempted communications?

Leigh Vossen
I got one email saying, "We'll respond to you tomorrow," and then they didn't. So then I kept emailing them and leaving them voicemail messages. And then I did get that email, that one email, saying, "This is the end of the discussion," essentially. "This is our policy. We stand firm by it. We'll not be meeting with you."

Kassy Baker
Very good. Now, I understand that it's, perhaps, been implied to this point but has not been directly stated that you either were not vaccinated or were not willing to disclose your vaccination status. Is that correct?

Leigh Vossen
Yeah, I'm unvaccinated.

Kassy Baker
Okay. Prior to COVID, had you ever experienced any hesitation with regards to obtaining vaccinations?

Leigh Vossen
No, not at all.

Kassy Baker
So this was, essentially, a first instance of concern for you. Is that right?

Leigh Vossen
That's correct.

Kassy Baker
And what, specifically, was concerning for you?

Leigh Vossen
Well, I don't know why this is for me, but I never felt any fear when I heard about the pandemic. I just listened to what our politicians, our leaders were saying, and I started to notice that they were not uniting the country; they were dividing. And to me, that didn't make sense and I felt like there might have been an ulterior motive.

And then as things proceeded— My sister, actually, has a degree in microbio and immunology and she was saying, "You know, these headlines don't make sense; this is not what a virologist would say."

[00:10:00]

And I'd have a lot of really great conversations with her. In addition, my family, I would say they really push critical thinking and listening to both sides of the conversation. So I was always willing to listen to people who had a different viewpoint.

I am very against groupthink and cancel culture. I've been cancelled for my view on cancel culture before. So yeah, I didn't like what I was seeing and I didn't see what the leaders of the country were doing as true leadership.

So as I said, I didn't have really an issue with the vaccine, necessarily, at the beginning. I just thought, well, there's no longitudinal studies. We don't know what this will do and they're not being honest about that. They're saying it's safe and effective and they have no way of knowing that without longitudinal studies, so I chose to hold back.

Kassy Baker
Right. Now, you've advised that you created an account, I believe it started on Instagram, is that right, for Students Against Mandates?

Leigh Vossen
That's correct.

Kassy Baker
Can you tell us about the early days of the creation of that account?

Leigh Vossen
Yeah. I feel being ignored by the President pushed me to create this Instagram account to share the policies that Red River College was implementing. It started focusing with Red River College. I have the graphic design background, so I felt this is something that I could do.

And then, to my surprise— I have to say I was very isolated prior to the pandemic. All of my friends, all of my social circles, did not agree with my viewpoint. I hadn't really told most of my friends. But my family, half of them are vaccinated. I have five siblings, half of them are vaccinated, but they all supported us making our own decision.

So I made this Instagram not expecting much back. I remember I was surprised when I got 25 followers, that there were 25 like-minded people at Red River who agreed with me. But then I just started getting hundreds, now thousands, of messages over the past three years. But hundreds of stories from students, staff, administration, professors, doctors, lawyers. There's underground networks of paramedics and lawyers in Winnipeg.

It opened my eyes to just how many people there were being affected by this, and the degree to which they were being impacted. And it just kept me going and pushing back and speaking up.

Kassy Baker
Can you describe some of the more memorable messages that you received from some other students who are similarly impacted by vaccines or vaccine mandates?

Leigh Vossen
Absolutely. So at the start, a lot of the messages from students, sort of surrounded, feeling isolated, scared that they couldn't speak up. Essentially, there was a lot of messages saying, "Thank you for making this platform because I felt alone and it's been impacting my mental health."

I started saying to anybody who is in Winnipeg, "I will meet up with you. I'll have coffee if it's legal to go to a coffee shop right now. Or you know, we can go for a walk." So I was starting to do that multiple times a week and then it started to get to be a lot. So I started hosting potlucks at my house to get these people to meet each other and form a community. I felt like, if you have people behind you, you're going to be more likely to speak up. And I know I have my family behind me, but these people didn't have anyone. So I started doing that.

But one student I met up with for coffee, she's from China: she's a resident student. She said, "If I don't get vaccinated, I'm going to go back to China, and if I don't get my Canadian passport before then, I'm not going to be able to come back." And she said, "We wouldn't be able to have this conversation in a coffee shop where I'm from, so I'd really like to stay here."

And then I had a message— It really shocked me at the time because I was anonymous up until the Freedom Convoy. On S.A.M., a former teacher that I had had before the pandemic, one that I'd see every day, in person, she messaged me and said, "Can you help me? I got one dose of the vaccine. I'm terribly injured. I can't—" Essentially, like, all the symptoms of Parkinson's: like shaking; couldn't walk well; sleeping most of the day. She said, "I'm having difficulty picking up a cup of coffee." And I ended up saying, "It's me. I'm a former student of

yours." And she was going to testify, I believe, but she's not well, so she wasn't able to follow through with that. So that was pretty hard.

I had a professor—actually, this is about three weeks ago—message me. She said she just wants to share her story with me, that she held out as long as she could. She didn't want to get the vaccine. She loved her job and she'd worked there her whole career. And they said she'd lose her job if she didn't get vaccinated. And she said, "If I didn't, I would lose my house; I wouldn't be able to pay for my mortgage payments. So I went and got vaccinated, but I was bawling hysterically when I went into the clinic saying, 'I do not want to do this,' and no one said anything. They looked sheepish and uncomfortable, but they vaccinated me."

[00:15:00]

And about two weeks later, they dropped the mandate and she said, "I was raped when I was younger and this is akin to that. But I can't get the substance out of my body and I'm afraid of what's going to happen to me." And she said, "I'm crying right now writing this email to you."

So a lot of messages like that. It's been pretty hard, sometimes, to see all this. And I realize I'm very lucky because my situation is a unique one where I was never at risk of, like, not being able to put food in front of my family or a place to sleep. I always knew I'd have a family who'd be able to support me. But a lot of these people are not able to speak up and they don't have the ability to. But I do. And the fact that this is rare—for you to be able to speak up—is very upsetting.

I also had an administrator from a university contact me and say that the university decided to give students an extra week—sort of like an extra study week or reading week off. And they said the real reason they're doing that, it's known internally, is that the suicide rate for students is going up, so they're giving them a mental health week. And that was due to lockdowns and whatnot.

Kassy Baker
If I can just interrupt you for a moment here.

Leigh Vossen
Yeah, of course.

Kassy Baker
Sorry, you've referred several times to students or a professor. Were these all students and professors from your school, Red River College, or were they from—?

Leigh Vossen
All across Canada. The majority of the ones I've told you are ones that I've met with in person that are from Winnipeg. There's one story—the one where she emailed me—that was from Alberta.

Kassy Baker
Okay and how many messages did you receive from students and professors, do you think?

Leigh Vossen
At this point, I've received thousands. I've had to bring on more people to help me answer the messages and I can't answer all of them. But I've received hundreds of stories where they're explaining their story and a lot of them are just— They need someone to talk to.

Like, I had one girl say, "Every time I come downstairs, my family pretends I don't exist, and I'll say, 'Hi. Hi, guys. Morning,' and they don't look at me. They look through me and they keep talking to each other." So she had to move out. So she's someone I've met up with in person and talked to because people are being abused.

Kassy Baker
Now, what was the response from the public, generally, to your creation of this group?

Leigh Vossen
I mean, from the freedom community? Very good.

From non-freedom community members? Not so great. I had an article written about me. I received death threats. I was called an alt-right extremist leader of a pro-convoy youth group, which, I guess, fair. It brought members of my family into it, saying, "Look, her mom supports her." I was called a nazi. People said they were going to push me off the top of a building and my family members off the top of a building.

Yeah, I don't advise people to read the comment section. I read that about two or three times over and I'd just be shaking, reading it. It's very weird seeing your name written over and over again. There were hundreds of comments between Reddit, Twitter, Facebook. Former friends commenting, saying, "I used to be friends with her and I distanced myself as soon as I realized what her views were."

And all of my friends prior to pandemic stopped being friends with me; they cut me out. So not good on that side.

Kassy Baker
Right. So if I can just bring us back to the start of your fourth semester.

Leigh Vossen
Absolutely.

Kassy Baker
Again, I think you've touched on this already, but you advise that classes moved back to being in-person and I believe you reached out to the administration and encouraged them to offer some online courses. But I believe you've testified already that you and a number of other unvaccinated students were unable to register for any of the online sections. Is that right?

Leigh Vossen
That's correct. And I reached out and said, "For some reason, my registration portal is grey. I can't click on any of the buttons to register." And they said, "It seems like a number of students are having this issue. We'll contact you when it's fixed." And four hours later, I got an email saying, "Should be good to go." And I go on and all of the online options were gone.

I don't know all of the students that this affected. It could have been vaccinated, unvaccinated, I don't know. But it's very hard to meet people over Zoom. I had met one girl who was unvaccinated and she had the same problem, but I don't know about the rest.

Kassy Baker
To your knowledge, were the online sections reserved for unvaccinated students? Or could anyone register?

Leigh Vossen
Anybody could. They just said, we will provide one per class. You got to make sure you get it in time, basically.

Kassy Baker
Okay, and I understand that you're unable to complete, of course, your fourth semester because of this. What is the current status of your education or completion of that degree? Have you been able to go back and complete it or where do things stand now?

[00:20:00]

Leigh Vossen
No, and I have no intention of doing so because I felt, like, I couldn't give another penny to an academic institution that discriminated against me and segregated me from my classmates. So although I do have to forfeit the money that I put into it, the time and effort, I have no interest in finishing that. It would have been great to have that diploma, but as I said, I'm lucky I did have education beforehand that I can use to get a job. I completed a graphic design program. I didn't need it, but it would have been nice to have gotten.

Kassy Baker
So when it became apparent that you wouldn't be able to complete your degree, did you set about trying to find new employment?

Leigh Vossen
Yes, and I applied to many different places, about seven places. At the time, it was, like, different serving jobs. I just thought, in the meantime, until I can find something else. I was also doing a bit of freelance graphic design, thankfully, I had that. But every place that I applied to, they either start the interview with, "Are you vaccinated?" and I'd say, "No." They'd say, "Are you planning to?" and then I'd say, "No." And it'd either be a really uncomfortable interview, or at the end of the conversation, then they'd ask me.

I had one interview where it seemed to go really well and they're saying, "We're so excited! This is going to be great! What's your schedule like?" and I said, "Completely open. I can

take as many shifts, as few shifts; I can work at any location." They're, like, "Great," and then they said, "Are you vaccinated?" and I said, "No." And then, the next day, they said, "Our schedules don't line up, so this is not going to work out."

Kassy Baker
I understand that you are employed now, is that correct?

Leigh Vossen
I am, yeah. A family member of mine recommended that I apply to where they work and I was able to get employment as a marketing specialist.

Kassy Baker
Very good. Did you experience any other negative impact of your involvement with Students Against Mandates or your general position and outspokenness about the vaccine mandates, generally?

Leigh Vossen
Honestly, I would say, overall, creating S.A.M. is the thing that helped me through the pandemic. I don't know where I would be if I hadn't. But there were definitely negative things that came with it, in terms of losing all of my friends, having my friends or people attack me. I was harassed by a doctor for a while, calling me transphobic for posting Jordan Peterson posts.

A lot of not great things happened. But I have such a good support system that, you know, you take it in stride and it didn't seem so bad.

I'd say the worst thing was losing my friends, losing my ability to get my diploma, and the article— Especially in terms of how it impacted one of my siblings because she's a part of S.A.M. too. I know it caused her extreme stress. It did for me, as well. It made going to work very uncomfortable, but, nonetheless, it is what it is.

Kassy Baker
Did you ever fear for your physical safety at any point through this experience?

Leigh Vossen
I didn't initially when I saw the death threats because I just thought people on Twitter are rude. But then someone broke into my house shortly after that article came out. They had actually posted where you could find my house address in the article. I was home alone and I heard someone come into my house. Just the way that I am, I paused the Matt Walsh episode I was watching. And I then figured maybe it's just my cats making a huge amount of noise and I went upstairs. And later, I came downstairs and the door was open, the mat was flipped over, drawers were open, and the door that I had locked was unlocked. So I ran out of the house; I called the police, and they said, "Has anyone said they want to hurt you?" And I was, like, "Well, actually, yeah. People have threatened my life." So then, I was not able to sleep there for four days comfortably. I was too scared to go back home.

Kassy Baker
How do you feel that this situation could have been better addressed by, for instance, your administration at the school?

Leigh Vossen
I don't think mandates should have been in place at all. I don't think you can segregate people. I don't think you can coerce people into taking an experimental, novel injection.

I think we need to look at this on the individual perspective, rather than a utilitarian, collectivist perspective. We heard a lot during the pandemic that, you know, "Do this for the greater good; do this for the collective." But that comes with harm to the individual, and at the end of the day, it's the individual that makes up the collective. So if you're harming the individuals that leads nowhere good.

[00:25:00]

We've seen in history that that's not the way to do it. And how can you really quantify it being a worthwhile sacrifice for the collective. I just disagree with that, fundamentally, and mandates should never have been implemented in the first place.

Kassy Baker
Thank you. That concludes my questions, subject to any questions that the commissioners may have.

Commissioner Massie
Well, thank you very much for your testimony.

I heard you say that one of the responses you got from university is that— In their corporate HR environment where DIE, diversity, inclusion, and equity, is such a high, important aspect of the way they want to manage people, discrimination in their view is kind of a cardinal sin. And it's probably true, also, in other corporations where DIE is so important to push as a way to manage the human resources.

So what's the, sort of, moral standard that justifies the kind of discrimination you've been through with the vaccine mandate, as well as other people that have been submitted to that? What's the justification one can propose or one can oppose to this notion that discrimination is bad except in this case?

Leigh Vossen
Yeah, it's so funny. It was so hypocritical to start the full paragraph saying, "We're against all these things, but we're doing it anyways and we're not talking to you about it anymore." Their justification— I mean, they didn't say this, but I'm assuming they're suggesting to protect the vaccinated students and for the health of the students and staff. But again when you ask for data supporting these mandates—

I would understand implementing measures to protect students and staff. Maybe there's a pandemic and you say, "We're going to give everybody the opportunity to do online classes if you want to." Give them that option, but— Oh, I've lost my train of thought. Yeah, they refuse to even discuss the data.

And actually, this is interesting: a lot of students screenshotted their responses from their universities all across the country, asking their university, "What data do you have supporting your measures?" And a lot of the responses are the exact same thing: other universities are doing it; we're not discussing this; this is the end of the communication we're having with you. No university that I can find has presented data to support it.

And that's the same thing, as I said, I just got that diversity, inclusion, equity response; it looked like a copy and paste response. And then, "We're not talking to you. We don't want to talk to you. You're not going to hear from us again." So they can't justify it. They can't justify their discrimination.

Commissioner Massie
Thank you.

Kassy Baker
Are there any further questions? Okay.

Commissioner Kaikkonen
Thank you for your testimony. It sounds more like the pedagogy of the oppressed is at Red River College, but I know it's consistent with other universities and colleges across the country. Red River College in about, I'm going to say, 15 years ago, was well known for PLAR, for Prior Learning and Assessment Recognition.

Given all the experience that you have, do you think the President of Red River College, who is not a doctor—I'm going to assume he's not a doctor; maybe I'm wrong there, but I'm going to assume that he or she is not a doctor—would be willing to take all that experience, the professional experience and knowledge that you have, and finish your fourth semester under the PLAR criteria? Do you think that's possible? I'd hate to see you lose your education.

Leigh Vossen
Yeah, I doubt it. I don't think they're going to be making any allowances for me or helping me. They haven't at this point. So there's no reason for me to believe that they would do that now.

I should add, you were saying— This is for just Red River. It started with Red River and we've expanded. I have a huge team working with me and hundreds of members. This organization serves all of Canada, so we have people on the leadership team who live in BC and Ontario. It's a Canada-wide non-profit.

Commissioner Kaikkonen
Thank you for taking up the torch.

Leigh Vossen
Thank you.

Kassy Baker
Thank you very much for your testimony on behalf of the National Citizens Inquiry.

Leigh Vossen
Thank you for having me.

[00:30:05]

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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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 6: Brandon Pringle
Full Day 3 Timestamp: 03:32:55–03:56:45
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00] [Video is missing audio from 03:32:55–03:33:02]

Brandon Pringle
My last name is Pringle, P-R-I-N-G-L-E.

Kyle Morgan
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Brandon Pringle
So help me God.

Kyle Morgan
Very good, sir. I understand you're appearing from Alberta today. Is that right?

Brandon Pringle
Yes.

Kyle Morgan
That's where you reside.

Brandon Pringle
Yes.

Kyle Morgan
Is that in the Penhold area?

Brandon Pringle
Yes, it is.

Kyle Morgan
For about 25 years, you've been in that area?

Brandon Pringle
Yeah. In Alberta, we've been here for about 25 years, yeah.

Kyle Morgan
Okay. I understand you've got two children. Is that right?

Brandon Pringle
Yes. Yes.

Kyle Morgan
You've got some grandchildren?

Brandon Pringle
Yes.

Kyle Morgan
How many?

Brandon Pringle
One.

Kyle Morgan
One grandchild.

Brandon Pringle
We should have three.

Kyle Morgan
Now, before we go down that line of questioning, I just want to ask you where you've been working throughout the time of the COVID period.

Brandon Pringle
I'd been working at a large grocery chain, which I won't say. We had to wear masks. It was very scary all the time when you have doctors going on social media saying people that don't get a vax should be punched in the face. Two doctors in Alberta both publicly stated

that you should lose your job if you won't get vaxxed. It was really fun going to work wondering if you were going to be forced to lose your job.

Kyle Morgan
So I'm right in saying you were, what we referred to as, on the front line. You were an essential worker, right, working at a grocery store.

Brandon Pringle
Yes, sir, and I had to wear a mask every day. I've dealt with migraines for years. Of course, when your oxygen is low, you end up having way more migraines than usual because you're oxygen deprived.

When I asked for an exemption from my doctor, he said, "Well, we in the clinic have decided, as a clinic, that we're not going to be giving out any exemptions." So you know, it wasn't like the science says this or this or that; it was just we, as a clinic, because of basically publicity, we're not giving out any exemptions.

Kyle Morgan
Now, can you just describe what your family relationships were like prior to the onset of COVID there in 2020? Just tell us a little bit about your family.

Brandon Pringle
Very close. We talked to them on a regular basis. We would have family events on a regular basis. We're very connected to our church, as well. We all went to the same church, so we got to see each other every Sunday, as well as opportunities during the week. And Karrina's mom is very infirm. She has very tough arthritis, so she's basically homebound. So she depends on us to be her connection to people.

Kyle Morgan
And who's Karrina?

Brandon Pringle
Yeah, that´s my wife.

Kyle Morgan
Okay. Now, you have a daughter, is that right?

Brandon Pringle
Yes.

Kyle Morgan
Do you have a son and a daughter?

Brandon Pringle
Yes, our daughter's 29 and our son is 27.

Kyle Morgan
Can you just describe what happened when the pandemic started, the restrictions were implemented. Do you recall having a conversation with your family around that time? With your daughter, in particular?

Brandon Pringle
Yes, we did. Yes, we did. Right at the beginning. We gave them our faith reasons why we would not be going along with this tyrannical mandates that violate a number of our personal beliefs and freedoms. And we just agreed to disagree. We didn't realize how bad it was going to get. I should have had a warning when they left and said, "Well, the reason why that this is going on so long is because of these un-vaxxed people that won't follow the mandates."

Kyle Morgan
And who said that, just to be clear for the record?

[00:05:00]

Brandon Pringle
That was my son-in-law.

Kyle Morgan
Okay. Now, I understand you do have one grandchild.

Brandon Pringle
Yes.

Kyle Morgan
And what's his name?

Brandon Pringle
His name is Lewis.

Kyle Morgan
And when was he born?

Brandon Pringle
He was born in October of 2020. Sorry, I apologize, September of 2020. Good thing my wife is here to help remember things right.

Kyle Morgan
Okay. Now, if I'm not mistaken, there was a period of time when you weren't able to see your grandson. Is that right?

Brandon Pringle
That's right. We didn't see him for about six months, including his first Christmas.

Kyle Morgan
Do you have any idea why that was the case?

Brandon Pringle
Oh, yeah, it was the mandates and they were absolutely following the mandates. Well, they said they were, of course, they weren't. But it was always a control thing, so you're breaking the law. I mean, never mind the government was violating the Charter and breaking the law themselves. But, you know, it's just what they want.

Kyle Morgan
So that would have been from September/October 2020, until March or April 2021?

Brandon Pringle
That's correct.

Kyle Morgan
Okay. Now, am I right in stating that your children would have been vaccinated? I guess, your daughter—

Brandon Pringle
Our daughter did and our son-in-law did, right off the bat. Our son, on the other hand, almost, actually, got into a fight with security at the mall because they were trying to force him to wear a mask and he refused. And he went on like that for two years. But finally, the bullying and the propaganda and the social outcast wore him down, and so, he finally got vaxxed.

Kyle Morgan
I understand your daughter was pregnant. Do you know the timeline, there, that your daughter was pregnant? Can you tell us about that?

Brandon Pringle
She got pregnant, roughly, about nine months after her first pregnancy. We got a call about two months after— Roughly a year later, we got the call. So perfectly healthy delivery. Everything was perfect.

Kyle Morgan
To be clear, that's your first grandson. Healthy delivery?

Brandon Pringle
Okay, so, I apologize; I'm being corrected here. Everything was not just perfect for her first pregnancy. But Lewis, her son, our grandson, is in perfect health.

But a year later, after a perfect, for all intents and purposes a textbook outcome, we get a call at two in the morning and rush to the hospital and find out that our daughter had lost our grand baby.

Kyle Morgan
Do you know how far along your daughter had been in her pregnancy at that time?

Brandon Pringle
Roughly two months.

Kyle Morgan
I'm just curious about the relationship with your daughter. You spoke about the conversation you had in your family at the start of the pandemic or when the restrictions were starting to be implemented. Just describe the relationship with your daughter and how that progressed.

Brandon Pringle
I had about 30 pages of emails back and forth with her because I wanted her to be able to see facts. So I just simply asked her questions: Why are you trusting what the government is telling you? What is the science that they have to back up what they're saying? Why do you think Bill Gates—who has been very well documented not caring that much about humanity—why is he someone that you trust over me, who would take a bullet for you? Because I just wanted them to answer the questions and have an opportunity to think.

They wouldn't answer any of the questions, and at the end of the day, it was left at,

[00:10:00]

"Well, we're not going to have a relationship with you if this is a topic of conversation." So I basically was like, well, if I want to ever see my kids, then I have to pretend that the emperor has clothes and remark about how amazing and beautiful the clothes are.

Kyle Morgan
Now, did you have a lot of contact with your daughter while she was pregnant?

Brandon Pringle
No.

Kyle Morgan
Leading up to the unfortunate loss of the baby.

Brandon Pringle
No, we didn't even know she was pregnant; they didn't tell us.

Kyle Morgan
So you get this call— Go ahead.

Brandon Pringle
Yeah, we just get woke up at two in the morning, rushed to the hospital. And oh, that was a treat, let me tell you. We get to the hospital. They're all acting like it's Ebola.

So it turns out that our son-in-law, who's vaxxed, has COVID. Gee, that's never happened before. And he is eight days into the quarantine, so he's not allowed in the hospital—our grandson and him are not allowed in the hospital. So I tried to go into the hospital. The hospital will not allow my wife and I to come in. So I went in, and my daughter came out of the washroom, and we hugged and we cried. A girl needs her mom, and so, because only one of us was allowed, I went out in the parking lot and sat in the car while my wife went in to comfort her alone.

Kyle Morgan
I know that neither you or myself are medical experts, but do you have any belief of what resulted in the loss of your grandchild?

Brandon Pringle
No question. After the first two months of lockdown, we knew this was absolute garbage, and so, my wife and I drove across Canada. And you should have seen the fear in people. It was just terror. But we were just asking people questions, you know: Do you know anybody that has this? You know, plant a seed of doubt and plant a seed of truth. People would open up when you told them where you stood, but they wouldn't even talk to you.

And so, I had gone on to the Stats Canada website and it showed how many miscarriages, it showed. We know that what was on the Stats Canada website was a fraction of, actually, what was happening. Many doctors have come out since and said, "We're pressured not to input." I mean, the news reported there were 13 stillbirths in a weekend in Vancouver.

Kyle Morgan
Do you know which vaccine your daughter received?

Brandon Pringle
No, we don't because that's verboten. We weren't allowed to talk about any of it. We told them about infertility. We told them it was not safe. We knew it wasn't safe. They didn't listen to us.

Kyle Morgan
Now, since this incident, how's the relationship been with your daughter?

Brandon Pringle
It's fake. I mean, we still love each other and we hug each other and we smile and just ignore the ginormous elephant. I mean, I attempted at one time to engage my son-in-law in a conversation regarding the Freedom Convoy. He thought that Trudeau was totally justified in implementing the *War Measures Act*—which was not even implemented during 9/11—to deal with the few people playing hockey, drinking coffee, and eating Timbits. He absolutely could not be reasoned with.

[00:15:00]

Kyle Morgan
So would I be right in saying you've never been able to suggest to your daughter what seems to have happened with her child.

Brandon Pringle
Yeah, no, I wouldn't dare. I wouldn't dare. I would probably be risking ever talking to them again if I did that.

Kyle Morgan
I understand there might have been some other effects you experienced in your community, maybe with the restrictions and gathering. Do you want to tell us about that?

Brandon Pringle
Yeah, just so I don't forget: our daughter-in-law lost her baby a week ago.

Kyle Morgan
Would that be your son's partner?

Brandon Pringle
Yes.

Kyle Morgan
Do you know if she had been vaccinated?

Brandon Pringle
Oh, yeah, they got the Novavax. We warned them as well. So did her parents.

Kyle Morgan
I don't know if there's more you want to tell us about that. How's the relationship with that side of the family?

Brandon Pringle
That side is very good. They're willing to talk about it. We try to keep it to a minimum because I don't want them to feel bullied. They're not fully awake yet. They're seeing some things, but I probably won't ever try to help them make the connection about the loss. I think that, hopefully, what will happen is in five years from now, or something, that God will speak to them, and it won't be a soul-crushing thing that they can't get over. They'll realize that they were lied to and manipulated and a lot of it wasn't their fault.

Kyle Morgan
Were there any other effects you experienced in your community related to the restrictions?

Brandon Pringle
I'll just make a quick list here. So Karrina´s mom can't go anywhere. She was in an elderly facility and they were treating it like Ebola, so we couldn't visit and couldn't visit and couldn't visit and couldn't visit. And then they changed the rules, so they allowed four people. The four main people, I couldn't be on that list, even though I'm somebody that is kind of the more available person that would actually do small things for her around the place. And so we had to be very creative about how we, once or twice, would get in to visit, to get around the COVID police, I guess you'd call them.

My wife went to the grocery store one day and she wasn't wearing a mask because she's done the research. If you go on the NIH website, you can see 37 studies of how masks don't work and 23 on how they're harmful. That's right on the government website, so we've been sharing this information. And so, this woman in the store was so angry that my wife wasn't wearing a mask that she rammed her with her cart.

I almost never go and get gas from Petro-Canada now because driving all the way across Canada, Petro-Canada—you got gas, but they wouldn't allow you to use their washroom.

[00:20:00]

I don't know if anybody's driven across Canada and had to go to the washroom. I mean, it's just—

What else can I add here? Our church has had a huge split. You know, I find it amazing that people would talk about how loving and kind it is to go get vaccinated and wear your mask—because you're being so loving and kind, you're sharing the love of Jesus when you do that. And then have no problems with hollering stuff that's going on in your personal life across a crowded coffee shop because you're one of these un-vaxxed lepers that should be publicly humiliated.

Our daughter was very dizzy, couldn't walk. She had to take, I think it was a total of three weeks off work in the following two months after getting vaxxed. She couldn't drive, even, couldn't focus. She goes to the hospital and goes to the doctor. Do you think anybody asks the question, "Hey, have you been vaxxed?" I mean, normally, when you go to the doctor, they ask you, "Has anything unusual been going on?" That's the first question.

No, nobody's ever going to ask the question, "Have you been vaxxed?" because that might mean we have to admit that it's traumatizing people. So we're supposed to treat you for a

poison that you know we're just supposed to believe, magically, wave our magic wand and figure out what poison you have in your body. It's unbelievable.

You know, the difference between God and the doctor is God doesn't think He's a doctor.

Kyle Morgan
I don't think I have any other questions for you, sir. I want to thank you for being patient because I know you've been waiting to testify. So I just thank you for that and I'll ask the commissioners if they have any questions for you.

Commissioner Massie
I'm curious about the vax injury that your daughter suffered. Was that reported to the authority?

Brandon Pringle
No.

Commissioner Massie
Did your daughter acknowledge that she was probably vax injured?

Brandon Pringle
No, not at all. We gave them some natural products that are known by a number of doctors to help mitigate the damage and they refuse to take it. They're in absolute, 100 per cent total denial.

Before I leave—I know you might have more questions—I just want to say thank you so much for taking this time to fight for us.

Commissioner Massie
Thank you.

Kyle Morgan
No other questions? Okay.

I want to thank you, sir, for testifying on behalf of the National Citizens Inquiry. Thank you, sir.

Brandon Pringle
Thank you very much. Have a great day. Thank you.

[00:23:45]

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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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 7: Richard Abbott
Full Day 3 Timestamp: 03:56:50–05:06:57
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Shawn Buckley
So our next witness today is Mr. Rick Abbott. Mr. Abbott, can you state your full name for the record, spelling your first and last name, please.

Richard Abbott
You bet. It's Richard Abbott, A-B-B-O-T-T.

Shawn Buckley,
And, Mr. Abbott, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Richard Abbott
I do.

Shawn Buckley
Now, I just I want to introduce some of your police service to the commissioners. My understanding is that you were a police officer for a full 25 years [Exhibit WI-3e]?

Richard Abbott
That's correct.

Shawn Buckley,
And you had quite an accelerated career path. So in your first year, you were the class president; you were the valedictorian; and you were the winner of the Officer Safety Award?

Richard Abbott
That's right.

Shawn Buckley
You started in patrol services, which is the normal route. But very quickly you were moved on to a beat team.

Richard Abbott
That's right.

Shawn Buckley
And because of that, you got to know the drug world very, very well.

Richard Abbott
Very well.

Shawn Buckley
And then in year six of your career, you joined the tactical team.

Richard Abbott
That's right.

Shawn Buckley
And my understanding is that's very early in a career for a police officer to be joining the tactical team.

Richard Abbott
At that time, especially, in that era, yes, it was.

Shawn Buckley
Right. Okay, and then you were for eight years, a police sniper. Following that, you taught gunfighting.

Richard Abbott
That's right. When I left tactical section after just about eight years, I moved to our Officer Safety Unit, teaching the patrol carbine program.

Shawn Buckley
Right, and then you were promoted to sergeant. And so, you were sent back to the street to manage a beat team and a patrol team?

Richard Abbott
That's right.

Shawn Buckley
And then they took you back to the SWAT team, basically, in charge of the Sniper Unit.

Richard Abbott
Yeah, I was their training sergeant. That's right.

Shawn Buckley
And then, while you were still in tactical, acting as a staff sergeant, you were promoted to commander for the West Edmonton Division.

Richard Abbott
That's correct: promoted out of Tactical Section, as their acting staff sergeant, back into Patrol Services.

Shawn Buckley
Right, but as a commander.

Richard Abbott
That's right.

Shawn Buckley
So is it fair to say that in your 25 years as a police officer that you were trained quite extensively how to make very rational decisions with an aim to making volatile and violent situations safe?

Richard Abbott
Most of my career revolved around either responding to or commanding, using what we call risk-effective decision-making.

Shawn Buckley
Okay, now you're here to first of all, talk to us about the culture in the Edmonton Police Department when COVID arrived. And so, can you start sharing with us some of the things that occurred in the Edmonton Police Office concerning COVID and the approach taken?

Richard Abbott
I'll talk specifically today about two policies of the Edmonton Police Service that I think will show that, objectively, it crossed from worried about the membership's health and directly into coercing, bullying, and demeaning the membership who had decided not to take the COVID drugs.

The first one occurred in the fall of 2020. It was a disclosure that was forced upon the membership. So the service had said—and I'm paraphrasing—that they needed to know the vaccination status of the membership so that they can make good health decisions for both the police service and the community at hand.

This quickly became clear to me to be a lie. Let's say there's 2,500 combined membership of sworn and non-sworn members of the Edmonton Police Service: there was a handful of the membership who had held off on disclosing their vaccination status. I was one of them.

And to be clear, I was vaccinated and my chain of command knew that I was vaccinated. I'm not here to talk about the reasons why I was coerced into taking the drugs. I'm here to talk about objective reasons of how the policies were not about health.

Shawn Buckley
Right. Just so that I understand. So literally, there's roughly 2,500 people that we're talking about, and only a handful would not have filled in this questionnaire. So I mean, you're like 99.9 per cent plus, and they're saying, well, they need that last handful to fill them in so they can make proper health decisions.

Richard Abbott
Yes, and it gets worse. I had been respectfully speaking through my chain of command.

[00:05:00]

That means up through and including one of the deputy chiefs. I wanted to keep lines of communication open with them, saying, I think if they're not making a legal mistake here, I knew they were making an ethical or a moral mistake.

And I had openly told my deputy chief, "I'm going to fill out your form, but I'm purposely dragging my feet here to keep lines of communication open." And we spoke just like this. I said, "Don't fire me!" I was joking with them. "I'm going to fill out your paper." But when push came to shove, I got a phone call from the President of the Edmonton Police Association.

This might be a good time for me to fill in some three-lettered acronyms that police use. It can be painful.

So there's the Edmonton Police Service, which is the organization itself. There's the Edmonton Police Association, which acts as a union. So although police can't legally unionize, it does act as a union—also called the EPA. And then there's the Edmonton Police Commission. So the Commission is considered the buffer between the politicians of City Council and the police service itself. Across the nation, sometimes they're called the Police Services Board. In Alberta, it's called the Police Commission.

So I got a phone call from the union president telling me, "Rick, they're going to fire you if you don't fill out this form." And I told him, "I told you I'm going fill it out. I'll go fill it out now." So after I filled it out, it came down to one last member of the Edmonton Police Service.

So of those approximately 2,500 people, one patrol constable, who I've gained permission to use his name today: he was a 25-year-combined member of both the Police Service and

of the Canadian Armed Forces, named Constable Rob Kitchen. He was on a *Mental Health Complaint Act* [sic]—on duty as a patrol constable—when he was called in and told that if he didn't fill out the form, there'd be ramifications. He said, "I told you, I'm not telling you my status," and he was suspended without pay at that moment. I use the term tongue-in-cheek, but it's not funny: he was fired on the spot for not filling out a form.

So this is my first example where I think it clearly crosses from, this is not about health, this was about coercion. And they were firing Constable Kitchen to show the rest of the membership that if you defy any of these mandates, there will be serious loss for you and your family.

Shawn Buckley
And I just want to make sure that everyone hearing your testimony understands that when you have 2,500 members and only a couple have not filled in a health questionnaire, that statistically speaking, I mean, you've got the information you need to make any health decisions. That basically what you're saying is there was really no need for them to have 100 per cent compliance.

Richard Abbott
And objectively, since I had shown my hand culturally, saying, "I'm vaccinated." If there was one person left who hadn't filled out that form, you could take a scientific, wild guess as to whether or not that person was vaccinated. You could, basically, still make your decisions on how to make your health choices, as they said this was done for. They were lying. This was about coercion.

Shawn Buckley
Right, okay. Now, there was another incident you wanted to tell us about.

Richard Abbott
The second policy issue I can talk to you about is what I defined as the segregation incident.

So as a commander of a shift, essentially, in one of the divisions in Edmonton, I'd be responsible for a chain of command of, at any one time, four sergeants and their patrol squads, plus some detectives that would be in the area. At any one shift, I'd be working for between 50 and 60 people. This was in the fall, again, of 2020 [sic], where the policies of the police service said that if you chose not to take the COVID drugs, you could go every three-ish days, on your own dime and on your own time, to go get a rapid test to show whether or not you were sick with COVID.

So under my command—because nobody could truly disclose who is who; there was supposed to be privacy around that—there was at least, say, on a shift, three or four people who I knew hadn't taken the drugs.

[00:10:00]

Either a) because they confided in me because they trusted me. Or it came later to my knowledge because those who chose not to take the drugs were not allowed to use the lunchroom in the division. They weren't allowed to use the gym and they weren't allowed to work overtime, at that point.

So the issue over not using the lunchroom, really, was even unknown to me until one of my constables came to me and said, "Listen, you know that they're calling the superintendent's boardroom upstairs, now, the 'shame room.'" And I hadn't heard this: the shame room. "No, what's the 'shame room?'" "Well, the unvaccinated aren't allowed to eat with the rest of their squads."

Now, you have to remember what's going on during the shift. We could have a vaccinated and an unvaccinated police member sharing a squad car, responding to the stabbings, to the family fights, to everything you can imagine a patrol service member goes through on a daily basis: sharing the steering wheel; sharing the tight space; I say, kickin' and a'gougin' in the mud and the blood and the beer, arresting people. Policing can be a messy job. Nobody wants to see it. They were allowed to do that messy job with their squad mate in the car.

Shawn Buckley
Right. So they'd be using the same computer keyboard; they could be using the same microphone. One would be driving at one time, one would be driving— Basically, they're touching all the same surfaces.

Richard Abbott
And responding to these crowds of people, all day long, together. But when they came back to the division, they weren't allowed to break bread together. So the boardroom became known as the "shame room" because there were some—a few—members of the service that were sympathetic to their squad mates who decided not to take the COVID drugs and they'd go eat with them in the "shame room."

So okay, I had had enough—that was one of the straws that broke this camel's back—and I wasn't going to allow that under my command. I wasn't going to push that policy. And I knew, based on my experience already with the vaccine disclosure forms, that the police service wasn't listening to me anymore. They were going down this road irrationally.

And I went out of the chain of command, which is not my normal course of duties, and I wrote a letter to the then-Minister of Justice in Alberta, Kaycee Madu. I wrote him a letter directly, telling the story of segregation inside the police service buildings and outlined, as I just said to you, how irrational it was and clearly, this is not about health. This is about bullying; this is about coercion. The Honourable Madu sent that directly to the Director of Law Enforcement, where that complaint should have been directed, and had it investigated by the Edmonton Police Commission.

Shawn Buckley
So can I just stop you there. So this is an October 26th, 2021, letter.

David, can you pull up the computer screen I have for exhibits?

And I'll just tell you, Mr. Abbott, that we've entered this is an Exhibit WI-3b. But I just wanted to read and have you comment. Basically, I'm going to start at the paragraph near the top of the page, "The unvaccinated." And so, this is your letter. But I just want to read you a couple of paragraphs and have you comment on it.

So you write:

> **The unvaccinated are expected to respond to calls for service, sharing the same police car, hold the same radio mic, use the same mobile workstation, share the same washrooms, showers, locker rooms, parade room, computers, and even use Category I and II uses of force alongside their brothers and sisters in patrol. But the unvaccinated who submit to rapid testing are not allowed to use the lunchroom or the gymnasium.**
>
> **Tonight, I witnessed unvaccinated members segregated from their work mates to eat and it was disgusting. Not just disgusting because I'm ashamed of the poison work environment our EOT has created, but** equally disgusting because the segregation plans are working on our people. The members of the squads that exclude their friends are doing so mostly out of fear of the tyranny from our EOT and chief.

[00:15:00]

> My subjective analysis is that most of our patrol members are pro-choice. They admit to me that they're afraid of becoming the next Constable Robert Kitchen.

And I'm just going to skip down and read another paragraph, but I'll just scroll down so it's up on the screen. It's the one that begins with, "We are told."

So you write:

> We are told the reasons for segregating the unvaccinated from the lunchrooms and gyms, because this is where 'science' reports that COVID is spread, yet no one can cite any studies. This argument falls flat on its face with even the slightest amount of reason and common sense applied. Those who are taking rapid tests are the only persons in the building known to be COVID-free.

And I'm just wondering if you can comment for us on those paragraphs.

Richard Abbott
I'll give you some more insight into risk-effective decision-making. And I wish that the Edmonton Police Service could have taught this to the nation, although commanders across the nation use this same matrix that I'm going to quickly teach you right now.

It's an acronym: NRA. It does not refer to the Second Amendment Rights group in the United States. It stands for whether or not the decisions we make are necessary, risk-effective, and acceptable. So we do this every day. And I tried to get my command structure to use that NRA risk-effective decision-making matrix against this very decision of not allowing our people to eat in the lunchrooms.

Is it necessary to do this to our membership? There is no data to prove that, so it would stop at the N. We wouldn't go on to the R, in this. Is it risk-effective? Well, it doesn't pass the R test, either, of whether this is risk-effective or not because those who are testing are the only ones that we could say are safe from COVID. The others are not. So there's no risk-effective decision to be made there. But more important to this Tribunal—and I think the

legally-trained will understand this very well—is the A stands for acceptable. Is what we're doing to the people I worked for that night going to be acceptable to the courts tomorrow? Is it going to be acceptable to the courts in 10 years? What about in 30 years?

So to quote another Edmonton Police Service member here, that I want to give credit to— Just recently in Edmonton, we made apologies for raids that were made in gay bathhouses in the 1980s. It was wrong. And we're apologizing for that, today. Had we used the NRA matrix in those situations, we would have avoided the embarrassment and the wrongdoings that were done 30 years ago. If we were to apply that acronym here today, we all know that this is not going to bode well for our institutions: tomorrow, 10 years, or in 30 years. It was wrong yesterday. It's going to be wrong in 30 years.

Shawn Buckley
Now, my understanding is that not only were unvaccinated officers prevented from going to the gym and the lunchroom, but they were also prevented from overtime shifts.

Richard Abbott
Yeah, for a short time. Yes, they were. I can't speak to the timelines.

Shawn Buckley
Okay. Now, there was something else that happened with you concerning the— I'll call them blockades or the Trucker Movement. I'm just wondering if you can share with us what your experience was and how you came to do your kind of own investigation there.

Richard Abbott
Yeah, you bet. I had been questioning what was going on in both Ottawa and in Coutts and Milk River in Alberta. Normally from media, we could get different perspectives and interpret from that what was going on. But from what I was watching in the mainstream media versus in any of the independent media sources I was watching, they were so diabolically opposed that I had decided that someone's not telling the truth. The mainstream media was going off on racists, misogynistic, terrorist-types blockading the border in Coutts and protesting in Ottawa.

[00:20:00]

It's a small community, this policing service, and I wanted to speak to someone in Ottawa who was witnessing it. And so, my number somehow found its way to a Canadian hero named Constable Danny Bulford. He shared a similar career path as I did, as a sniper with the RCMP's Emergency Response Teams, and then became involved in assisting with the protests in Ottawa.

Mr. Bulford phoned me. And I'd never met him before, but I'd seen enough of him on TV and we spoke the same languages that I wanted to ask him what's going on. And he told me not to believe him. He said, "Go see for yourself." He said, "Either come to Ottawa or go—" And he hadn't been to Milk River. He said, "It'll be the same crowd. Go see for yourself who's telling the truth." So I decided to travel to Milk River.

And within a day, I did just that. And when I landed in Milk River, it didn't take me long—

Shawn Buckley
And I'll just stop you. Did you travel with anyone else?

Richard Abbott
I have to be careful with

Shawn Buckley
You don't need to name names.

Richard Abbott
names, but I had travelled with another police officer who had been vocally critical of the mandates across the nation, as well. And this is a good point to make: I'm not alone in this. There's cops like me across the nation who've spoken out, but we'll quickly learn here why they're keeping their heads down.

Shawn Buckley
Now, were you on duty that day that you went to Milk River?

Richard Abbott
No, I was on a day off.

Shawn Buckley
And were you in uniform?

Richard Abbott
No, sir. I was in civilian attire.

Shawn Buckley
Okay, so you're just taking your own time to find out for yourself. Not as a representative of the Edmonton police force. But you just want to see for yourself what types of people are participating because the media is telling you one thing—basically, that they're dangerous. What do you recall the media saying?

Richard Abbott
I took it that it was, essentially, a terroristic activity that had taken over our border.

Shawn Buckley
Okay.

Richard Abbott
So prior to going, I did study Edmonton Police Service policy to ensure that I wouldn't break any policy. And at the time, I thought I had maintained, still, the civil right to travel

within my province and I thought I still had freedom of association. And I wasn't going to violate any of our social media policies. I just wanted to go see for myself who is telling the truth. And if I had a chance, my second goal was to encourage attendees and police, both to be peaceful.

So when I got down to Milk River, it didn't take me long to determine who was lying. And excuse me for using such extremist language, but there was no happy medium between whether or not we had terrorists at the border or whether it was the equivalent of a Canada Day celebration. But what I saw in Milk River was one of the funnest Canada Day parties I've been to. It was, truly, horsey rides, jumpy castles, barbecues, and teeth. When I say teeth, it's because people were smiling. It was teeth everywhere. It's remarkable to me to this day.

Shawn Buckley
Now, can I stop you because you've kind of described, you know, the media was referring to these people as terrorists. Do you recall also, perhaps, our Prime Minister calling them things like racists and misogynists?

Richard Abbott
I do.

Shawn Buckley
Okay. So you're going down to see these racists and misogynists and terrorists and what you see is, basically, the best Canada Day celebration you had ever seen?

Richard Abbott
I saw Canadians there. And if I can brag, I think I'm a good read of people. I've spent my career reading people and I believe I'm good at it: this was Canada there. It wasn't the latte/lunch crowd, necessarily. It wasn't just one demographic. It was every Canadian from every walk of life, and if I had to generalize and use a biased opinion of who was there based on my experiences, I would have actually called these farmers.

I come from a rural upbringing in Saskatchewan and I know a farmer when I see him. And although there was nurses, there was doctors there, there were plumbers, there were electricians, it was farmers and farm families that were generally protesting in Milk River.

[00:25:00]

Which I had now analyzed enough to see as a lawful protest.

Shawn Buckley
And I'll just stop you there. So it was a lawful protest because, actually, it was the RCMP that was blockading the road, just to prevent these people from going to Coutts.

Richard Abbott
That's correct.

Shawn Buckley
So they weren't responsible for actually breaking any law. So what they were doing there was a 100 per cent legal, as was your understanding.

Richard Abbott
Other than parking in ditches, which would violate the *Traffic Safety Act*.

Shawn Buckley
Oh, okay.

Richard Abbott
There was no criminality there. This is important for me to paint a picture of the type of people who were protesting in Milk River, too, because I respect them so much for it. Where I'm from, when we go to a Canada Day celebration, we'll imbibe and we'll do it respectfully. We'll put a drink in a coffee cup. I know that there was alcohol in Milk River, but I never saw one open drink and I watch for these things.

Shawn Buckley
Can I just give the people listening to you a little more perspective when you say you're analyzing things. You were a police officer, at that point, for 25 years, and over half of that time in a tactical unit. That's correct?

Richard Abbott
That's correct.

Shawn Buckley
And even a regular police officer, it's life and death being able to evaluate people, to determine whether or not they are a threat, either to the officer or to other people.

Richard Abbott
I'm always looking for bad guys. I cleared this room before I came into it.

Shawn Buckley
But the point I'm trying to make is that you are trained, specifically, to identify threats and evaluate people because the members of you and your team and innocent bystanders, and even the bad guys, depend on you being able to make accurate assessments.

Richard Abbott
That's correct.

Shawn Buckley
So you're not just somebody who, you know, works selling shoes, who have gone down to evaluate these people. You are trained in making this evaluation. And did you see any dangerous people?

Richard Abbott
None.

Shawn Buckley
So and I'm sorry to interrupt you, but I just thought it was important for people to understand: you're a professional at making a threat assessment.

Richard Abbott
That's right.

Shawn Buckley
Okay. So I'll let you carry on, to see what you saw. And I also want you to share with us how the police that were at Milk River would have been experiencing what was happening.

Richard Abbott
Sure, and it is important to understand that I saw this as a lawful protest because the RCMP were blocking the highway at Milk River, which is maybe 30 kilometers north of the border at Coutts. And my take is nuanced. I understand why the RCMP had done that. This was to minimize the number of people that could get to that unlawful protest down at Coutts.

The police members who were in Milk River I met with— I say this tongue-in-cheek, but it's true: this is the easiest overtime police can make. This is the easiest money police make is when they get paid overtime to go watch over you, and you, and you on the Commission. There's no police work to be done. It's minimal, other than dealing with what we'd expect good people to do, like parking in ditches and make noise. It was easy work for the RCMP, and they admitted to me as much.

Shawn Buckley
How were the people who were at Milk River, at this lawful protest, how were they treating the police that were there?

Richard Abbott
As good Canadians treat the police. I've always had good experiences as a police officer. Even though the news, as we've heard today, dwells on the negative, that has never been my experience with Canadians. Canadians are very respectful of our police agencies and are very supportive. They were exactly the same in Milk River and in Coutts, which we'll get to shortly.

Shawn Buckley
Do you mind— David, can you pull up the computer?

You provided me some photos that were taken at Milk River, and so I just want people seeing your testimony to understand what you're watching. So these are the types of people that our Prime Minister would describe as terrorists and misogynists.

So this is one such person at Milk River [Exhibit WI-3d]?

Richard Abbott
One of a thousand I met that day.

Shawn Buckley
And this is what you mean when, basically, you say smiling, lots of teeth.

Richard Abbott
Teeth everywhere.

Shawn Buckley
Okay, so this is representative of the type of interaction you were having?

Richard Abbott
That's right.

Shawn Buckley
And I'm just going to go to another photograph. This is also representative of the type of interaction you were having [Exhibit WI-3c]?

Richard Abbott
I believe he's a vet, if I remember correctly.

Shawn Buckley
Okay, so a war vet, and then I just need to move to another program. Sorry.

[00:30:00]

I just want to show four photographs from Milk River. So this is another one [Exhibit WI-3h].

Richard Abbott
Yep, another one of a thousand.

Shawn Buckley
And then, finally, another one [Exhibit WI-3i]. So these are photos you sent me and these are just the typical kind of farmer Canadians, as you described them, that you encountered

at Milk River. So what was then your impression of the media reporting, now that you'd taken Danny Bulford's advice and you'd gone to see for yourself?

Richard Abbott
Yeah, it didn't take me long to see who was not telling the truth. Independent media were recognizing the horsey rides, the bouncy castles, and the barbecues. I decided, with what I'd seen in Milk River, that the media was lying.

Shawn Buckley
Okay. Now, something else happened at Milk River. Can you tell us about that? You were approached by a Calgary police officer.

Richard Abbott
Another brave Canadian police officer, Brian Denison, and he had left the Calgary Police Service because of the mandates. He asked me if I'd speak to the crowd. He said the crowd was itching to hear from a current police officer as to what we were thinking. There was, at least, 100 people gathered near an impromptu stage they had erected—maybe 200 people—and he asked if I'd give words to the crowd.

And since I had already determined that those folks were lawfully placed, legally there protesting, I wanted to encourage them to be peaceful because I also understand that things can go wrong quickly in crowds like this. With the lies that the mainstream media was producing over this time period, I also saw it as a powder keg and saw that they were being divisive. And so, I wanted to encourage this crowd to be peaceful.

Shawn Buckley
Okay, and what happened?

Richard Abbott
I told them that. I essentially told the crowd that as long as they're peaceful, they're lawfully placed. My understanding is that the *Charter of Rights and Freedoms*, at this time, still stood. I'm not a constitutional lawyer, but I knew at the time that none of the courts across Canada had gone through what's called an Oakes Test— And sir, you'll be able to explain this better than a cop. But essentially, because no courts had said that Canadians' *Charter of Rights and Freedoms* should be suspended, that these folks' Charter rights stood and that means that they could lawfully protest. And I encouraged them to do just that, but **peacefully.**

Shawn Buckley
And then did anything happen with your talk?

Richard Abbott
Well, within the next days, someone had obviously videotaped me giving this speech and they posted it on, I think, their Facebook page [Exhibit WI-3j]. This went back to my executive officer team in Edmonton who, within 10 days, suspended me without pay for violating Edmonton Police Service social media policy. And you need to know that I've

never had a Facebook page, even under a pseudonym. I've never been involved in social media and that I've been accused of discreditable conduct for what I did in Milk River.

Shawn Buckley
And if I understand the policy, basically, it was alleged you violated their policy because it was said you posted it online and yet, you did not post it online.

Richard Abbott
I had not.

Shawn Buckley
Okay, but you are suspended without pay. Now, you weren't finished there. You're at Milk River and you travel somewhere else. Can you tell us about that?

Richard Abbott
I did continue to the border at Coutts. I'd seen enough in Milk River; now I'm really interested as to what's going on at the border. So I did, and when I got there, I was met by RCMP on the perimeter who guided me into where the blockades had happened.

And this was a different crowd. There was very few people there—maybe 50 people—and again, the RCMP freely were letting people come and go from where the protesters had set up a blockade. And I found out that, only in the respectful, peaceful, Canadian way, they had effectively blocked the border at Coutts, but they did, of course, leave a safety lane open for ambulances to come and go through the border.

[00:35:00]

Shawn Buckley
Okay. So unlike Milk River, this isn't a legal blockade. So they are protesting, but by blockading. They're leaving an emergency lane so that, you know, if there's an emergency, the emergency vehicles can get through.

Richard Abbott
That's right.

Shawn Buckley
Okay, and how would you describe this group? This is a smaller group. How would you describe them? What do you think their backgrounds were and who are these people?

Richard Abbott
I would generalize, again, as calling them Christian farmers. I felt most of the folks were God-fearing, rural farmer-types. Of course, there was trucks there that they'd used to blockade, but I had also noticed that at least one of them was a cattle truck. So I would describe them as the same group that was up in Milk River, but it wasn't a party. This was serious. And they knew that they'd unlawfully blockaded a Canadian border.

Shawn Buckley
Right. So you met with the leaders while you were there.

Richard Abbott
I did, and their counsel.

Shawn Buckley
Okay, so can you tell us about that experience?

Richard Abbott
You bet. So I was asked, again, in Coutts to speak publicly to the crowd of folks that were there: to encourage them to be peaceful. And I said, "I can't speak to a public group here because you're blocking your border." And I said though that I would speak to the de facto leaders who were there with their counsel present. Their lawyer was there. And I told them that this was illegal. I told them that they were going to get arrested and this is how they do it safely and peacefully.

I encouraged them. I said, "if this doesn't go peacefully, you will have lost your message to Canadians." And they completely understood that. So I went through the actual arrest process with them on how to make it easy for the police to make the arrests. And these leaders understood exactly what I was saying. They thanked me for it and their lawyer thanked me for putting it into common language, from a police officer's perspective, on how to make this safe.

Shawn Buckley
So I just want to understand. What's happening is they understand they're going to be arrested.

Richard Abbott
That's right.

Shawn Buckley
So what was your understanding, in speaking with them, as to why they were choosing to be there, knowing they were going to be arrested?

Richard Abbott
They were bringing to light what Canadians hadn't heard until the protests in Ottawa and the blockades in Coutts. They wanted to have their Charter freedoms lifted. They wanted to be able to travel, was the biggest version here. They told me that they wanted choice. They didn't want to be coerced into taking any experimental drug for any reason.

So they were bringing to light the Charter violations being acted upon them. They knew it was a heavy-handed way of doing it, but nobody was listening to them prior to this. I believe our democracy is based on that. Someone said that you and I have a moral responsibility to protest against immoral laws and that's exactly what these folks were

doing. They saw a moral necessity for them to speak out against immoral laws by a tyrannical leadership.

Shawn Buckley
And would you describe the people that you saw there and interacted with as peaceful?

Richard Abbott
Horribly so. These were my relatives. They were our aunt and uncle. It's your cousins. It was us. I saw zero bad guys in this small group of people that were blocking the border. I feel like they were forced into this protest.

Shawn Buckley
So you basically saw a group of Christian farmers who felt forced to take a stand, to have a voice, who understood that they were going to be arrested for just trying to have their voice heard.

Richard Abbott
That's right.

Shawn Buckley
And you were doing the service of explaining to them how to be arrested peacefully.

Richard Abbott
That's correct.

Shawn Buckley
And they actually thanked you for that advice.

Richard Abbott
As did their counsel.

I should get this in now. I know it's impossible to measure,

[00:40:00]

but after the time that I spent down there, and any Canadians who took the time to watch how the surrender went down at Coutts— I'm not taking credit, but I know I had a small piece. But those small pieces add up. I had a small effect on what a wonderful ending it was to that blockade there: a completely peaceful surrender where we saw the protesters hugging the RCMP who had been set up on the border during their blockade.

Shawn Buckley
Can you describe that more for us, just so that the people watching your testimony understand exactly what you're talking about?

Richard Abbott
And I can't speak to what initially led up to it, but it was within two days after my visit to Milk River and Coutts—I think it was after the *War Measures Act* was called by the federal government—that the surrender happened. And the protesters in Coutts, there's a video of them lining up with another line of RCMP, like you'd see at your kid's sports event where the hockey teams would shake hands after. They'd all queued up to hug each other, to thank each other for ending the blockade.

Shawn Buckley
Right, and then they were all peacefully arrested.

Richard Abbott
I can't speak to the arrests that day. I don't know that part of the story, who was charged.

Shawn Buckley
Now, you attending at the Coutts rally, later created some difficulties for your employment.

Richard Abbott
Yes, like I said, I went back that very same day. I went home and went back to work. And within my first few days of returning to work, I was put on what's called administrative leave, which is, in English, suspended with pay.

And then, within a few days of that, there was an article on a mainstream media source that showed me down in Milk River speaking. Again, the service insinuated that I did that public announcement or speech in Coutts. I did not. And when that mainstream media article hit, I was suspended without pay. And the reason given by the police service was that my conduct was discreditable and I had violated our social media policy.

Shawn Buckley
Now, I just wanted to contrast this because you would agree that both at Milk River and Coutts, I mean, this is a protest that's taking place.

Richard Abbott
That's right.

Shawn Buckley
And you know, not far distant in time from that, there was a Black Lives Matter riot in Edmonton.

Richard Abbott
Within the same year. That's right.

Shawn Buckley
Right. And are you aware of any arrests from that riot?

Richard Abbott
I was not directly involved in any of the arrests from any criminal activity, but there was, yes, charges laid.

Shawn Buckley
I'm sorry. Okay.

Richard Abbott
There were charges laid.

Shawn Buckley
And there was property damage in that protest, am I correct?

Richard Abbott
I believe so, yes.

Shawn Buckley
You were given some other photographs and I just want to pull that up. So can you describe for the audience what this is a photo of?

Richard Abbott
This is a still pulled from Global News in Edmonton showing protesters of the Black Lives Matter [Exhibit WI-3]. This is a Marxist group, for the record. This is, politically, an open Marxist organization, protesting against police and recommending the defunding of police. And those are Edmonton police officers taking a knee, ostensibly, agreeing with the Marxists chanting in front of them.

Shawn Buckley
Okay and I'm just going to show another photograph [Exhibit WI-3a]. Can you describe what this photograph is?

Richard Abbott
Again, those are Edmonton Police Service officers taking a knee to,

[00:45:00]

ostensibly, in support of the Marxist Black Lives Matter protesters.

Shawn Buckley
Okay and I'm going to show you one last photograph [Exhibit WI-3f]. And you have deliberately hidden the identities of these officers, but can you tell us what this is a photograph of?

Richard Abbott
Those are Edmonton police officers posing with, apparently in support of, an Antifa member. So these folks call themselves anti-fascists. I don't think the irony of that name is lost on anybody on this Commission, but apparently, standing in support with an Antifa member.

Shawn Buckley
Now, with regards to the police officers that knelt to Black Lives Matter and with regards to these officers posing with an Antifa member, are you aware of whether there was an investigation into those officers as to whether or not they compromised the Edmonton Police Service?

Richard Abbott
I can't speak to whether or not an investigation was done, but I can say that there were no *Police Act* charges against any members of the Edmonton Police Service in support of the Marxist group or the terrorist group, Antifa.

Shawn Buckley
Okay, so you lost your job for what you just described occurred in Milk River and Coutts. That's correct?

Richard Abbott
That's right.

Shawn Buckley
But the officers that, you know, bent their knee in front of the media, in front of Black Lives Matter protests and the officers that deliberately took a photo-op with Antifa— There was no disciplinary action against them.

Richard Abbott
None to my knowledge.

Shawn Buckley
Do you have an explanation for that?

Richard Abbott
This is about policy and politics. Of course, they rhyme for a reason. I'm speaking to this panel today because I can objectively speak to the policies of the Edmonton Police Service: They were not about health. They were about politics. And it hurt our membership and it has hurt Canadians.

It's hurt me and my family, personally, obviously; I had to take an early retirement. So my travel to Milk River and Coutts on a day off, to encourage peace, well, after pension adjustments and loss of wages over the next 10 years—I tried to stay in shape; I think I had another 10 years left in me—will cost my family millions. But I'm not the only one.

We're losing police officers at a rate that nobody wants to talk about. Constable Robert Kitchen being fired for holding his ground on who he thought he should disclose his personal health choices to, will have a far-ranging effect on our communities and our nation, if we can't expect our police officers to speak up. So it's not just the individual. It will affect our communities and it is going to affect the nation, in terms of this piece.

Just this week in Alberta, our premier has promised 50 new policing positions to each Calgary and to Edmonton. I've been speaking with my old co-workers at the Edmonton Police Service, and they're the first to say, "That's nice. Where are we going to get people who want to fill those positions?" With what I've been going through— And I'm not alone on this: we have officers like me across the nation, maybe, with not as big a mouth as me because they know, now, that you will be fired if you speak out politically against the orthodoxy of the day. So the question is, where are we going to find those 50 people to fill those positions?

I can speak to where there's three of them who've spent a career at perfecting our craft. It takes a lifetime to get good at these jobs. And they're pushing us out of those positions because we don't take a knee to the orthodoxy of the day.

Shawn Buckley
Mr. Abbott, I think our bigger danger is the type of person that will fill police positions, understanding that they're guided by politics and they find that acceptable.

[00:50:00]

I think that that's a much larger danger to Canada than those spots being vacant.

Richard Abbott
I use the word "cull." They're culling us from the police agencies across the nation. I can't speak for all of them, but we know each other. We speak from coast to coast, and they're in each one of your communities, but they're being pushed out of your police agencies.

Shawn Buckley
Can you elaborate a little more? Because it sounds like what you're saying is that the officers that do not want policing to be politicized, and want to honour our *Charter of Rights and Freedoms* and want even to be able to exercise their own rights and freedoms are being pushed from the police service in favour of a different personality type.

Richard Abbott
This is how dangerous it gets. So I'm the prime example. I made a six-figure-a-year job and there's police officers in each one of your cities across the nation who are up against *Police Services Act* charges just like me. I can't mention their names because they're trying to keep their heads down, and I don't blame them for that. But they were there trying to fight. So I can't go into details with those people because it endangers them and their families so much to speak out.

A lot of them are just trying to put their head down, so they don't lose their livings over having had a political opinion. Mine is egregious: I was on a day off, in civilian clothes. I never mentioned my company when I was a police officer; I purposely kept the agents that

I worked for, to indemnify them. But now this is public information. I'm one of a few Canadian police officers across the nation who've paid the ultimate price for this and now the rest are, rightfully, running scared.

Shawn Buckley
Right. Mr. Abbott, I don't have any further questions for you, but I expect the commissioners will.

Commissioner Kaikkonen
Thank you for your testimony.

You said when it comes to immoral laws, we all have a responsibility and a necessity to speak out against tyrannical laws. So taking that thought just a little further, the underlying premise of our institutions in Canada is to protect against any law that degrades humans and to recognize that any law that degrades humans is, essentially, an unjust law. I recognize that these were policies within the institution, not necessarily laws, but they still dictated a policy advocating, in your words, segregation.

So my question is, how do we reconcile this with other laws in the broader Canadian community? And I know you've alluded to the Charter, which actually demands accommodation and inclusivity of both citizens and minority voices. And the second part of that is: In your opinion, is there a way to change the institutional mindset within policing, and other authorities like policing, so our country doesn't break down into lawlessness, even when we are witnessing the infiltration of politics within these institutions?

Richard Abbott
Yeah, I can answer both of those. This is officially into opinion evidence now, which I think is allowed here.

The first one is— And I'll have to, partly, respectfully disagree with one of your earlier guests who said that in looking at how Jesus would respond to this— Although, for our brothers and our sisters who are going to come to us now, it's hard for people to say they were wrong over these policies. We need to be there with open arms for those people when they figure it out because they are figuring it out now quickly.

Where I disagree with your earlier guest is we need some of these leaders who, to this day continue to push these policies, to be held to account. The door is quickly closing, if I can paint a picture. We're here to still speak to you, but the door is closing. And if we don't hold those men who held high places—to put some more Canadiana into this, from the Rush song *Closer to the Heart*—

[00:55:00]

they need to act like they're in high places. And if they don't, we need to hold them to account. So that means litigation.

The second part of your question— The first part was about how do we get through it and the second half, excuse me, again, was?

Commissioner Kaikkonen
Just the institutional mindset: how do we prevent lawlessness from becoming the norm?

Richard Abbott
Bold leadership. Leadership matters. We need bold leadership in these institutions. So not just leadership: We need bold leadership. Leadership matters. It's a trickle-down effect. I saw some horrible behaviours come out of some of the people that I worked for in the police service. When we have weak leadership espousing violating human rights by segregating them in lunchrooms, it justifies poor behaviour amongst the employees.

I had one of the sergeants that I worked for say out loud that they didn't think any of the Edmonton Police Service members who refused to take the drugs, [they] should not be given access to health care. So these are police officers that are going to overdoses every day— they're truly heroes on the streets.

So the squads that I worked for, I could easily say they'd save one fentanyl death per shift. They'd save that person, and they would rush them to the hospital to get care that they dearly needed, and we dearly believe they need. And then, out of the other side of their mouth, say an employee who doesn't take the COVID drugs, we shouldn't let them get access to health care. That's from weak leadership.

We need bold leadership in all of our institutions and that starts with the truth. Just tell the truth. And I can speak specifically to police agencies: use what you've been trained to use in risk-effective decision-making and decide whether or not what we do in the future is necessary, risk-effective, and acceptable. Will it be acceptable to the courts in 30 years? I think you'll see changes in how we respond to these.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
And there's more questions.

Commissioner Massie
Well, thank you very much for your testimony. I have a question, which is about when police officers are called to intervene in any situation, I guess that there is a risk there that people they will interact with are not vaccinated and they don't know, right?

Richard Abbott
That's right—every day, all day.

Commissioner Massie
So was there something put in place by the police department, in order to protect policemen from these dangerous, unvaxxed people?

Richard Abbott
I laugh because it's laughable today. We'd cry, if we couldn't laugh. No. The masking mandates were the same across the nation, which we all know, when we were doing it, was not true. And most people complied with what we knew to be not true.

There's a certain segment of the people that I work for, though, the frontline officers in the police service—and I can't get anybody in trouble with this today—they knew it was a lie. But they'd still go to your family fights; they'd still go to the robberies; they'd still go to the stabbings. And the smart ones never wore a mask because they knew it was a lie. They were no different than the politicians who put on a mask every time a camera came around. "Oh, we better put on our mask. Here comes the superintendent." And then they go to your stabbing without it.

I don't know if that answers your question. There was nothing— You know the same stories as I do. These people were brave. They were going, even at the beginning when we thought that there could be an actual illness. Of course, we quickly learned, within months, that nobody was dying from COVID and then it became easier. But there were no measures to stop that. The essential workers went to work every day.

Commissioner Massie
So I hear you talking about bold leadership in order to get out of this difficult situation we're in. It seems to me that what bold leadership does well is establish trust:

[01:00:00]

between people, with one another, and with the institution. How can we build trust in a culture of lies? What you described, it seems to me, that police officers have licence to lie.

Richard Abbott
Thank you for the nice segue into what the bold leadership can do. So I was a middle manager. I understand that you can do nothing right. People are going to disagree with you whether it was the right decision or not. So when I say bold leadership, I mean what we need is for our leaders, at every level, to just simply abide by codified Canadian values.

So when we're responding to these high-risk incidents in policing— I spoke about our decision-making processes. When I'm scared, when people are going to get hurt, and when we're under time constraints, we abide by what we called standard operating procedures. So I don't know what to do during a car chase, where it's horribly dangerous, I'm under serious time constraints, and I'm scared. All I do is abide by my standard operating procedures, my SOPs.

We have the SOPs written for Canadian politicians. We have Canadian codified SOPs written for the leaders of our institution. It's called the *Charter of Rights and Freedoms*. So when you're scared, when you think people are going to hurt, and when you're under time constraints, just point at the Charter and say, here are codified Canadian values that are my standard operating procedures. Until those are lifted, our bold leadership just has to point at those and say, this is what Canadians are going to do next time.

Commissioner Massie
Thank you.

Commissioner Drysdale
Just so that we both know that you are going into the opinion area of this testimony, which is acceptable. I've got a question and I'm going to refer to a couple of witnesses that we've had prior to you on here.

A day ago, I think it was a day ago, we had a retired judge on the stand, and he talked about— I don't want to put words in his mouth, but as I heard his words, he was talking about a failure of the judicial system, in his opinion. Or at least, he was disappointed with the way the judicial system has acted. And I asked him a question about why that would be and he said to me that the judges felt they were under pressure. And one of the things I asked him was describe that to me: What does that mean? Does that mean, if they rule a different way, they're going to get fired, or so on and so forth. And my understanding of his answer was, no, they wouldn't get fired, it was more of a peer pressure, if I understood that correctly. And I'm prepared to be corrected on that.

We talked to doctors previously and they've sworn an oath, like a judge does and like a police officer does. And the doctors were afraid: they were afraid of losing their licence, but they weren't afraid of proceeding with a procedure or administering a drug they knew nothing about, or they knew that it hadn't been tested.

And I can go through the list of all of those people—teachers, doctors, ministers. We've had ministers on here saying the same things, police officers.

Police officers— Sorry, but they require special attention. Police officers are probably some of the bravest, gutsiest people I've met in my life, you know. Somebody's in terrible distress, someone's in a terrible accident, someone's gone crazy, and you have to walk in there. You're just an ordinary person. Courage is what defines the police, or what has defined the police, in Canada.

And yet, listening to all of these people—the doctors, the lawyers, the judges, the police and people carry guns—the most compelling testimony that I heard here today was a truck driver who said he had 40 employees, and he and his wife sat down one night and decided they have to speak up, even though they might lose everything, and they went into it knowing that.

And so, my question after all of that preamble: my question to you is, we talk about trust in our institutions, we talk about leadership in our institutions.

[01:05:00]

How can we ever ask Canadians to trust all of those people when it went so wrong? How is **it the police took orders that they knew or ought to have known were illegal? How did they beat people in Ottawa? How did they kick veterans? How did they trample them with horses?**

I'm sorry, that's a heck of a lot to ask you to comment on. But when I see what were heroes—and are heroes, in this instance, but they're not over here, they're hiding—and I see a truck driver risking his family, his business, and one person said 40 other people and his employees. So probably 100 people he put on the line. Can you help me out with understanding that?

Richard Abbott
In a word, no. I debate the same things as you and I get asked this all the time. And I try to juxtapose the police officers who run towards the gunfire with the political courageousness.

And I've used this example before: Mr. Dennis Prager, an American conservative Jewish radio host, he speaks about how things go wrong in a society and he, specifically, was speaking about the Holocaust. And he said that you get three things added together will end in bad things happening.

Propaganda. So my answer, first, to you is that police officers are no different than the truck driver. They are propagandized exactly the same way, and we heard this morning that we've had a war of propaganda on us. And they put their pants on one leg at a time just like you.

The second part of when things go wrong is when there's something to gain. And in these cases, I think it's not so much gain to the population, but it's keeping your job is something to gain by not saying anything.

And then, Mr. Prager says the third thing that happens is a paucity of people courageous enough to speak out—and I didn't know what paucity meant. Paucity means hardly anybody will speak out about this. But what I have seen is that sprinkling of courageousness goes across every vocation. It actually isn't concentrated anywhere.

So if I can leave you with any good news, is I think that paucity of courage is sprinkled throughout Canada and it's contagious. So we have a few rare doctors, we have a few rare cops, we have a few rare nurses. We have a few in every vocation who's spoken out against this.

The other truth is—I'm going to agree with you—is that the blue-collar folks, the folks that work with their hands who are the backbone of this nation, I would say that we've seen more of them, maybe.

But anyway, there is courageousness sprinkled out through society. The good news is maybe there's a concentration of courageousness amongst the working class, amongst the trades, who are the backbone of this society, and I think that's what gives us hope. Don't go looking for the police to do it. Don't go looking for the doctors to do it. It falls on every one of us, is my answer.

Commissioner Drysdale
And I understand and I agree with your statements. One of my other questions to you is—and I think you've, perhaps, answered it—about propaganda, you know. And the question is, do we have a free-market media or news group in this country anymore? And what did they contribute to the damage that's been done to our society?

Richard Abbott
I won't mince words here, again. The mainstream media is lying to you about what's going on in our nation. And I know it sounds extreme to put it in those terms. That's my personality. There is no halfway with this. They are lying to you about what's going on, on a myriad of topics, not just COVID.

Commissioner Drysdale
Thank you very much. And thank you for your service.

Richard Abbott
Thank you.

Shawn Buckley
There being no further questions, Mr. Abbott, I sincerely thank you for your testimony, on behalf of the National Citizens Inquiry.

Richard Abbott
Thank you, folks.

[01:10:07]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 8: Robert Holloway
Full Day 3 Timestamp: 05:49:08–06:52:07
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kassy Baker
Good afternoon, Mr. Holloway, can you please state and spell your name for the record?

Robert Holloway
Good afternoon, my name is Robert Ivan Holloway, H-O-L-L-O-W-A-Y.

Kassy Baker
Very good, and do you promise to tell the truth, the whole truth, and nothing but the truth?

Robert Holloway
I do.

Kassy Baker
Very good. Now, Mr. Holloway, I understand you're here to tell us about your experiences and observations regarding censorship. And also some of your observations regarding your interaction with the Freedom Convoy movement here locally in Winnipeg. Just to provide some context to that, can you please describe to me your current profession and age? Could you just give a little bit of background about yourself?

Robert Holloway
Sure. I'm 45 years old. I'm married. I have two children. I have a daughter, age nine, and a son, aged 11. I'm a lawyer by profession. I have two university degrees. I have an advanced degree in economics and a minor in philosophy from the University of Manitoba in 1999. I have a law degree from the University of Manitoba, 2002. I received my call to the bar to practise law in Manitoba in 2003. I've been practising ever since. I specialize in construction and commercial litigation. Currently, I am the managing partner of Holloway

Thliveris Commercial and Construction Lawyers. I live just outside of Winnipeg, and I practise downtown in Winnipeg.

Kassy Baker
Very good. I think that we will start with some of your observations regarding the early days of the pandemic and your investigations into the dangers of the virus itself. And I'll let you take the lead from here.

Robert Holloway
Sure. So I'll just preface by saying that I don't have any particular expertise in the medicine or the science behind COVID or the vaccines. I'm a layperson in that regard. But I'm going to talk a little bit about what I learned with respect to the science and at what juncture because I believe it's material to understanding some things with respect to what I observed with the legacy media, and other observations.

So if we go back to March of 2020, this is the point in time in which COVID-19 has been declared to be in North America and its governments have expressed a concern. Our provincial public health authority is advising people to stay at home as much as possible, to work at home. I'm a practising lawyer at the time; the courts were shut down. We weren't having in-person meetings. We weren't having any trials. We weren't having any motions. Nothing was happening at the courthouse.

So there was a period of time starting about mid-March 2020 where most of us were at home. And I took the opportunity in this extraordinary set of circumstances to do some of my own research into what this COVID-19 was all about. And I did what most normal people do who are lay people like myself: I went online and I started researching whatever I could find. And at that point in time, the whole pandemic wasn't politicized, or at least, it wasn't politicized the way it has become. It wasn't a polarized issue and you could find a lot of information.

It was new in North America, but COVID-19 was not really new in other parts of the world such as Europe and, of course, China. And there was very good information from China and from Europe that you could drill down to—right to peer-reviewed studies from reputable universities and reputable journals.

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I found a lot of interesting things, but I don't remember all the things that I uncovered in doing the research. But what jumped out at me, that I recall today, is that very early on, it was clear, based upon the information coming out of Europe and China, the demographics of those who were affected by this virus. And it was clear that it was individuals who had two or more serious underlying health conditions combined with those that were at a certain age threshold. And what was notable to me is that children under the age of 18 had basically zero risk.

So very early on with this information, which I felt was quite reliable given the various sources that I found, the whole idea of the virus was not something that I was afraid of. I was not personally afraid. I was not even personally afraid for my elderly parents who are in their 80s and late 70s, who are in good health. I was not afraid for my wife. I was not afraid for my children. I was basically not afraid. I parked that information, went on with my life as we all did or tried to do at that point in time.

But the interesting thing is that, of course, COVID and issues relating to COVID were a daily news item. And the way the legacy media, or at least, the legacy media that I was attuning into, was not being candid and forthright about the demographics of who was being affected by this virus. And I thought that was unusual. I thought that was strange. And it was only—and it's a rough order magnitude here—but it was only about six months after I had done this kind of personal research on my own that the mainstream media, the legacy media, started to talk about the demographics of who this was being affected by.

And I thought, you know, I'm just a lay person. I just went online and spent some time and found this information six months ago. Why is it only being publicly talked about now? I thought it was strange. I don't remember all the times in which I had done research and had found information in which there was a delay before it became information that was being publicly broadcast. But it happened many times. That's a particular one I remembered very specifically, but it happened multiple times.

So fast forward: I'm living life. I'm trying to do my best to be a father and a husband and a practising lawyer, and so on. The vaccines are starting to roll out. We're now in about spring of 2021, spring, early summer. And I'm becoming eligible based upon my age to receive a dosage of vaccine. And while I'm a bit skeptical, based upon some of my previous experiences with the delay of information coming out, at the same time, I didn't have a lot of source information other than what I received from mainstream media about these vaccines. And the messaging that was coming out was, "don't just do this for yourself, do it for your community, do it for elderly people, do it for people that are immunocompromised."

And so, I did it. I took the first dosage of the vaccine. I gave public health the benefit of the doubt based upon whatever information that I had, which was really all publicly available legacy mainstream media information.

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And likewise, roughly six months later, I took my second dosage. And all the while, I maintained relationships with friends and others who made the decision to not get vaccinated. And I have to confess, at the time, I thought it was odd that they weren't getting vaccinated. I didn't understand why they weren't getting vaccinated. I didn't understand what the rationale was for them not getting vaccinated. But at the same time, I believed that people ought to have a free choice with respect to these matters.

Fast forward to the late fall, winter of 2021. The public health authority in Manitoba was now recommending and had vaccine dosages available for children aged five to twelve. At that point in time, my children were aged eight and nine. So they were right within that bracket. And my wife, who I have the utmost respect for and who is a wonderful mother and a wonderful person, stated to me, "I'm going to take the children to get vaccinated." And I said, "Well, you know, don't you think we should do some due diligence on this?" And her response was, "What due diligence are you going to do? Public health authorities have told us that we should get our children vaccinated."

And I would have said, I believe I did say, "Well, you know, you can't just simply take face value what public health authorities say. We know—and we've known since the beginning of this pandemic—that children in our children's age bracket who are healthy children have almost zero risk of serious adverse outcomes, including death from COVID. So I think we should spend some time looking into this. My own sister—who has a different mother than myself, was quite a bit older than I—her mother was prescribed thalidomide in 1960.

Her mother made the decision not to take it. It's probably one of the best decisions her mother made, as we all know. So public health authorities and professionals of all stripes don't always get things right. We're making decisions for our children. We need to spend some time."

So this was the conversation, in essence, that I was having with my wife. And she said, "Okay, well, when are you going to do this due diligence?" I said, "You know, look, it's just a really busy stretch right now. I'm going to do it as soon as I can." And every day from that point onwards, the friction between her and I increased. And to the point where she was calling me up in the middle of the day at work and demanding that we get the children vaccinated, or I do my due diligence right here, right now, and let her know ASAP.

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To say that it was causing friction between my wife and I is an understatement. Finally, after about, I don't know, five days, six days of this, I'm like, "Okay, I'm just going to stay at work until whatever time takes me at night. And I'm going to do whatever due diligence I can do."

So like I did at the beginning of the pandemic, like lots of people do when they want to find things out, I go online. And I wind up at the Center for Disease Control in the United States website and Health Canada website and I look at the sections on vaccinating children. And I read them: every single word, top to bottom. I click on every single link. I try to drill down to supporting evidence, journal studies, so on, which I could at the beginning of the pandemic: I could drill right down to very legitimate medical and scientific information. And I couldn't.

And it was interesting. I'll start with the CDC. The CDC was making a pitch that you should get your children vaccinated because your children are at risk from severe outcome and/or death as a result of COVID. And Health Canada website was saying, they weren't so much pushing that; what they were pushing is—which I think is more honest—they were saying, "do it to protect the elderly and the vulnerable." And both websites had statistics; they had numbers. I was able to use some of them to run my own analysis.

And a couple things struck me. One is that there was a disconnect between what the CDC was saying and what Health Canada was saying on this very point. Another thing that struck me is that the arguments that both of them were putting forward just didn't seem very compelling. If that was the best arguments that they could make, it just didn't even seem that obvious, based upon their own arguments, that there was a good reason to vaccinate children. But at the same time, the website seemed to indicate that there was no significant likelihood of an adverse effect from the vaccine. The Health Canada website, **speaking of vaccinating children for the sake of protecting those that are immunocompromised and elderly, I thought was immoral.**

But at the end of the day, I had a situation to face, which I don't know where it was going to lead within my family. I very much valued the relationship with my wife and having a strong family unit. And based upon not having any information that I could find to indicate that there was a significant risk of taking the vaccine, I agreed to have the children vaccinated. My wife immediately took them down and had them vaccinated.

By happenstance, about a week later, I was having a lunch with a lawyer from the Justice Centre for Constitutional Freedoms. For anyone that's not aware of the Justice Centre for

Constitutional Freedoms, they are very active in COVID-related litigation. And the topic came up of vaccination and children.

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And this lawyer started telling me some things about the vaccines as they related to children. And to say that it was contrary to what I had read in the CDC and Health Canada websites is an understatement. It was like two different planets. And I have respect for this lawyer, I have respect for the organisation. I know that they had experts who were highly educated and knowledgeable that they were getting their information from. But I was contrasting this with all the publicly available information that I could find at that time, and they just weren't adding up. And I said, "Look, I'm sorry, but can you send me these studies? Can you send me these expert reports? Because I don't know who to believe anymore." And she did.

And I read them once again, from top to bottom. And we're talking, you know, many of these were peer-reviewed medical journal articles. Some were from more obscure sources, but some were from very well-recognized sources. And what I learned was really jaw-dropping. I'm not a medical doctor and I'm not a scientist, but I am university-educated. I do deal with experts in my profession, a lot. I am, I think, basically capable of reading these things and understanding them. And I know enough to know that any given study can say one thing and be contradicted by another study the next day. But what really jumped out at me is that there was a lot of consistency amongst this material, none of which was public information.

And in this time of confusion, I sent one of these studies—it was a peer-reviewed study with respect to children and vaccination—to a medical doctor I know that for this person's protection, I will not identify. And I said in the email, "Is this study intellectually defendable or is this just whacko stuff?" That's the words I used, literally, I'm quoting. And the doctor replied, "It's very intellectually defendable. There is a fierce debate within the medical community about vaccinating children from COVID-19." And this medical doctor also sent me an article from the *British Medical Journal*, which this doctor indicated was more widely circulated amongst the profession than the peer-reviewed study that I had been reading. But, basically, the *British Medical Journal* article, which was January 13, 2021—about five months before vaccine rollout for children—was saying the same thing as what I had reviewed.

And I stopped. There's a fierce debate within the medical community

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as to whether children should get vaccinated?

Kassy Baker
Can you describe some of the revelations that you learned through these peer-reviewed studies and how that differed from the research that you had done from the publicly available information from the CDC and Health Canada?

Robert Holloway
Sure, sure, let me just finish this thought though, I will do that. There was nothing on the CDC website or Health Canada website to inform parents that there was any debate within the medical community. Not a fierce debate. No debate. This was consensus.

The information, to answer your question: What I garnered from both the *British Medical Journal* and the peer-reviewed study, as well as other information, was that first of all, the risk to healthy children aged five to twelve from COVID-19 was negligible. However, because the standard for approving vaccines requires at least five years of clinical trials, as I understand it—not being an expert, but as I understand it—and because of the nature of COVID-19 and the urgency to get out a vaccine, these clinical trials had been truncated. And so, there wasn't the benefit of the full five years to ascertain what, if any, significant adverse effects were related to these vaccines.

The licensing bodies provided what I understand to be an emergency authorized use permit for these vaccines. And the consequence of all that is, once again, as I understand it— First of all, I never understood any of this stuff before I got vaccinated that this was an emergency authorized use and that the typical standard is five years because some of these side effects don't appear until many years later. I had no idea: this is something I was learning and questioning my own decision-making process with respect to myself getting vaccinated, but I digress.

The result, when you put all these things together is that because there hasn't been a significant amount of time to do the clinical trials that would normally be done for these vaccines, the risk profile to the vaccine was unknown, which made it not a negligible risk. You put all that stuff together: you have the risk to children aged five to twelve from COVID as being negligible versus the risk of taking the vaccine as being not negligible. It doesn't make any sense. The only possible justification could be that you're doing this to protect the elderly and the immunocompromised, which, in my humble opinion, is completely immoral.

Kassy Baker
This doctor that you spoke with, did she ever come forward publicly with her own thoughts which she had discussed with you?

Robert Holloway
Not that I'm aware of. I did ask this doctor if there was any kind of gag order that was being placed on this doctor by the College of Physicians and Surgeons in Manitoba.

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And this doctor advised me that in effect there was. And this doctor provided a screenshot of what I believe to be a directive from the College of Physicians and Surgeons of Manitoba, which directed physicians to not depart from the narrative that's being put forward by public health authorities in Manitoba. And part of the rationale for this is to make sure there is a consistent message to the public. So I understand—and this is all hearsay of course—but I understand that this has resulted in a chilling effect within the medical profession, at least in Manitoba, with respect to discussing issues surrounding COVID and vaccination.

I want to add one thing here before I move on. My children are fully vaccinated with all other vaccines recommended by our pediatrician. My wife and I believe in science. As a regular matter of course, we follow the advice of our physicians. There's no ideological position that I come from here. It's maybe cold comfort, but I am thankful, based upon what I did learn after my children got the first dosage of the COVID-19 vaccine and I began sharing this information with my wife, that we decided to not get our children vaccinated with a second dose.

So in December of 2021, Omicron variant becomes an issue. And it's obvious that this variant is spreading rapidly and it's obvious, I think to most people, that it's spreading amongst both vaccinated and unvaccinated. And at this time, I'm now devouring every bit of information I can get from what I believe are reliable sources. And once again, being a lay person but not a completely uneducated lay person, it became clear to me that the mandates were completely disconnected with what the science was saying about the virus and the efficacy of these vaccines. And the fact that the public health authorities were now trying to basically pull a fast one over me with respect to my decision-making for my children's best interest really caused me to mobilize and do something. And one of the things that I became a part of was the Freedom Convoy protests here in Winnipeg.

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On January 29, I believe, 2022, a rally was organized in the Flying J truck stop west of Winnipeg and I believe in other locations around the province all to converge on the city of Winnipeg. And I called up a buddy of mine and I said, "Hey, let's go, let's join this." I've never been involved in a protest in my life, but this was different. So we jumped in my truck and we grabbed a Canadian flag and we joined I don't know how many—but I'm thinking order of magnitude a thousand other vehicles with Canadian flags. And we're going around the Perimeter. We get to the east Perimeter, the Highway 1 overpass, and from every direction from looking north, looking south, looking east were vehicles basically almost as far as you could see with Canadian flags. It was an absolutely remarkable, organic event, and whether you agreed with it or you didn't agree with it, something very significant was happening. And I participated in this. We went around the Perimeter, we went down Portage, we went past the legislature, we went up to city hall. And as I'm driving, my buddy with me is monitoring what's being reported on this in the mainstream legacy media—and there's nothing. Nothing.

Fast forward about a week or so, the Freedom Convoy protests become stationary in downtown Winnipeg outside the legislative building. So on Broadway and Memorial. And the whole area becomes basically occupied by semi-trucks, by tractors, by mobile homes. I believe we had some Atco trailers, we had a stage, and at various times anywhere between, you know, a 100-odd people and probably 500, I don't know, a 1,000 maybe at certain higher times. And I reached out to the organizers and I identified who I was. I said, you know, "I'm a lawyer, I want to help, and I want to speak."

And on February 5th, which is a Saturday, I spoke at the protest. And I spoke largely about my experiences with the science and my children. And I was candid: "Look, I'm double vaccinated, but here I am." And so, that began an association between me and the organizers of the Freedom Convoy protests in Winnipeg. And I supplied legal advice, I supplied other advice, strategic advice,

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whatever assistance, within reason, I could provide. I was on the phone or in-person meeting sometimes on an hourly basis, definitely on a daily basis.

Probably consistent with others that have testified here—though I haven't seen a lot of the testimony, but I've seen some of it—almost everything that was eventually reported in legacy media that I saw with respect to the Freedom Convoy protests in Winnipeg was wrong. There were people from all walks of life: There were probably as many women as there were men, if not more women than there were men. There was every different background and a variety of ages. The atmosphere was positive. The people were peaceful in nature and were really trying hard, in my observation, to ensure that there were no bad apples that were going to wreck this event, this protest. There was certainly nothing that I was ever made aware of—and I'm sure I would have been made aware of it given my assistance that I was providing—with respect to hate symbols or anything like that. That never, never occurred, at least, not in Winnipeg.

The atmosphere in the city was extremely polarized. There were people that either supported what this movement was doing or people that detested it completely. And there was almost no one that I saw that was really on the fence on that.

Fast forward to February 14, 2021 [sic]: The federal government invokes the *Emergencies Act*. And it was obvious that the focus of the emergency, or the idea behind the focus of the *Emergencies Act,* was to disperse the protests in Ottawa and perhaps some of the ones that were affecting the border crossings. But the wording of the actual invocation of the Act, as I understood it, applied across Canada, including to the protests in Winnipeg. And don't quote me on the exact wording, but I understood at the time to be to the effect of anyone that participates and provides material assistance to the Freedom Convoy protests could be liable to have their bank assets frozen, property seized, amongst potentially other consequences, I don't know, possibly ranging to arrest, fines.

That day, I went to my bank and I withdrew thousands of dollars in cash. And I hid it. And it's still hidden. It's not at my house, too. We, as a protest, i.e., the organizers and myself—And I should be clear that I am part of a group of lawyers that were assisting the protest here in Winnipeg. I wasn't doing this by myself.

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There were others that were involved. I won't name names, but there were a group of us that were involved in assisting. But on that day, February 14, 2021 [sic], it became clear to all of us that we were either going to have to shut this whole thing down, or in effect, we were going to have to basically communicate and organize in a clandestine fashion.

And so, we did. We had to stop using cell phones. We had to conduct communications of a sensitive nature, literally, in dark corners of parkades where we were confident that there weren't security cameras and anyone that was close enough to observe, listen. There was a huge police presence, so we had little doubt with the police presence, combined with the invocation of the *Emergencies Act,* that cell phone communications were being intercepted, although I don't have any direct evidence to that effect. But we assumed that was the case.

The whole environment was surreal. Let me rewind this for a second. I'm participating in this in good faith with the best information that I can find for the protection of my children, and the Government of Canada has now made me a criminal? For protesting—to protect and to look out for the interests of my children on a good faith basis—peacefully? Is this really happening in this country?

I was born in this country. I was raised in this country. I've worked all my adult life, aside from the time I was in school. I've never broken the law. I pay my taxes. But for the first time in my life this country, that I thought was my country, was against me. Utterly against me. I felt stateless and I still feel stateless. And until there is some serious reckoning by those who were responsible for managing the governmental response to this pandemic in a forthright, honest manner, I don't foresee my feelings changing.

Kassy Baker
Thank you, Mr. Holloway. Are there any questions from the Commissioners?

Commissioner DiGregorio
Thank you, Mr. Holloway for your testimony today.

I have a few questions about particularly your experience that happened once the *Emergencies Act* was enacted. And you mentioned that you actually went and withdrew cash from your bank account, presumably because you were fearful that the measures would be taken against you personally. And I was wondering if you could comment on whether you felt that you would be targeted for providing legal services to members of the Convoy or whether you felt that it was more related to your participation as a protester.

Robert Holloway
Honestly, I thought anything was possible. I felt that I was living in a bizarro world where anything was possible, including repercussions from my governing body, repercussions from the public, the government.

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I was aware of all of those possibilities, and quite frankly, I was prepared to accept that risk.

Commissioner DiGregorio
And I'm also wondering, you spoke a little bit about some of the clandestine organizing that was undertaken once you were concerned about surveillance and whatnot. Did you feel that there was a risk that your solicitor–client privileged communications could be intercepted or were the target of interception by the government?

Robert Holloway
Yeah, once again, I considered all reasonable/borderline unreasonable possibilities to be risks. I don't have any evidence that my communications were intercepted or solicitor–client privilege was breached. But we also took steps primarily based upon my initiative but also based upon advice that I was receiving from an individual who has experience in basically clandestine-type operations that you can't communicate with your cell phone. And you have to be careful where you're communicating because there are line-of-sight devices that can intercept verbal communication.

Commissioner DiGregorio
Thank you.

Commissioner Massie
I have a question about— You mentioned that you really value your relationship with your wife, but at one point, because you were raising some issues about what the public authority was saying that it created some tension that eventually seems to have improved. That's my understanding. Because you decided jointly not to get the second dose after you provided the information.

Now, my question is— After you decided to become more involved in the Freedom Movement, did you get support from your wife or was that creating some tension?

Robert Holloway
My wife is very supportive. My wife is not as, shall I say, maybe active in investigating these types of things that I am. My wife, in fairness to her, but like a lot of people, I believe, was afraid.

And under ordinary circumstances, if I were to say, "Let's do some due diligence before we engage in a medical procedure for our children," I don't think her reaction would have been what it was. But she was really afraid. And things definitely improved once I agreed to getting the children vaccinated for the first dose. She did move in terms of her viewpoints once I provided her with information that I received through my physician source as well as from the Justice Centre for Constitutional Freedoms. To answer your question, I'm sorry, it's maybe a bit roundabout. But, yeah, she did support me in my involvement with the Freedom Convoy protest.

Commissioner Massie
I have another question about the censorship. It does have consequences, but in your experience, what would you say was the most damning consequences of censorship in what you've been through during this COVID crisis?

Robert Holloway
When I use the concept censorship, with respect to this pandemic and the governmental response, I think it's important to be clear that at least I'm not thinking of just government censorship. It was a chilling environment across the board,

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whether it was in legacy media, whether it was in public health authority messaging, **whether it was, I believe, in the judiciary. I'm sure that there was active censorship, but there was also a lot of self-censorship.**

One of our biggest failures as a society in dealing with this pandemic, in my view, is that what we needed to do to have the best chance of successfully, or at least optimally, dealing with it was to have open conversations. But that wasn't happening. It wasn't happening across the board. Not only was it not happening in legacy media where the same individuals were being interviewed again and again and the same messaging was happening, and the same individuals from public health were speaking and the same messaging was happening.

If we recall, the opposition parties of all the provincial legislatures and the federal House of Commons were barely doing anything. The judiciary was making decisions that were consistently supporting the government mandates and regulations. And to speak to your neighbours, sometimes your friends, was a perilous activity because of the polarity, the emotion.

A lot of the public health authority response to the pandemic was to be characterized by the war metaphor: this is a war against this virus; we are going to eradicate it. And there's also another saying in war: loose lips sink ships. But you know what? In war, the enemy has ears and a brain. When you're fighting a virus that has neither ears nor brain, surely, we can have conversations so that the best information—the brightest individuals, the ones that have the knowledge, the background, the experience—they may be right, they may be wrong, but they should all be heard. Because we are all better off for it: me, the public, deciding what's good for my family, what's good for me, what's good for my community. Without having open dialogue, without being able to know what is being discussed, cripples our ability to make those decisions and our societal ability to function properly and to deal with pandemics in a rational fashion, in my humble opinion.

Commissioner Massie
Thank you.

Kassy Baker
Are there any further questions from the commission?

Commissioner Kaikkonen
Good afternoon. I'm just wondering— You said earlier in your testimony that the courts were closed. Do you have any information on how the courts being closed impacted those who were either going because they felt they were innocent and unfairly charged with whatever? Or the impact of the passage of time, and they weren't getting their case heard, their voices weren't able to speak, they weren't able to get justice. Do you have any ideas, since you kind of crossed the lines with the people who were involved in organizing protests, of the impact of those people when the courts were closed?

Robert Holloway
I don't. Many matters that would involve criminal charges against protesters and protest organizers,

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criminal lawyers would handle that. I'm not a criminal lawyer, and so I haven't been involved in that aspect of things. So I can't comment on that.

I can comment on the civil side because that's the type of lawyer I am. I'm basically a civil litigator. I can comment that, certainly, in Ontario, where I do quite a bit of litigation, that the backlog for many basic types of civil matters are unbelievably long. Sometimes you're looking 12 months to have a motion heard. It could be years before you have a trial that's set down. So I can comment a little bit about on the civil side that it definitely caused backlogs. I think in Manitoba, we're getting back to a fairly good schedule in terms of civil

matters. But in Ontario, in my experience, it's still pretty delayed, all as a result of pandemic-related measures.

Commissioner Kaikkonen
And my second question is, it's kind of a line we use in education, some of the critics of the education system: that it looks like education remains, but it's no longer education. Given that you looked at the CDC results and Health Canada results, and there's all these discrepancies, could we actually extend that to health care: that it looks like health care, but maybe it's no longer health care, in your opinion?

Robert Holloway
Well, my understanding of the legal requirement to administer a medical procedure by a health care practitioner on a patient is that informed consent is required. And without being informed, there can't be consent. And if there's a medical procedure that's performed without consent, that can be tantamount to assault.

Commissioner Kaikkonen
Thank you.

Kassy Baker
Are there any further questions from the commission? On behalf of the National Citizens Inquiry, we'd like to thank you for your testimony, Mr. Holloway.

Robert Holloway
Thank you.

[01:02:59]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 9: Jessica Kraft
Full Day 3 Timestamp: 06:52:25–07:13:00
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kassy Baker
Good afternoon, Ms. Kraft. Can you please state and spell your full name for the record?

Jessica Kraft
I can. Good afternoon. My name is Jessica Kraft. J-E-S-S-I-C-A, last name K-R-A-F-T.

Kassy Baker
Do you swear to tell the truth, the whole truth, and nothing but the truth?

Jessica Kraft
I do.

Kassy Baker
Ms. Kraft, I understand that you're here today because you were terminated as a result of your employer's vaccine mandate.

Jessica Kraft
That's correct.

Kassy Baker
Very shortly I'll ask you to explain the circumstances leading up to your termination. But first, can you please just describe a little bit about yourself, your age, your education, and your position with your employer at the start of the pandemic.

Jessica Kraft
I'm 31, I'm a mom of two. I started at Canadian Blood Services in 2013. I was trained on the job. It was a mix of classroom training and on-the-job training for about six weeks. I really enjoyed the job as well.

Kassy Baker
Can you tell us what your position with the Canadian Blood Services was?

Jessica Kraft
Yes, I was a donor care associate. I was the person to insert the needle into your arm if you needed to donate. I also did some screening procedures as well.

Kassy Baker
When did you say you were hired for this position?

Jessica Kraft
October 13, 2013.

Kassy Baker
And I understand that before the pandemic actually started, you went on maternity leave, is that correct?

Jessica Kraft
Yes, I had my second daughter December 2019, and right after that is when things in the world started to change.

Kassy Baker
All right, so how long was your maternity leave?

Jessica Kraft
I was on leave until March of 2021.

Kassy Baker
So you did return to work in March of 2021, is that right?

Jessica Kraft
Yes, I did.

Kassy Baker
At that point, what safety protocols were then in place to help you continue to do your job?

Jessica Kraft
Well, at the point of my return, we were mask mandated; all of the staff and donors were expected to wear masks within the facility to donate blood. There was also social distancing protocols, certain wellness checkpoints. Donors had to be sure they were in good health before coming in to donate.

Kassy Baker
What other changes did you observe from your work, starting from before the pandemic to your return in the spring of 2021?

Jessica Kraft
Well, when I first started at Canadian Blood Services, it was a really fun place to work. I felt really supported. We had a really good team.

I guess the biggest changes that I saw prior to me coming back—and I wasn't there, but I had heard from other people—is the changing in management. Also, the change in labelling Canadian Blood Services as a biologics manufacturing company rather than a not-for-profit organization.

Kassy Baker
Okay, and what about the donors? Did you notice any differences in the types of people who were donating blood or the frequency? Or what can you speak to there?

Jessica Kraft
Well, I would say that there was a push for first time donors. But the donating community is pretty reliable, happy. But some of the changes within the clinic for the donors, specifically, was that they weren't allowed to bring in family members or friends or their children. They weren't allowed to eat or drink after their donation, which is pretty crucial to recovering properly. So they wouldn't be allowed to sit with anyone. It was kind of a very rigid and sterile environment.

Kassy Baker
Did you observe any adverse effects from not being able to give them some juice or some cookies, which I understand is typical after donating blood?

Jessica Kraft
Definitely, yes. There was an increase in donor reactions.

Kassy Baker
And what does that mean?

Jessica Kraft
Well, if somebody doesn't eat or drink before donating blood, sometimes they can feel faint or pass out.

Kassy Baker
In terms of inserting the IVs, did you have any difficulties? Were there increased safety precautions taken regarding the handling of blood? What can you tell us about that?

Jessica Kraft
There really wasn't anything different about my specific job and the way we collected blood.

[00:05:00]

Kassy Baker
I understand that sometime in 2021, your employer announced that a vaccine mandate would be implemented within the organization. When was that?

Jessica Kraft
The official notice came September 1st of 2021, although throughout the summer there was definitely a lot of talk about it. When I had returned from maternity leave it didn't take long for me to be asked, even in front of colleagues, in front of donors, "So when are you getting your shot?"

Kassy Baker
And what specifically were the requirements of the mandate? What did your employer's mandate require you to do to comply with the mandate?

Jessica Kraft
So I was required to first attest my vaccine status, my personal health information. After that, we were supposed to be a fully vaccinated workforce by the late fall. They never gave us specific dates at that time. It was kind of like, "We want you to attest your status and we'll go from there."

Kassy Baker
Did the mandate allow for any exemptions or exceptions to being fully vaccinated?

Jessica Kraft
It did. There was an option for a medical or religious exemption. When I had spoken to my doctor in regard to that, my doctor really didn't want to go through with that. She said that even if she were to assign an exemption for me, it would have to be cleared by other doctors in order for it to be deemed eligible.

Kassy Baker
So was your understanding that if you applied or asked for an exemption it would not be granted?

Jessica Kraft
Correct.

Kassy Baker
What was your response to the announcement of this policy?

Jessica Kraft
I knew it was coming, but it really devastated me because firstly, I enjoyed what I did there, politics aside of course. I was pretty devastated to know that I would ultimately be faced with this hard decision.

Kassy Baker
So specifically, what part of the mandate did you object to?

Jessica Kraft
Well, I guess I objected to all of it, all of it.

Kassy Baker
Did you object to the information requirements? Did you object to being vaccinated? What were your objections?

Jessica Kraft
Basically, my standpoint was that according to *The Personal Health Information Act*, I wasn't required to attest my personal health information to my employer. After they had asked me to, and deemed me not vaccinated because I didn't attest, they then wanted me to rapid test for the last few weeks of my employment, which I also declined.

Kassy Baker
And why did you decline to participate in the rapid testing?

Jessica Kraft
Well, I didn't think it was a good precedent to set against somebody— It wasn't private; none of it was private. They wanted me to speak to somebody I'd never spoken to at work to get rapid test kits from. It just all didn't seem very private at all.

Kassy Baker
Now obviously you're in a position where you're collecting and handling blood and interacting with donors. At any point in your previous employment with the employer had you been required to obtain a specific vaccine?

Jessica Kraft
No, we were never mandated to get any other vaccines before. They had wanted us to get Hep A, Hep B vaccines. It was never enforced, never had to prove it.

Kassy Baker
So there was no requirement to be vaccinated for hepatitis at all; it was merely encouraged, is that right?

Jessica Kraft
Right.

Kassy Baker
Okay. Have you generally received other vaccines? I understand that your employer wasn't requiring you to get them, but have you generally obtained vaccines?

Jessica Kraft
I would say up until COVID, I didn't really have vaccines on my radar at all. I wasn't opposed to them. I didn't really think about it too much.

Kassy Baker
Did you receive all of your childhood vaccines?

Jessica Kraft
I believe I did, yes.

Kassy Baker
Okay, you're up to date as far as you know on your other vaccines as an adult.

Jessica Kraft
As far as I know.

Kassy Baker
You've mentioned that you're a mother. Have you chosen to vaccinate your children at that point?

Jessica Kraft
At that point, yes.

[00:10:00]

Kassy Baker
So you've mentioned that you did initially try to speak with your doctor about the possibility of obtaining an exemption. Can you go into a little bit more detail about the conversation that you had with your doctor and your understanding as to whether or not you actually would be eligible to even ask for an exemption?

Jessica Kraft
Yes. Well, I had gone in to see her for just a normal checkup. I had mentioned to her that these mandates were coming forward for health care workers. And she really, I don't know, it seemed to be dodgy, the entire thing.

She just kind of dodged my questions and concerns, really rushed me along. I told her that I had an opportunity to get a medical exemption and if I could have one for my specific condition— She checked my heart and told me that I didn't have the condition I had been diagnosed with my whole life. So I thought it was kind of really strange that she would say that.

Kassy Baker
Sorry, just to clarify, you did have a pre-existing condition, is that right?

Jessica Kraft
Yes, I have a functional heart murmur.

Kassy Baker
Okay, and you spoke about this murmur with your doctor, and she was still unwilling to consider writing you a letter of exemption, is that right?

Jessica Kraft
That's correct. She made it seem like, even if she did, that there would be plenty of other doctors after her to sign off on this exemption, that it wouldn't be deemed—

Kassy Baker
That it wouldn't be accepted by your employer, correct?

Jessica Kraft
Correct.

Kassy Baker
Did you express or discuss your concerns about the mandates with your employers or any direct supervisors?

Jessica Kraft
Yes, I did. I tried my best to submit any questions I had to my immediate supervisor, my management, doctors within the organization I worked for. I tried everyone I could.

Kassy Baker
And what was your employer's response?

Jessica Kraft
Basically silence, to be honest with you. I got a lot of blanket statements, seemed like the emails were just copy and pasted, you know, it wasn't really heartfelt. There was no personality in their responses at all or any concrete information to solidify that what they were doing was right.

Kassy Baker
Now, I think you've mentioned that when you returned to work, your co-workers asked in front of donors or other staff members whether or not you intended to be vaccinated. Did you indicate at that point that you did not?

Jessica Kraft
No, I kind of changed the subject. It was a really awkward moment for me because in my private life, I perhaps was outspoken about this vaccine shot. But at work, I tried to keep it as professional as possible. It really caught me off guard that I was asked this in front of colleagues and donors.

Kassy Baker
Did this issue affect your relationship with your co-workers and your employers?

Jessica Kraft
I believe it did.

Kassy Baker
In what ways?

Jessica Kraft
I just didn't know who I could trust completely.

Kassy Baker
Now I understand at some point you received a notice of termination. Can you describe the circumstances that led up to receiving that notice?

Jessica Kraft
Yes. October 15th, two days after— Or sorry, I should back up a little bit. It was Thanksgiving weekend, and I got a phone call from my manager, and she told me that I wouldn't be allowed to come into work on the following Monday.

The following Monday was Thanksgiving Monday. She told me that because I did not attest my status and I did not comply with the rapid testing that I would not be welcome on the premises after October 11th.

That phone call was really hard to get. I asked for that confirmation in an email. She declined that offer. She did not want to send it to me in writing. I cleared it with my union, and they told me to not go into work. I was on unpaid leave of absence where they had told

me they would send me an education package of some kind to better inform me on these decisions of the policy and whatnot. I never received that.

Then, I think it was a couple days before my termination, I submitted a notice of liability form to my employer and went to work to go and get my belongings from my locker.

[00:15:00]

And everyone was so shocked that I was there; it was kind of alarming. It was like, "Whoa, it's okay, I'm just here to get my stuff." In a way, it was kind of like I was being pushed out and not welcome. It wasn't feeling very welcome.

Kassy Baker
And you've mentioned that you raised this issue with your union. Were you able to lodge a complaint through your union regarding this matter?

Jessica Kraft
Yes, after I was terminated, I requested to file a grievance. I was an arbitration case, hopefully. Actually, as of yesterday—

Kassy Baker
Okay, the matter was supposed to go to arbitration as far as you were aware?

Jessica Kraft
Correct, yes.

Kassy Baker
And what is the current status of your complaint?

Jessica Kraft
Yesterday, I was told that I will not be going to arbitration. I will receive no severance pay. I wasn't eligible to collect EI and I won't be reinstated either. I won't get my job back, and the mandates are still in effect.

Kassy Baker
Have you looked for other employment since your termination?

Jessica Kraft
No. On and off I have, nothing serious. I found this silver lining out of all of it, to be able to be home with my two children. I'm very grateful for that.

Kassy Baker
Subject to any question that the commissioners have, that concludes my questions.

Commissioner Kaikkonen
Thank you for your testimony. A couple of questions. So in terms of being a phlebotomist, did Canadian Blood Services train you in that position?

Jessica Kraft
Yes, they did.

Commissioner Kaikkonen
And did you sign your paperwork when you came in that you would agree to Code of Conduct, et cetera, that most employees would sign at Canadian Blood Services?

Jessica Kraft
Yes.

Commissioner Kaikkonen
And did they change that when you went back from maternity leave? Did they actually change the terms of your employment?

Jessica Kraft
No.

Commissioner Kaikkonen
Did the union address that?

Jessica Kraft
No.

Commissioner Kaikkonen
And do you know if the mandates coming down were from the Province to Canadian Blood Services regionally, like in Winnipeg? Or did they come from head office in Ottawa?

Jessica Kraft
It was head office in Ottawa.

Commissioner Kaikkonen
And did head office, the human resources person there, did they clarify any of this in writing—the changes that they were making to your employment contract that, I guess, wasn't in there in the first place?

Jessica Kraft
No.

Commissioner Kaikkonen
And in terms of, you said that it had become a manufacturing plant—as opposed to a non-profit, that balance that we have at Canadian Blood Services—so is it still monitored by FDA and Health Canada? Or is it just strictly as a blood manufacturing facility monitored by Health Canada only?

Jessica Kraft
To my knowledge, it is only Health Canada.

Commissioner Kaikkonen
Okay. And you mentioned about the sterilization, the idea that everything had become sterile as an environment and donors were no longer allowed to have their cookies and their drinks. I'm just wondering, is it a bigger picture? Were you feeling that before you went in, from the community level just what was happening in mandates and Winnipeg? As opposed to, just when you walked into work, the former fun place, that it had just become so sterile that it just didn't seem appealing anymore?

Jessica Kraft
I think the changes began in the community well before I went back to work. I think I was aware of these changes coming down and happening within the clinic for quite some time. Nonetheless, it was still pretty unfortunate to see the donating community dwindle and also, to be not as satisfied with their donation experience, not as comfortable.

Commissioner Kaikkonen
And when donors had to sit alone and they didn't have anybody— Like they should have volunteers, somebody who would be watching them for that 15-minute period to make sure there's no incidents. Were there incident reports filed on donors when they had reactions where they fainted? Or any of those things that happen sometimes?

Jessica Kraft
Typically, if it was a severe reaction, it would have to be documented, yes.

Commissioner Kaikkonen
Thank you.

Jessica Kraft
You're welcome.

I would just like to say one more thing before we wrap up. I would like to say that throughout all of this, like I had mentioned before, the benefits of all of this is that I was able to stay home with my children. But I know that many Canadians can't say the same. I know that a lot of Canadians were met with the decision of making this choice or losing their job, their livelihood, their homes. So I'm here for that reason today.

Kassy Baker
Well, on behalf of the National Citizens Inquiry, we would like to thank you for being here today.

Jessica Kraft
Thank you so much.

[00:20:35]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 10: David Leis
Full Day 3 Timestamp: 07:13:00–08:13:07
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Shawn Buckley
And our next witness is a Mr. David Leis. David, can I get you to state your full name for the record, spelling your first and last name?

David Leis
Yes, my name is David Leis. My name is spelled D-A-V-I-D and my last name is L-E-I-S.

Shawn Buckley
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

David Leis
So help me God.

Shawn Buckley
Now my understanding is that you trained in public policy and administration at Waterloo, Toronto, and Ryerson universities.

David Leis
And at Queens.

Shawn Buckley
And at Queen's. You have a master's degree in public policy from Queen's.

David Leis
Yes.

Shawn Buckley
And you have extensive work experience in public policy, including working in many senior roles in government, locally and provincially, in post-secondary institutions, including universities and polytechnique. You have served as the mayor of Woolwich and as a councillor with the Regional Municipality of Waterloo.

David Leis
Yes.

Shawn Buckley
And you have served in policy roles for cabinet committees at the Province of Ontario, as well. You are Chief Executive Officer of the Greater Kitchener–Waterloo Chamber of Commerce.

David Leis
Yes.

Shawn Buckley
You are presently Vice-President at Frontier Centre for Public Policy.

David Leis
Correct.

Shawn Buckley
And the Frontier Centre was founded in 1999 as a non-partisan public policy think tank.

David Leis
Yes.

Shawn Buckley
And basically the mission is to advocate for better public policy.

David Leis
Correct.

Shawn Buckley
Now, I went through all of that just to point out that you've basically spent your life becoming an expert in public policy.

David Leis
Correct.

Shawn Buckley
You've been invited here today to comment on the public policy concerning how governments conducted themselves concerning COVID-19. Can you please share your thoughts with us on that?

David Leis
Yes, good afternoon, everyone. It's an honour to be here.

My points are several. But in essence, never in the history of, certainly in my lifetime, nor I believe, sadly, in the lifetime of recent memory, has there been such a policy disaster. And that policy disaster is very much articulated in many forms, both in terms of policy itself and associated principles of good practice of what makes for good public policy. But I would say also in terms of failure of critical institutions. Canadians were relying on institutions on the assumption that they would serve us. And sadly, they did not. And I could give you a 360 review.

But I also have the point that as a student of public policy, I'm also a student of philosophy and history. And sadly, we can see in history that this is an assault on our Canadian rights and freedoms. I cannot, respectfully, think of a right and freedom that was not violated. And finally— I'm deeply concerned.

Shawn Buckley
If you need to take a moment, you can. Understand, I think, and everyone in the audience appreciates that some of the witnesses are emotional, including myself when I give my opening addresses. So Mr. Leis, please feel free to take time to collect your thoughts.

David Leis
Thank you so much for your kindness.

I'm deeply concerned about the future of our society in the context of an assault on our civic society. I do not say this lightly. Because I am sure,

[00:05:00]

like everyone, we're guided by particular values and principles. In my case, and certainly many of my colleagues at the Frontier Centre for Public Policy, those principles relate to principles of classical liberalism, principles that have an extraordinary history, over thousands of years. An extraordinary history, particularly in the last thousand years, that relate to principles on the assumption that we are born free. We are born free and that we have governments, the king, the queen, or whatever form of government is not above the law but rather serves the people. And there are very clear sets of principles that have been violated within those principles, and I could go through them extensively. But I am very concerned about our society, given the impacts on all individuals and the layers within that society. I apologize—

Shawn Buckley
No, I mean, I think several people in your position— And I was speaking with another member of the Frontier Society yesterday who shared the concern that literally liberal Western democracy is at a crossroads.

David Leis
Indeed it is.

Shawn Buckley
And depending on how this generation responds and how quickly, it might be the end of this experience or experiment in Western liberalism. And my understanding is that's why you're finding this emotional: because you are concerned about where this is going.

David Leis
Indeed I am. I have served my country in many different capacities. And it is atrocious what has happened. From the very beginning, there were numerous signs that would have tweaked in any rational decision-maker. Massive red flags. And I realize this is like peeling the perennial onion where we did not know all the information at the beginning. And that is part of being human. But it was also by design.

And in my opinion, it is indeed a travesty what has happened. And the signs were numerous. I am a student of statistics, and I know enough sense to also consult with a myriad of people. And from the beginning, it was very clear that the statistics of mortality did not make this the Spanish flu. It was obvious. And I have dared so many officials to debate this publicly, any time, any place. The mortality rate was not there. We knew that the persons that were vulnerable were persons classically of an older profile of multiple health challenges, and they needed to be protected.

But to lock down a society is outrageous. The costs are profound. If we look at the myriad of analyses—economic, social, psychological, education, on every age category, and not the least of which is on health—we know a lockdown measure was never, ever envisioned. And we didn't follow the plan.

[00:10:00]

As a former mayor, I am trained in emergency management. I have gone through tough situations. And as a matter of course, we would always follow the emergency plan—Standard Operating Procedure. Part of that methodology, to be clear, is that in any emergency, it is the head elected official that takes charge and brings together an integrative team across all disciplines, all areas—fire, police, every department, including private actors—and brings them around a table like this and does the analysis. What is the situation? What are the risks? What are the options that we can undertake to not only deal with the disaster but to also mitigate it in such a way that minimizes the impacts on the rest of the community, the province, or the country?

It is a huge head-scratcher that those plans were developed and never followed. And from fairly early on in the pandemic, a colleague of ours—Lieutenant Colonel David Redmond, who has done so many emergency plans his head spins—he did the pandemic plans for a number of jurisdictions, including, I believe, the armed forces and the Province of Alberta. And they never followed those plans. These are huge red flags that needs to be looked into

in terms of judgment or competency. I'm not quite certain. Or whether it was just hiding behind the good name of a doctor to avoid political responsibility out of fear.

I know what it's like to be elected. I know what it's like to come in a room with a lot of people who are very upset and very concerned about their safety. And we just followed the core narrative that I believe was largely spilling out of the United States and facilitated elsewhere.

But we didn't do our job. I feel that decision-makers didn't do their job to do that kind of incisive policy analysis. And I get at the very beginning that there's known unknowns. But we knew that the People's Republic of China was not following World Health protocol. They signed that agreement. They did not share the information in a timely manner. And that raised red flags. They locked down Wuhan. But they continued international flights. They were facilitating the spread of this virus, and you could tell it from the very beginning. And that's from a layperson's point of view, so I want to be careful about that. But the reality is that there were signs from the very beginning that we were not following best practices on policy, and we were going to hurt a lot of people. And that's outrageous. And it's immoral.

Shawn Buckley
How do you feel about federally, and in the Province of Manitoba—not just the governing parties but the opposition and other parties that were in Parliament and the legislature—concerning whether or not they listened to the populace? I guess the frustration is, and I'll just rephrase my question.

It seems that every party fell in lockstep. So it seems like every institution fell in lockstep. Was there a College of Physicians and Surgeons in any province that acted differently than the others? Was there a political party in any province or federally that acted differently than the others? And you study this type of thing. So I'd like your comments on that. And if, as best you can, you could offer an explanation for how is it that that everyone is doing the same thing and yet nobody's following the plan.

David Leis
Well, sadly, we were shocked that we heard crickets on so many fronts.

[00:15:00]

There were persons behind the scenes who clearly were concerned, asking what we thought were the logical questions and doing, I think, a fair amount of due diligence behind the scenes.

But peculiar things were going on that I think need to be kept in perspective. One of which is the media chorus was uniformly a message of fear and hysteria. And these are very disturbing for any elected official, then, because they do not want to be seen as being offside. They don't want to be seen as caring when, in fact, seeking the truth is actually caring. This is the supreme irony of this. It was so easy, I think, for any decision-making elected official, let alone a professional body, to go along with these narratives because they were placed in such an emotional, psychological quadrant. And this is dangerous. Because it disables the ability of a population to take a deep breath and say, look, we make decisions based on rational thinking, not just emotion. I can talk endlessly about what I think, around what was orchestrated there.

Shawn Buckley
If you don't mind if I kind of take you in a different direction. It's just that you have some experience and so your thoughts would be helpful.

It is not unfair to say that the public narrative that we were being fed was completely false and very destructive. Let's just say, hypothetically, we accept that as a proposition. And let's say I'm a premier of a province and I understand that the mainstream media narrative is incorrect. And it's going to be tremendously damaging in my province if I follow it. And you're sharing with us, though, that they don't want to be offside. I think a lot of us had wondered this.

How does a politician resist such a sustained and consistent media narrative that was terrorizing the community? Does the premier basically send in the police to be looking for evidence of fraud or misleading? What can a premier do? Maybe we'll have some premiers watching. I'm just trying to figure out, what on earth could an elected official that truly wanted to do the right thing but understands that the media machine can just annihilate him or her— How would they stop this in the future?

David Leis
Well, I can speak in a number of respects. One is I know what I did. When I went through crises, I would work to communicate the information that we had. And I would communicate with confidence, not fear but confidence, that we had a powerful team and we were going to get through this. We would share information with panels of experts on toxicology. I'm thinking, in this case, of a particular water crisis that we worked at. The onus was on us to intelligently share with people, as citizens, the information that we had and the associated risks so that they could have a fairly transparent picture of what we knew.

Shawn Buckley
Okay. So almost like daily briefings, like that fellow in New York was doing, except telling the truth and having experts telling the truth.

David Leis
I think that's an advisable thing to do. To tell the truth.

Shawn Buckley
Okay. And I'm just asking for ideas because, perhaps, some politicians or future politicians will be watching this and any suggestions that you would have could be helpful.

David Leis
I know it was a different time. But in my own experience working with the media, I was so fortunate that, by and whole, I had very good media relationships. But one of the things is I had a profound respect for their work and that they had a profound sense of desire to serve the community: to look into "the story behind the story" and to share information,

[00:20:00]

all within the bounds of their professional standards.

And I'm not suggesting that there aren't journalists today. Because there are. But I think what we have is a long train wreck that has happened over years in the making. This didn't just happen overnight where our journalistic media mainstream outlets are not so much about journalism, they are about pushing a narrative. I think most Canadians would be shocked to know that 2,000 media outlets in Canada are systematically funded by the federal government— 2,000. So this local daily here in Winnipeg, as an example, has almost half its budget from the federal government. Now, you tell me how they carry out their ethical journalistic standards. I'm not saying that they can't do something, like reporting a tragic car crash. But their ability to contradict their funders' priorities— Because they do have it in an agreement. They carry their journalistic practice now through the lens of their funder. They have to.

Shawn Buckley
A conflict of interest. Are you aware— I have heard, anecdotally, that because the federal government just doles out so much cash to clubs and community organizations and the like that during COVID, there would be conditions on the funding that they would support and push the vaccine mandate. Are you familiar with that?

David Leis
I'm familiar with that. I would love to get my hands on a signed agreement. But I can tell you this: There are a proliferation of interests involved in this saga. And each one of them needs to be looked at carefully. But when Pharma is your main sponsor of so many things, one has to keep your head up and your eyes open and say, "What is going on here?"

So I see these institutions, and I've had enormous respect for them. There's a lot of very good people. But within that context, I think we underestimate that one of the principles of classical liberalism is the belief that we have a limited state for a reason.

Now I am not a socialist for many reasons. But a limited state is very important because you need to keep room for the majority of your society, which are working people who do not work in Ottawa for the federal government or otherwise. I'm not saying that those aren't important jobs. But the size of our state has mushroomed dramatically the last 30 years. And its tentacles are everywhere. When you are funding the media. When you are funding various institutions, including professional colleges. When you are even funding supposedly independent think tanks. And by the way, Frontier does not accept any government funding. And it does so for a reason. Because if you go along with the size of that state, you put yourself in jeopardy, sooner or later. Because depending on who is the king, or the queen, they may or may not understand governance. And I can tell you that time and time again it appears that, in our country, our leadership does not get governance.

Shawn Buckley
I'm wondering, just staying on classic liberal principles, if you can comment on the importance to societies, like Canada, of actually having freedom of expression and freedom of belief and freedom of conscience. Because those seem to be things that are becoming— Well, I mean, people wanting to be witnesses at this Commission backed down because they're concerned that there's going to be repercussions.

I'm just wondering if you can comment on how those things are vital to a liberal democracy.

David Leis
They are foundational. When we put into perspective the value of freedom of speech, it is one of the cornerstones of our rights and freedoms because it allows us to debate, respectfully, to get to a truth.

[00:25:00]

Any student of history knows this to be true.

And as we look at this, it is also foundational for our livelihood. Freedom of speech is the cornerstone for innovation, for our economic standard of living to move forward and our quality of life. If you look at the last 4,000 years, our standard of living would be, basically, a flat line. It's only in the last 250 years that we have a standard of living that has increased exponentially— That we have a microphone before me on this table and that we can be in such a lovely room. This is very recent. And therefore, if we do not have freedom of speech but rather censorship and the imposition of the state that suggests that what is black is white and what is green is red, and what are facts are not facts. But the narrative is more important because winning is more important. And the ends justify the means. And that science does not matter. Then we have lost it all. It means that we cannot innovate. It means we don't have a future.

So we have to get a hold of this, now. We have a window, I believe, and I hope I am wrong. We need to wake up people from coast to coast of the significance of what has occurred. Because there are lessons learned in life and such is this time. To be able to look to each other with compassion, in the tradition of civil society, where there is a tolerance for diversity of opinion and intellectual thought. And it has nothing to do with your race or your gender or whatever. It has everything to do with a belief that we came to this place in time through a long history of hard-fought fighting and civil war where many have died, let alone served to protect those rights and freedoms in many world wars. And I am so sad that it seems like quote, "educated people," in my peer group of leadership, that have utterly forgotten this or do not have the courage to sustain it, to serve the people.

Shawn Buckley
Mr. Leis, I've been trying to think how do we— And obviously, the Commission's mandate is to come up with recommendations on how to change things. And one common theme that we've seen with witness after witness, and I think Dr. Bhattacharya was saying, is that you can't ever get a single public health official or even a private spokesperson. We had one person pointing out two people that get paid money to be the go-to experts for the media. One I think at the University of Calgary. But these people will never debate. And we had that radio journalist, I think, on Day 1, indicating that he tried to get a debate with Dr. McCullough and another. They'll never come to debate. It seems to me that one change going forward would be that public officials or anyone that is willing to privately comment in the media, plus our politicians, would have to be required by law to reasonably engage in debate and explanations so that things cannot be done without reasons being given anymore.

I'm just wondering if you could comment on that. And then if you had any other ideas— assuming we could get our institutions back—on how to prevent this.

David Leis
Well, debate is so essential. Intellectual friction, we call it at Frontier. Because it is remarkable what we can learn from our intellectual opponents or persons that, frankly, don't agree with us.

What I have noticed is that as our society has tilted more and more towards— I would refer to them as authoritarian impulse.

[00:30:00]

We have lost or, frankly, don't teach enough about basic points of logic. There's some 26 logical fallacies, and one of which is the most important one, which is never attack your opponent personally— Ad hominem attack. And yet, this is the common theme that has gone on through this crisis. This is a huge flag that debate is being diminished. Because instead of discussing the issues or the concerns, the thoughtful questions that so many citizens have brought forward, it is endless attacks of being a white racist or a person of whatever privilege. When in fact, what is going on is not serving people.

What is going on is policymaking decision that protects privilege of the few. That protects power and money. And this is atrocious. And so therefore, debate is critical. We should be seeking that, requesting that, as a matter of course. And I would say that one of the institutions that I am deeply disturbed by, and I frankly believe is in crisis, is the law profession.

In a high-functioning healthy society, one of the most important responsibilities of the state is to undertake its judicial function, to ensure the rule of law is being respected: There are no arbitrary arrests on someone's property or in their garden. There is trial by jury. We're all equal before the law, and the state is not privileged before the law. The law is above the state.

And just to be clear, our tradition of freedom is dependent on the concept of the common law. The common law, beginning with the Magna Carta and the meadow in Runnymede, before an atrocious King John I and in that meadow, they agreed to basic things that are now in jeopardy. And as I recall, Chapter 18, by John Locke in his *Second Treatise of Government*, is essentially the point that with the end of law, specifically common law, comes tyranny. And that is what we face clearly in the eye today. And 2023 is the prospect of tyranny. And I do not use that word lightly. But this is the ugly reality that we face. So if we look at a 360-degree view of this crisis, it is one of policy disaster. But it is one where civil society has been assaulted.

Shawn Buckley
Well, it's curious that you cite John Locke and his principle that if the rule of law ends that we end up in tyranny. Because tyranny is simply unfettered discretion.

David Leis
Correct.

Shawn Buckley
And we've experienced, basically, unfettered discretion in our public health officials and absolute deference of those decisions by our politicians. So it seems to me that we've just

experienced the exact problem that John Locke described in the *Second Treatise of Government.*

David Leis
Indeed. And when we look at the courts then, the place for prominent public debate, then, is the judge who realizes that the responsibility is not to the state, not to the public health official but to the truth. This is where debate happens in a high-functioning society. Among other quarters, it's part of the culture. It's part of the ethos. It's in the media. It's in the universities, who were, many, on leave. Absent. Silent. What is the point of tenure, a job for life, if you can't speak up with confidence? I doubt if anyone here has tenure.

[00:35:00]

And yet they're speaking up. But this has always been the lesson of history. I have studied thousands of years of history. It's always been the few who have stood up with courage and said, "No more."

Shawn Buckley
That's well said. I'm wondering if the commissioners have any questions for Mr. Leis.

Commissioner Kaikkonen
Thank you for your testimony. We've heard testimony from people who have earned despair, anger, cynicism with regard to government. We've heard testimony over the last few days and from Truro and Toronto about the political world bouncing from one negative and inhumane aspect to another, with less and less making sense. It used to be, not that long ago, that we could somehow interpret our world based on motivations of self-interest and greed, or something to that effect. At least it was a behavioural starting point by which we could then make our world, or model our world, and think about what we might change.

But post-pandemic, there is a form of irrational nihilism that makes little or no sense either from the point of view of rationality or the point of view of sensibility and feeling. And in fact, our freedoms and lives are now being circumscribed by all levels of government. Therefore, it shouldn't come as a surprise from an intellectual sense or maybe even a spiritual sense that there are many feeling lost in how our institutions are acting in that one-mind context that Shawn just alluded to.

But what steps can citizens, like the citizens here in this room or who are watching online, what steps can we take as just citizens to change what is happening in our institutions?

David Leis
Thank you for your question. It's a very wise and insightful one. I think that there's many things citizens can do. One of which is to speak up within your family context, within your community, to be involved, particularly, at the local level. I think that participating in the local democratic process is vital. I ran years ago when I was 19 years old. It was a natural part of my family culture. And I would encourage people, no matter what their age, to get engaged because there has been a vacuum of people engaged in the civic process. And that has, I believe, given a vacuum for other nefarious interests, quite frankly, who do not subscribe to these basic assumptions around freedom and what it makes for a fair and democratic society: They believe that in many ways their cause is beyond question. And

they believe the ends justify the means. I have, unfortunately, studied for years the world of the Frankfurt School. I know all their sorry stories, their tactics, and their strategies. And they have methodically done the long march through our institutions. And this is apparent.

We need to wake up to this reality and call it out. And citizens, I encourage you to read. Not dive into the mindless world of Netflix, as much as we enjoy entertainment, as well. But it behooves us to be informed about this history. And there's many resources I can recommend and also through the Frontier Centre. I encourage you to look at it. And do not be dissuaded by what people call you names. If they do so, then this is shame on them. And take heart and courage because this is the reality that we face: Frankly, an ideological, destructive, toxic opponent within our own communities who do not care about you. They only care about their twisted, idealistic, nihilistic view of the universe. And that kind of utopianism has done, throughout history, enormous damage.

This is the story of totalitarianism, whether it has been China—and I've seen the monuments to over a hundred million people—and I have been to the places in the former Soviet Union in Russia. And Nazism. The Nazis were socialists. And this is almost like a perverse hybrid that we have today. It's a toxic mishmash of a state that is out of control with crony capitalists,

[00:40:00]

with people who don't seem to be grounded in basic things of freedom and respect for each other.

I was always excited about our society because I felt that wow, we live in a society where we as individuals respect each other. Because you're precious. Each individual is precious. And that we can cooperate, we can work together in freedom. That's the brilliance of it. We can innovate. We can start up a business. We can set up a church. We can set up a mosque. But we can be together, though, as shoulder to shoulder as Canadians.

Commissioner Kaikkonen
Thank you very much.

Commissioner Massie
Thank you very much for your presentation. I was wondering, when you see that there's many countries in the western hemisphere that have adopted more or less the same thing as Canada and many other countries, there's a few states, if you want, that stand out. There's a few states in the United States. But I'm thinking about Sweden that has been demonized by the mainstream media, initially, but now seems to get some sort of more positive coverage.

Based on your analysis of the way they managed the pandemic, what is it that makes them different? Is it the culture? Is it the institutions that somewhat were strong enough to resist to the temptation of moving in the same direction as everybody else? What is your take on Sweden?

David Leis
Okay, it's a very interesting question. Thank you. So Sweden is a very interesting case study for many, many reasons. We were very intrigued by Sweden from the get-go, based on the

approach that was taken by their public health officials. It was interesting because in many respects they would say they were following best practices. But Sweden was doing something in addition to that. They have an extensive culture and set of plans that relate to emergency management. And they followed those plans. This is not known by many people.

So this should inform any thoughtful decision-maker. Because what is interesting is the results of Sweden are stunning. They, in retrospect, did it right. And I was shocked when I read *The New York Times* last week that there was actually an article commending it. I'm just—anyways. So this is a situation that we can learn from Sweden.

What's also fascinating is that there's an associate of Frontier. His name is Dr. Martin Kulldorff. He's one of the three authors of the Great Barrington Declaration. And he said something very interesting to me the other day. Because I asked him this similar question about Sweden. And he said, unequivocally, the quote "consensus"—and I hate words such as consensus—but the consensus that Sweden did it right.

But what's also fascinating is he said something to me in the same conversation. He said, "During a dark time in the world, there was a select group of people in a country called Canada who got into their trucks and drove across a country and they woke up the world." And that's what he said. I said, "so Martin, are you saying—" Like, he is the preeminent public health official and biostatistician, I believe, in the world. And I said, "Martin, are you saying that the truckers made a difference and gave you hope?" And he said, "That's exactly what I'm saying." So take heart. By the way, he's a Swede.

Commissioner Massie
Thank you.

Commissioner Drysdale
Good afternoon. I have a couple of questions. First, I just wanted a bit of a clarification. I often find that details get lost when we use a blanket statement. And one blanket statement—and I know why we talk that way—is that our institutions have failed us. Well, our institutions in Canada don't just include government institutions, they include our private institutions. So I'd like to talk to you just a bit about those institutions and ask you some very pointed questions.

[00:45:00]

Did our police services fail us?

David Leis
I think it depends which one and what analysis I could look at there. I mean I've been certainly involved in police services. I don't pretend to be able to give a generalization. But generally, they went along with it. They're in a bit of a box when it comes to accountability and under the acts. But I think the type of testimony you heard today was astounding. And even within those units—because the police are essentially paramilitary—there needs to be strong leadership and debate. There needs to be debate. And if there isn't, that's bad leadership.

Commissioner Drysdale
You mentioned that it's a paramilitary outfit. And I don't want to dwell too much longer on the police because I'm going to get a hook come around me and pull me off the chair.

But you know, we heard testimony in Toronto by a fellow by the name of Vincent Gircys who was with the OPP. And he said, and I asked him a few questions. He said that when he went to the Ottawa protests, he immediately recognized—very, very, similar to Mr. Abbott realized when he went to Milk River—that this was a peaceful group.

And so, I said to him, "How is it possible, then, that the police who attacked that group, didn't also recognize that?" And I believe that was a failure. We don't want robots, even in a paramilitary outfit.

David Leis
Yes. That's right.

Commissioner Drysdale
So my next question is, did our health system fail us?

We heard testimony of health officials that were lying to us. We heard testimony yesterday of people who feel that they lost their loved ones because they wouldn't get treatment in the hospital. Because they were—a term that we all, perhaps, biblically understand—as "lepers," we were treated. So did our medical system overall— Not individuals. There are individuals. There are heroes. There always are. But overall, did our medical system serve Canadians?

David Leis
I would say generally not. I think despite having extraordinary people in the system, the system itself is not able to serve Canadians. And I want to be clear, the system itself—and Frontier has done extraordinary work on this over the years with many different international partners—ranks at near the bottom of OECD countries. And number two, it consistently ranks as the most expensive or second most expensive in the world with some of the lowest performing outcomes. Our model should be France and Germany and Sweden, not Canada.

Canada, unfortunately, has an extraordinarily Soviet-style healthcare system that has at any one time, five to six million people on waiting lists. Many in chronic pain. It does not serve Canadians well. But it's not for not trying. And no amount of money—and I'm sorry to tell you this—no amount of money will change that.

Commissioner Drysdale
And my next one is—and I think you've already answered this—did our judicial system fail us? Has it failed us? Or is it continuing to fail us?

David Leis
It's continuing to fail us because so many decisions, certainly, that I've read, and others have read, that the fact pattern is obvious: that judges have forgotten their job. It is not to genuflect to the state. It is to do their job to seek the truth and to seek the common law.

Commissioner Drysdale
Did our educational system fail us? Did they protect our children? And by protection, I don't mean putting a mask on them. I mean serving the function of creating people that could be informed citizens.

David Leis
Generally not, because we have, again, a public monopoly directed by state actors and that has been largely infested now with ideologues that are seeking not a high-performing education system based on the fundamentals. And I can give a long list on Frontier evidence of what that is. But it is a system that's characterized by wokeism, if you will, an ideology that is seeking this endless parade of statements around tolerance when in fact it is intolerant.

Commissioner Drysdale
Do you believe that our religious institutions led us spiritually through this in general terms? There were always stars.

David Leis
Well, these are far-reaching questions, and I don't want to pretend to be an oracle. What I'm suggesting is that it depends on the specific case. And I'm part of that failure.

[00:50:00]

I was part of a church community that had enormous fear, and quite frankly, was in a context where there was not a willingness. A church is voluntary. That's part of the genius of civil society institutions. They're voluntary. They come together, and in our case, we had many people that were older who said, "I don't want to take a risk."

I am so sad that the powers that be—combined with the media—did a horrible number on the psychological well-being when their emphasis, time and time again, was fear. Why in heaven's name—any logical analysis—why would you feature on case count on a daily basis, is beyond me. It means absolutely nothing. And yet they did. Everybody knows this. But of course, the media are in a vortex where they want clicks and people that viewed.

But there was something else going on. And this is something that people should never forget. And you need to be informed about this. I have seen this unfold; there's a long history of this. And this is the control of much of our social media by nefarious state actors. The Twitter files show that. If you don't know that, please read just a part of the Twitter files. And if you want me to do a day lecture, I will. But this is the reality.

Commissioner Drysdale
There seems to be an ever-increasing marriage between corporations and government. Not for the benefit of the people. Historically, I'm aware of what happens when that has occurred in the past. And I wonder if you could comment a little bit about what you have seen or what your concerns are when the government and the corporate world become so large, so octopus-like that there's no escape from them. Which is, I believe, where they are now.

David Leis
Okay, so this is a profound question. When the state gets so large, it suffocates everything with its agenda and in a way that is very harmful to society. It nurtures a particular ecosystem within society. Namely, large corporations love large government because they're able to manipulate them. They're able to squeeze out their competition through regulatory frameworks. This is well known. I did it myself when I was a senior person in a corporation. I was always trying to squeeze out my opponent. But it does not mean that we shouldn't have fair laws and regulation that allows people to compete, including the little guy. So what they did during COVID-19 is a case study of stupidity. We could go to Walmart. We could go to the liquor store. But we can't go to church? We can't go to the local store? On what rational basis do you do that? There is none.

And more to the point, the attack on small business is an attack on democracy, in the sense that if you look at history, again, you look back to ancient Greece. The ancient minos was a cornerstone to Athenian democracy because the minos, the middle class, if you will, in some measure, had a small plot of land. They were able to farm. They were able to do their thing.

And now, and now our governments— It's almost like there's a systematic policy to get rid of the middle class, the people who are not poor and dependent on the state. And conversely— The super-rich who have their own agenda at the top echelons of power. It's like there's no middle. That's what they're doing. And I don't know if it's fully intentional, some would argue, or unintentional because of stupidity or incompetence, pardon my language.

Why is that important? For democracy to succeed, we need people who have the ability to earn a living, to be able to create a life, to create a family, to be able to participate in civic affairs. And that takes years of apprenticeship. It doesn't happen overnight.

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But these things have been dissolving around us for years. And we need to grab a hold of it now before it's done. That's my point.

Commissioner Drysdale
Yes. One of the things that is continuing to go along. I saw a news article just yesterday where, I think, it's Shaw and Global – is that Rogers?—are joining together in a monopoly, another monopoly. How is it that we have anti-combines laws in this country, but they seem to only apply to small companies?

And I'll give you an example. I'm familiar with a company who was trying to buy a grain terminal in a particular rural town. And they owned one already, but the other one had gone out of business some years before. So they decided they would buy that grain terminal. And the combines legislation—federal government—prevented them from doing it. So how is it that the federal government isn't preventing this union that was just announced in the press a day or so ago?

David Leis
Well, I could certainly talk about some of the analysis I've read. I just think that it's, for me, hard to square the circle how fewer providers, particularly in that market of telecommunications, serves anyone better. And I think part of the challenge that we face is

frankly one of culture. I think that in Canada— And culture is very important. It's the behaviours that we undertake every day and how we treat each other. There's wonderful strengths about Canadian culture, one of which is there's a lot of nice Canadians. The truly nice. I think people can realize that.

But it's nice to the point where, what would it take for us to wake up and realize that we're being abused? What would it take in our Canadian culture to wake up and realize that your rights and freedoms that you thoroughly take for granted are being trampled and usurped away by you? And I use the word usurp because usurp is one that John Locke used in his books, dozens and dozens of times. This is where the government, the state, along with their friends, are taking our rights and freedoms away. And this is wrong. This is the definition of tyranny.

Commissioner Drysdale
This will be my last question. Sorry for taking advantage of my opportunity here to talk to you.

Can you comment at all on the current rewrite of the *Canadian Broadcasting Act* and how that might affect some of our ability to counter the mainstream media narrative?

David Leis
Yes, I can. In particular, Bill C-11, as a case in point, is very disturbing. It is not, in my belief and so many others, about protecting and advancing Canadian content. It is positioning the chess piece for censorship. This is very disturbing. And so when it goes back to citizen action, you need to understand that this particular government is not about free speech.

And it also behooves each one of us to understand that your social media is still problematic. Part of the problem for democracy is, who controls information? And this has been the test of history. And this has always been the case. So when you look at any type of search with Microsoft to Google, all these have algorithms that— You can see that there's problems when it comes to the free flow of information. And this is part of the reason why so many Canadians are still, in many respects, asleep about this issue.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
Mr. Leis, it looks like there are no further questions. On behalf of the citizens inquiry, we sincerely thank you for your testimony.

Shawn Buckley
And Commissioners, I would suggest that we take a 10-minute afternoon break.

[01:00:07]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 11: Michael Vogiatzakis (Part II)
Full Day 3 Timestamp: 08:25:10–08:30:48.
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[Michael Vogiatzakis' testimony (Part I) can be found on Winnipeg Day 1, Witness 10, Full Day 1 Timestamp: 09:47:03–10:05:50]

Part II

[00:00:00]

Shawn Buckley
Welcome back to the third day of the National Citizens Inquiry in Winnipeg. Commissioners, we've called back Mike as a witness.

Mike, can you quickly just state your full name for the record again?

Michael Vogiatzakis
Michael Vogiatzakis.

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

Michael Vogiatzakis
I do.

Shawn Buckley
And I've invited you back today to share one story that you hadn't been able to tell the other day. So can you just share that with us?

Michael Vogiatzakis
I was going to share a story the other day about a funeral service of a very young boy who was six years old. The restrictions that— They were 10 people. And as hard as it is as a human being, as a father, and just as a funeral director to do a young service, it made it harder when you'd have to turn people down at the door. And that day I was standing at the door, being a bodyguard for the government, trying to follow the restrictions and tell people that they couldn't come in.

And then a gentleman came to the door and said, "I want to come in and see my nephew." And I said, "Sir, unfortunately, we're at 10 people, I can't let you in." And oddly enough, that day, the police were sitting across the street where they sat quite often. And they were sitting across the street to see if we were following the numbers that the restrictions allowed and possibly fine us if we went over that. And I looked at this gentleman and I said, "Sir, I'm full, I just can't let you in." I said, "The police are across the street and I risk a chance of getting a $5,000 fine." And this gentleman looked at me and he said, "What kind of man are you? What kind of man are you to turn me away from seeing that little six-year-old boy and saying my goodbyes?"

And I looked behind me where there was a mirror. And I looked directly in that mirror and I asked myself that question, "What kind of man am I to turn people away and take away their last right of seeing a young little boy and saying goodbye?" I said to him, "Sir, come on in." Not only did I do that, but I went out to the parking lot and invited the rest of the people in, the family members that were sitting in a parking lot. I said, "You can all come in. You can all come in and say your goodbyes, it's your right to do that. I'm not going to stop you from doing that." And they all came in.

Couple minutes later, just like I suspected, the authorities walked up to me, to the door, and said, "Well, you're probably going to reach a $50,000 fine. That's how many people you overdid." And I looked at him and I said, "Sir, can I ask you a question?" And he said, "What's that?" I said, "Do you have children?" He says, "What does this have to do with it? You broke the law. We have a limit and you've passed it." I said, "Do you have children?" And he said, "Yes, I do." I said, "I have a little six-year-old lying in the chapel and the family needs to see him. They need to say goodbye." And I said, "Why don't we turn things around here?" I said, "If this was your little six-year-old that passed away, one of your family members, would you want me as a funeral director to stand here and say, 'Sir, you can't come in?'" And he looked at me dead in the eyes and said the F-word and walked away.

And that day I didn't get a ticket. And that day I didn't get harassed any further. But what I did do is allow a family to have closure, allow a family to see a little child, a little angel that left this world. And no family deserves to lose a child, never mind being told that you can't come to a funeral service. And it breaks my heart, earlier when I was listening to testimony about church.

As a funeral director, I could tell you right now to your face that when you lose a loved one, you need God in your life. That's when people are searching the most. That's when they need a pastor. That's when they need their family, their church family, to have a little bit of hope, to have some faith to be led into that direction, to ask questions, why? Why did this little one leave this world? Why do people leave this world? It's a pastor like Pastor Tobias and other pastors that deserve to have their church open. It's our rights as human beings.

Even Jesus wept at a grave. Jesus wept at a grave. We have a right to weep at a grave. We have a right to say goodbye. We have a right to go to church. It's our right to go to church and say, listen to the word because that word sometimes brings us peace. And if they would

have kept these churches open, I could assure you there would have been less suicides. I could assure you there would have been less drug overdoses. But instead, they opened up the liquor commissions and they encouraged people to buy more drugs. And they encouraged these kids to stay downstairs in their basements and play video games.

Trust me, I've talked to many of them where they've told me, "My kid is stuck in the basement, stuck in the world of the internet and playing games and smoking pot all day long." Is that what the government wants? For our future, for our kids? When I looked in the mirror that day and I asked myself, who am I? I encourage you today and as the days go on to look in the mirror and ask yourselves who you are

[00:05:00]

and what you're going to stand up for.

What I'm standing up is for the future generation, my kids, your kids, your grandkids, and the future. If we don't grab a hold of the future now, there's not going to be a future. Stand up for what's right. Stand up for what's in your heart. Life on earth is short and if we get prosecuted on earth, we have another life to live.

Shawn Buckley
Mike, I thank you so much for sharing that.

[00:05:38]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 12: Kyra Pituley
Full Day 3 Timestamp: 08:31:05–08:51:52
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kassy Baker
Hello, Kyra. Can you, please, state your name and spell it for the record?

Kyra Pituley
My name is Kyra Pituley. K-Y-R-A, last name P-I-T-U-L-E-Y.

Kassy Baker
Now, Kyra, do you promise and swear to tell the truth, the whole truth, and nothing but the truth?

Kyra Pituley
I do, yes.

Kassy Baker
Okay. Now, I understand you're here today to tell us about your experience as an unvaccinated student during the pandemic and also to tell us a little bit about your personal experience with the Freedom Convoy in Ottawa. Is that right?

Kyra Pituley
Yes.

Kassy Baker
Very good. Let's start with a little bit of your background. How old are you?

Kyra Pituley
I'm 15 years old.

Kassy Baker
And where are you from?

Kyra Pituley
I'm from Manitoba and live outside of the city.

Kassy Baker
What grade are you currently in?

Kyra Pituley
I'm currently in grade 9.

Kassy Baker
Now, when the pandemic started in 2020, what grade were you in?

Kyra Pituley
I was in grade 6.

Kassy Baker
And how long had you been going to the school that you were then attending?

Kyra Pituley
Since before kindergarten.

Kassy Baker
Okay. Now, what was school like in 2020? Can you give us a bit of a description?

Kyra Pituley
Before March, it was normal, I guess. I got to see all my friends and hang out with friends outside of school and sports. And just live a life as a 12-year-old.

Kassy Baker
And what about after March 2020?

Kyra Pituley
That's when the schools shut down and we were online until June of that year. I didn't get to see any of my friends for that entire duration that we were online. I didn't even leave my house, I guess. Just very, like, distanced from other people.

Kassy Baker
And what about your education? What was it like learning online?

Kyra Pituley
In the first year we didn't have to do school; it was an option. I did do school for the rest of that year, but I know most people didn't.

Kassy Baker
Were you able to get answers to all of your questions, as I am sure all students have at some point while they're going to school?

Kyra Pituley
Most of them, yes.

Kassy Baker
Very good. Before the pandemic and actually, during the pandemic— I understand that you are very active in sports, is that correct?

Kyra Pituley
Yes.

Kassy Baker
What sports do you play?

Kyra Pituley
I play hockey, ringette, and volleyball.

Kassy Baker
Were there any COVID precautions brought in that allowed you to continue playing those sports throughout the pandemic?

Kyra Pituley
Um, not as much to allow me to play but to restrict me from being able to play on my teams.

Kassy Baker
Sure. So of course, the vaccinations didn't come out until 2021. So through 2020 were you able to participate in sports relatively normally, or were there any differences from before the pandemic?

Kyra Pituley
In 2020, there was regular season started for hockey and ringette in September. And by the end of November, beginning of December, it was shut down for everyone. No one was able to play.

Kassy Baker
And then, sports activities resumed sometime in the spring of 2021, is that right?

Kyra Pituley
Yeah.

Kassy Baker
Now, if I understand properly, and you can correct me if I'm wrong: your age group would have been eligible for vaccination in the fall of 2021. Is that correct?

Kyra Pituley
Yes.

Kassy Baker
Okay. Now, did you choose to become vaccinated at that time?

Kyra Pituley
No, I did not.

Kassy Baker
And how did you come to that decision? Was it a family decision? Was it your decision? What led to that decision?

Kyra Pituley
It was more of a family decision. My parents had done some research about it and we didn't really know much about it. And it was also kind of a personal choice as well. I didn't want to get it because of things that we've researched about and just information that we found out.

Kassy Baker
Information such as what?

Kyra Pituley
Like, you didn't really know the effects of it, and it did come out so quickly that no one was really sure what was in it.

Kassy Baker
Now, up until that point, as far as you're aware, were you up to date with your vaccinations? Had you received other vaccinations throughout your childhood and adolescence?

Kyra Pituley
I was up to date on everything else besides the COVID vaccine.

[00:05:00]

Kassy Baker
Had you ever had a negative reaction to a vaccination?

Kyra Pituley
When I was younger—I believe I was around one and a half—I had received the flu shot. And I had a severe allergic reaction to it, which doctors later found out that it was the H1N1 strand that I had reacted to.

Kassy Baker
And so, when you had a severe reaction, as you've described it, were you required to go to the hospital because of it?

Kyra Pituley
Yes.

Kassy Baker
And what were your symptoms? What were the reactions?

Kyra Pituley
I don't remember at all, so I'm just going off of what I've been told. I had stopped breathing. I'm not sure for how long, but the paramedics came to the house and then I was brought to the hospital.

Kassy Baker
So it was quite a serious reaction?

Kyra Pituley
Yeah.

Kassy Baker
From what you've been told. Very good. But as you've advised, other than that, you've stayed away from, I think you said it was an H1N1vaccination at the time?

Kyra Pituley
The strand in the flu shot, yeah.

Kassy Baker
That's right. All right. So aside from that, you were still up to date with your other vaccinations.

Kyra Pituley
Yeah.

Kassy Baker
Okay. How did the vaccine mandate affect your participation in sports?

Kyra Pituley
I was kicked off of both of my teams—volleyball and hockey, or ringette. Sorry, I was playing ringette that one year. In 2021, I had started ringette and I was playing normally up until— I think it was around December that I had been fully kicked off of my team.

In September, that's when the season started. And in October, the restrictions were put out that parents weren't allowed to be in the facilities— Or anyone over 18 weren't allowed to be in the facilities without showing proof of vaccination. And I was taking my younger siblings in and out of practices and myself as well because my parents weren't allowed to come to the arenas. And up until there was an age restriction put out to get the vaccine, I wasn't able to bring anyone to their practices anymore.

Kassy Baker
Was there any way that you did not require to be vaccinated? For instance, could you have been tested and continued to play on these teams?

Kyra Pituley
There was the option to test. You weren't allowed to test from at home. You would have had to go into your local pharmacy, and we had chosen not to because you would have had to test two or three times a week and the tests, I believe, were $40 each.

Kassy Baker
So the cost of continual testing made that prohibitive for you to continue participating, is that right?

Kyra Pituley
Yeah.

Kassy Baker
Okay. Throughout this time that you were not allowed to participate in the extracurricular sports, were you allowed to participate in gym class in your school?

Kyra Pituley
No. I was allowed to participate in gym, I guess. I mean, everyone had to wear a mask, regardless of your vaccination status. But as soon as the bell rang for lunch, you had to show proof of vaccination to be in the gym area. And myself and not very many others had to sit outside of the gym, alone, basically, because we weren't allowed to attend the activities in the gym because we didn't show proof of vaccination.

Kassy Baker
So, just to clarify— Over the lunch hour, they would have activities in the gym that students who were vaccinated could participate in, is that right?

Kyra Pituley
Yes.

Kassy Baker
But because you were unvaccinated, you were required to sit in the hall or outside of the gymnasium.

Kyra Pituley
Yep.

Kassy Baker
So if you were in the gym for a class, that was acceptable. But for lunch that was not acceptable, is that right?

Kyra Pituley
Yes.

Kassy Baker
Okay. I understand that you were in two separate ringette leagues at the same time and can you tell us a little bit about how rules varied from one league to the other?

Kyra Pituley
In one league, there was a requirement that you had to either show proof of negative test or proof of vaccination. And the other league, it was more strict that you had to provide those requirements. It was more, I guess, more strict. The one league was more laid back. Like, later on in the season is when they started to require it more. So in October, that is when the one league got really strict on the vaccinations and showing the negative tests. And I hadn't provided the proof of vaccination or negative test.

[00:10:00]

And we had played this one team in a tournament, in one league, that I was allowed to play in. And a week later we played the same team, but in a different league, and I had been

kicked out of the arena because I didn't show the proof of vaccination or proof of negative test.

Kassy Baker
So just to clarify, one week you were able to play a particular team in one rink, and one week later you were unable to play the exact same team because it was in a different rink, is that right?

Kyra Pituley
Yes.

Kassy Baker
Okay. Can you tell us about the last game of ringette that you played that year?

Kyra Pituley
The last game I had played, or was supposed to play, I had went into the rink. My team had said that I wasn't going to be able to play after a certain period of time, but the exact date wasn't given. So I went to this game not knowing if I was able to play but came prepared to play. And when I got into the rink, one of my teammates had actually went out to the coach and, I guess, ratted me out that I was there. And the coach came into the dressing room and asked me to leave, that I wasn't able to play.

Kassy Baker
And was this in front of your other teammates?

Kyra Pituley
It was in front of the entire team and both of the coaches that we had.

Kassy Baker
Okay. And how did that experience make you feel?

Kyra Pituley
It upset me a lot. As soon as she asked me to leave, it was just very straightforward. There was no, like, forgiveness of anything. There was nothing. I had called my dad to come pick me up because— If anything happened, he would come pick me up if I had to get picked up or whatever. And he had pulled my coaches aside to talk to them. I'm not really sure what happened in that conversation because I had to step away, because I couldn't even handle standing next to them.

Kassy Baker
Okay, because you were upset. Is that right?

Kyra Pituley
I was very upset, yes.

Kassy Baker
Okay. Were there any other activities, that were not related to school or sports, that you were unable to participate in?

Kyra Pituley
I wasn't able to go out with my friends. There was a group of us going to an event around Halloween-time. And I wasn't allowed to participate because at that time, anyone over the age of 13 had to show proof of vaccination and I didn't have that.

Kassy Baker
Were there any other students who were, similarly to yourself, not vaccinated that when you were excluded from these events or when you were unable to attend the gymnasium at school, you were able to socialize with during those times?

Kyra Pituley
During COVID, we were grouped into cohorts. So there was two classes per cohort. And in my cohort, there was myself and, I believe, two others who weren't vaccinated. I'm not sure about the other classes because we weren't allowed to mix groups, so we had to stay in our own cohorts.

Kassy Baker
So you would sit outside with these two or three, in total, other students that also weren't allowed in the gymnasium, is that right?

Kyra Pituley
Yes.

Kassy Baker
All right. Now, I understand that, in January of 2022, you actually participated in the Trucker Convoy in Ottawa. Can you tell us a little bit about how you became involved with that?

Kyra Pituley
One night, we were sitting on the couch—me, my dad, and my stepmom—and we had heard about this convoy. And we dug into it a little bit more and found out what was happening and later on in that week that it was coming through Winnipeg. And we didn't have a truck because my dad is a truck driver and he was driving his truck, so we couldn't use his. So we found a truck of our friend's that we were allowed to drive and we joined the convoy in Headingley, I believe, on the 25th of January.

Kassy Baker
And when you say "we," who are you referring to?

Kyra Pituley
Me and my stepmom, Steph.

Kassy Baker
And when did you arrive in Ottawa?

Kyra Pituley
We got to Ottawa Saturday, the 29th of January.

Kassy Baker
And what was your impression of the convoy when you arrived?

Kyra Pituley
Well, when we arrived in Ottawa, all of the trucks were, I guess, pointed towards one certain street. I don't remember the name of that street, but along the river behind Parliament. All of the trucks were just at a standstill there. And we were sitting there for around, I want to say, half an hour, 40 minutes. And we had been travelling with another truck that we met, there was two people in it. And Steph went over to them and asked—We were going to go find a way up to downtown from Parliament and we asked them if they're coming or not.

[00:15:00]

My mom handed me her phone and she said, "Get me here." And there's a lot of one-way streets in downtown Ottawa that we had to find our way through, and we ended up being two blocks from Parliament, on Metcalfe and Albert.

Kassy Baker
And did you attend Parliament after that?

Kyra Pituley
Yes. The first or second night, we went up to Parliament Hill just to see what was happening up there, and it was a really cool experience to be a part of.

Kassy Baker
And why was it a cool experience? What was happening that you thought was interesting or exciting or made you glad to be participating?

Kyra Pituley
Over the past, I guess, two years at that point that COVID had affected the entire world, I felt a sense of normalcy to be around people again who weren't wearing masks and people

who, like, were just good spirit. We could go up and talk to anyone, and they would hold a conversation. You can go over to talk to the truck drivers and, just, everyone was so friendly.

Kassy Baker
And while you were on Parliament Hill or participating in the activities that were taking place there, what impression did you have of those that were participating? Was it positive? Was it negative? What did you see?

Kyra Pituley
I saw a very positive, like, attitude from everyone. I felt no one had any bad intentions to do anything that was not in a good way, I guess. Like, no one had the intention of doing anything bad.

Kassy Baker
Did you ever witness any instances of the participants acting cruelly towards any other individuals or acting illegally?

Kyra Pituley
In the very beginning, like, the first two weeks that we were there, it was all a very positive experience. There was no one, like, any sort of bad actions towards anyone.

Kassy Baker
And how long were you in Ottawa all together?

Kyra Pituley
Twenty-two days.

Kassy Baker
So what caused you to leave Ottawa?

Kyra Pituley
The Friday, I believe it was the 18th, there was more outside law enforcement that was brought in to downtown Ottawa who were trying to push the people out of the streets with force. Like, there was police officers holding batons and they had shields, and it was not a very good feeling to see that happening.

Kassy Baker
Did you see it, personally, happen? Were you there as that was happening?

Kyra Pituley
Personally, no, I was not. My brother, my dad, and Steph were all up there, though.

Kassy Baker
And when did you return to Manitoba?

Kyra Pituley
We got back in Manitoba, or we got back home February 21st.

Kassy Baker
Is there anything else that you would like to mention about that experience that I haven't asked you about?

Kyra Pituley
I don't think so.

Kassy Baker
Well, that concludes my questions. Are there any questions from the commissioners?

Commissioner Kaikkonen
Thank you for your testimony. You mentioned that some of the students didn't do their online education. When they went back to school post-COVID, did you notice a difference in grade standards, grade outcomes, the students' knowledge? You finished your online, but some of them didn't.

Kyra Pituley
I had moved schools at the end of grade 6. So at grade 7, I had actually moved out to Manitoba with my dad and I was attending a new school. So I wasn't really with the people who I had done online the previous year.

Commissioner Kaikkonen
Thank you.

Kyra Pituley
Can I add one more comment?

Kassy Baker
Sure can.

Kyra Pituley
When I was in Ottawa, I was doing online school from the day after I left to around the middle point that I was in Ottawa. And my teachers were very good with sending me work up until a certain point. And I don't know if this had anything to do with me being in Ottawa, but if parents would take their kids on a vacation, let's say, to Disneyland, they would be getting their work and they would be communicating with teachers very well.

And at one point, my teachers had actually stopped sending me work and stopped communicating. So I was reaching out to them about getting work and it came to the point where my parents were emailing and calling the school about getting me more work because they had just stopped sending me it altogether.

[00:20:00]

And the administration of my school had suggested that I be enrolled in Homeschool Manitoba because I was gone. And because I wasn't attending school for two weeks that I had to enroll in Homeschool Manitoba.

Kassy Baker
And when you returned, were you able to continue on with your school?

Kyra Pituley
When I returned to school, yes, I was able to. I had a bit to catch up on because I wasn't sent it, but I still continued as normal.

Kassy Baker
Very good. Are there any further questions from the commissioners? Very good. On behalf of the National Citizens Inquiry, we thank you for your testimony.

[00:20:47]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 13: Michelle Malkoske
Full Day 3 Timestamp: 08:51:58–09:08:02
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kyle Morgan
Our next witness is Michelle Malkoske. Can I get you to spell your full name and state your full name also?

Michelle Malkoske
Hi, my name is Michelle, M—oh man, I'm going to cry already—M-I-C-H-E-L-L-E. And my last name is Malkoske, M-A-L-K-O-S-K-E.

Kyle Morgan
And Ms. Malkoske, do you promise to tell the truth, the whole truth, and nothing but the truth?

Michelle Malkoske
So help me God.

Kyle Morgan
Thank you. Where are you from?

Michelle Malkoske
I was born and raised here in Manitoba.

Kyle Morgan
In Winnipeg?

Michelle Malkoske
Yes.

Kyle Morgan
I understand you've been a nurse for about eight years, is that right?

Michelle Malkoske
Yes. Yes, I've been a nurse for eight years. I did my training in Brandon and then one of my first jobs was here in WRHA [Winnipeg Regional Health Authority] community nursing.

Kyle Morgan
And can you tell us what professional body oversees you as a nurse, if you can recall what it's named.

Michelle Malkoske
Yeah, so I am governed by the College of Licensed Practical Nurses of Manitoba. And then we also have the Manitoba Nurses Union.

Kyle Morgan
Okay. So I gather, from what you just told us, you were working for the WRHA in 2020. Is that right?

Michelle Malkoske
Correct. Yes.

Kyle Morgan
And I understand you were doing homecare?

Michelle Malkoske
Yes.

Kyle Morgan
And you were doing that casually. Is that right?

Michelle Malkoske
Yes, I did not hold a position at the time. I was just casual, so I could pick up as I would like, as I was also homeschooling my kids.

Kyle Morgan
Can you tell us how many hours you would work every two weeks?

Michelle Malkoske
Yeah, I would usually work two to three shifts in a pay period. Yeah.

Kyle Morgan
Okay. Now, I gather that towards the end of 2021, like many others, there were some vaccine mandates that came in that affected your employment. Can you tell us about that?

Michelle Malkoske
Yes, they had led up to this a few times. They had sent out memos saying that we're going to require to know if you're vaccinated or not or if you would submit to testing. And then I believe it was— Sorry, I have it written down, October 20th of 2021. I spoke with manager and he said, "Well, you need to fill out this form." And I said, "Okay, I will fill out this form to the best of my ability and I will submit it because I would like to continue to work."

So I filled out the form and I sent it in, and he says, "Oh, you need to check a box." I'm like, "Well, but I filled out the form the best I could, as you asked, and I'm submitting it to you this way." He said, "Well, let me get back to you then." And so, he got back to me and said, "Well, this is to confirm that all of your future shifts that you have signed up for—" oh, man, "all your future shifts are cancelled," they're just gone, "due to your decision to not disclose your vaccination status as per WRHA policy. This is, of course, something if you would like to change, you are welcome to sign up for shifts at any time as needed by both you and your employer."

So from that point on, I missed six months of work, which is about $15,000 working part-time. Magically, in April, it was okay for me to return to work, and I was allowed to sign up for shifts again with no other questions.

Kyle Morgan
That would have been April 2022. Is that right?

Michelle Malkoske
Correct.

Kyle Morgan
Now, who informed you? Do you recall who it was that informed you, regarding your placement on leave or inability to get shifts?

Michelle Malkoske
It was just my manager that was above me.

Kyle Morgan
Okay. Did you ever make any other inquiries or ask any other questions?

Michelle Malkoske
I submitted them a notice of liability. They just said, "Okay," and I said, "Okay, well, I guess this is where we're at." They told me that I did have the option to test if I wanted to, and I declined and said, "I'll just wait it out." And it only took six months of waiting.

Kyle Morgan
Did you contact the professional college that you were a part of?

Michelle Malkoske
I did not contact the college, but they definitely were in contact with all of us. They had messaged us saying, "If you have made the personal choice not to be vaccinated for COVID, please continue to respect your clients' rights to safe and ethical care,

[00:05:00]

and to make choices that do not deprive them of access of competent nursing service." Yeah.

Kyle Morgan
So you would have lost your income during that time. Now, I understand you have children, is that right?

Michelle Malkoske
Yes, I have three children. I have a 15-year-old stepchild who, as we heard from Kyra, they had a rough time. And then I also have two smaller children that I was homeschooling at the time, as well.

Kyle Morgan
And are you married at the moment?

Michelle Malkoske
Yes.

Kyle Morgan
And can you tell us a bit about what happened with your husband's work situation, also?

Michelle Malkoske
Yes, he also was put on a leave of sorts as the facility where they get windows from was shut down in Toronto. So he had no income either, so we were without income for approximately three months. It was unfortunate. I know it was a decision that we did not take lightly, as I could go to work if I did agree to be tested. I would use other terms, but that's probably not appropriate. But I did not agree to be tested, so we wanted to stand our ground. During that time, we took the kids to rallies and stuff because I thought it was important for them to also understand the gravity of what was happening around them and to them and to us.

Kyle Morgan
Now, I gather your husband was a window installer. Is that right?

Michelle Malkoske
Yes. Sorry, he was actually the salesman who sells the windows; he didn't install them. Yeah.

Kyle Morgan
But he would attend customers' houses to do estimates, is that right?

Michelle Malkoske
Yes, so in his attendance to people's homes, people would ask him prior to entering their home for his vaccination card. Just to give a quote on windows.

Kyle Morgan
So it would be fair to say he wasn't able to do those estimates and lost income.

Michelle Malkoske
Correct.

Kyle Morgan
Can you tell us a bit about the effect on your family? I guess you were homeschooling at the time?

Michelle Malkoske
Yes, I was homeschooling my two younger children. That was a decision that I have always wanted to do. So for them it was not as bad. The 15-year-old had a much harder time because he couldn't go out and see his friends and all of the social things that come with being a teenager. For the two younger ones, the sports that they were in, they were allowed to go. However, I had to sit outside the emergency exit door to be able to watch them because I was not allowed in the facility.

Kyle Morgan
I understand there were some impacts on your wider family and some of those relationships. Can you tell us about those, too?

Michelle Malkoske
Yeah, I was quite outspoken about my views, personally. As a nurse, I also need to keep my professional guidelines, professional and ethical values, I suppose. So I did speak out to my family about how I felt.

I have nurses within the family who— They told me I should lose my licence and that I should not be practising as a nurse, which is awful to hear from your own family. Ah, it's crazy, just crazy. But yes, so there's some family that we do not speak to anymore and they

do not want to speak to us. It's unfortunate, but they are entitled to their own decisions and their own values and ideals as well.

Kyle Morgan
Do you know if there were other nurses, similar to you, who experienced the same thing as you? Or are you aware of other nurses in the same position as you?

Michelle Malkoske
Yes, I am, actually. I was very blessed to be with quite a few nurses who shared the same values and ideas as myself. I am so grateful to have those people to lean on. When we would show up at work, we knew who we could trust; we knew who we could talk to; we knew who we could confide in and that was such a blessing to have. As we went through this pandemic, you could walk into someone's home and they would point-blank ask you,

[00:10:00]

"How many shots have you had?" And I'm like, "I'm just here to help you. It doesn't matter. You didn't care about anything else like that, six months beforehand. I can provide you service or I can leave, but I will not answer that question for you." That was definitely something tough to have to go through. I know I wasn't the only one.

A lot of the nurses would wear their "I am COVID-vaccinated" sticker, and to a lot of clients, they would see that as a sign that that nurse was okay. If you didn't have the sticker on your badge— I personally was questioned: "Well where's your vaccination sticker? I don't see it on your badge." It just blew my mind, but there was definitely a few other nurses in my office and also in my group that also have stories to share, I'm sure, and they'll come out as we go on with this.

Kyle Morgan
Do you know of any others that made the same decision as you?

Michelle Malkoske
I believe there was at least two others, maybe three, I think, that made the same decision as me to not test and to just not go to work and to sacrifice that because of their beliefs. I know that there's some that did not have that option. There was probably many who did not have that option and had to go in and test every two to three days. And I couldn't imagine having to choose that. That would be tough.

Kyle Morgan
Do you know if the staffing levels were affected by your loss for six months not working?

Michelle Malkoske
In my office specifically, I know it was tough for them. I know they lost a few. I got page-outs all the time about overtime and shifts that were available and I would respond back, "I'm available to work." And they're like, "Did you change your mind or are you going to sign a sheet?" And I said, "No." They're like, "Well, then, you can't." I'm like, "Well, I guess

it's not that important for people's care because I'm a very competent nurse and I'm willing to provide care."

Kyle Morgan
Do you have any thoughts about how this could have been handled differently?

Michelle Malkoske
That's a tough one. I have many thoughts on how it could have been handled differently. That would take a very long time to talk about. I just feel there could have been a better way. I feel like people tried to do the best with what they knew at the time. It may not be what I think was ideal.

I feel the discrimination, if you want to call it that, against people who refuse to just even show vaccination, whether they were or not is unnecessary and that it never should have come to that. If you need help and you need health care and you need service, you should be entitled to that, regardless of whether you're going to show a paper or not show a paper or wear a mask or not wear a mask. You deserve care. That's part of my creed as a nurse. Part of our thing is to provide the right person, the right medication at the right time, the right way, and also allow them the right to refuse.

Kyle Morgan
How is the work environment now?

Michelle Malkoske
Now, it's like it never happened, and in my opinion, I go to work and I love my job still. I have to show up, I have to wear a mask, but it's still a great job that I love. I've never been questioned about this, ever again. Nobody's ever come hounded at my door about it, ever again.

The only problem I'm having now is if I do go to apply for another job at other companies, there is a mandate, still, for a lot of companies that you need to provide a COVID vaccination and that's quite frustrating. So I'm grateful to have had this job and to not have been let go and that I was put on leave. Yeah, I'm very grateful for what I have right now, and I just hope that it can change in the future. And I guess, we'll see.

Kyle Morgan
You mentioned, is it other private companies that still have policies that require vaccinations?

Michelle Malkoske
Yeah, a lot of companies are able to make their own policies and procedures on how they want that to go. I was trying to look up the WRHA policy about it, but I couldn't find it.

[00:15:00]

I believe the last that I was aware of was that you needed to provide proof of vaccination as a new hire at the WRHA, but I am not 100 per cent certain on that. But I know one company that I did apply for in the last few weeks, they requested my vaccination papers for that.

Kyle Morgan
I don't believe I have any other questions. I'll ask the commissioners if they have any questions. Yes.

Commissioner Kaikkonen
You mentioned that you had two to three shifts per pay period. Can you tell me what the average age of your clients would be?

Michelle Malkoske
Most people that I see are between the ages of 50 and 80.

Commissioner Kaikkonen
Thank you.

Kyle Morgan
Any other questions? I want to thank you, Michelle, for your testimony, on behalf of the National Citizens Inquiry. Thank you very much.

Michelle Malkoske
Thank you.

[00:16:02]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 14: Todd McDougall
Full Day 3 Timestamp: 09:08:01–09:33:28
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Kyle Morgan
I think our next witness is Todd McDougall, that's Todd, there he is.

Todd McDougall
How do I look on my own camera there? I'm usually moonlighting here, you know. Activist, journalist.

Kyle Morgan
Can you state your whole name, sir, and spell your name also?

Todd McDougall
Todd McDougall, T-O-D-D, last name, M-C, capital D, O-U-G-A-L-L.

Kyle Morgan
And do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Todd McDougall
Yes, I do. Yeah.

Kyle Morgan
Are you born and raised in Winnipeg? Is that right?

Todd McDougall
Yes.

Kyle Morgan
And I understand you worked a number of years in child care, is that right?

Todd McDougall
Yes, 13 years in child care, working for the same centre, as well.

Kyle Morgan
When did that employment begin there?

Todd McDougall
I got hired in, I think it was the spring of 2008.

Kyle Morgan
So then 13 years would have been to 2021.

Todd McDougall
Yeah.

Kyle Morgan
Now I understand the mandates that were in effect also had some impact on you and just tell us what happened with your employment and how your job ended.

Todd McDougall
Yeah. So it's actually kind of interesting with the combination of lots of things. I also had a son that was born literally the day the global pandemic was announced. So I was in the hospital listening to the nurses, discussing how they felt about the beginnings of the ongoing situation. We were also moving out of an apartment at the time. So there's a lot going on.

April of 2020, my daycare was shut down. Although I was still going to work because my director had made it available to take the opportunity to use the option of having no children around, to be able to do all kinds of things to the Centre that we otherwise would normally not be able to do. All kinds of cleaning, organizing. Lots of different stuff. I wasn't necessarily out of work for April because I was still going, so I could keep money coming in. And helping out with my centre and actually helping out with my community. One of the things I loved so much about my position in the childcare centre that I worked for was that in any one given day, I was assisting not just a school age and preschool centre, but I was also assisting the ongoings of two schools, French immersion and English, a church, and a community club.

Throughout April and into May of 2020, I assisted all of those facilities because nobody was around. I was doing groundskeeping for the community club, for the church, for the daycare. Pretty much doing anything I could to keep busy, to keep active, to keep money coming in and to assist my community as well.

Then that summer, some children started filtering back into the daycare when we reopened. It was not very many at all. Of course, lots of parents were still working from home. So that summer was pretty, kind of, boring. There was small groups of children. I was helping a few of them with their online learning, which was kind of interesting as well. Kind of business as usual, just with a really small crowd.

Then school started up again, sort of in a normal fashion, September of 2020. And things were still relatively okay. I wasn't dealing with a whole bunch of nonsense that made me feel uncomfortable about my job and how I was treating children and how I was being treated by my employer and my fellow employees as well, too. That all took a sharp change—actually, I guess just inside, I think that school year.

That first school year in 2020, September 2020 started off relatively normal. But then as you got into October, they were really getting harsh on the cohorts and the distancing. And then, let's say for my childcare, we couldn't go back to the schoolyard anymore. And then I was getting told to, "Okay, you're playing out in the schoolyard with the children from our centre, but some other children from the neighborhood came in and wanted to go play with our children. You shouldn't let that happen." And of course, I went, "Never for a day. Like are you joking with me right now?" I would laugh in someone's face that said that to me. Like, "Ha, ha, ha. No, I'm not doing that."

Then the masks came in.

[00:05:00]

And that was difficult. Like myself, I found out very quickly that even if I wasn't working in a very physical capacity, having the mask on for 20-25 minutes, half an hour of extended period of time, was certainly changing the way that I operated. Right? This isn't normal. It was affecting me. Then that took a step up to, you know, "Don't be lazy with it." I had my director and my other employees bugging me, "Why is it below your nose?" Then it was, "Wear it outside." And then, so quickly before we even got into November of 2020, it was basically, "Have it on all the time." As soon as you hit our front steps to the moment where you're allowed to walk off site on your own or into some back room or into the washroom on your own, you're going to have it on all day. Inside. Outside. With one kid. With five kids. It doesn't matter. And I took extreme exception to this. Not only just because of how it felt for myself but, of course, largely for children.

Like many others had said here, by this point in time, by September, by October of 2020, we had gone through the beginning of "A Pandemic," right? And whoever had heard of a pandemic, when in history— Like when there was the black plague or the Spanish flu, did it go away and come back again? But it was all still a pandemic? No, a pandemic is— This is **affecting the world or whatever area for this amount of time until it is not. That is "A Pandemic." And this was like— Okay, so we had three months of shutdowns and lockdowns and this and that. Then we had a fairly normal summer.**

Then we started school again in September. And then it's cold and flu season. So of course, you know, a lot of people in this room spent the last three cold and flu seasons going, "Oh, it's COVID season again." So there was the fears of— Ah, this is going to be a pandemic that is allowed to "come back." And so sure enough, it did. And I'm watching what that was doing to children. Again, seeing this period of time elapse where nothing was happening with children at all. Now they are back at school. They had already started school without all having to be in masks and done it for about a month or so. Now this is creeping into again November 2020.

Kyle Morgan
Now am I right that you started attending some rallies about this time?

Todd McDougall
Yeah, yeah. But anyway, so I wanted to say, it wasn't just me. It was largely what it was doing to the children. I could see very easily how many children, especially of younger ages, that was having a very tough time doing this. I was watching, and this was a big kicker for me: I was watching autistic children. Especially one specific, who I had been doing work with for years.

Let's go back to just the previous school year, before COVID, before the schools got shut down. We were championing—his workers inside the school and us, the childcare workers, as well too—championing the success that had happened with this child. He was right there involved with his peers. He was socializing. He was able to do the majority of what his peer group was doing. I was astounded that as we were watching him regress to not just back to where he was several years prior but even worse. He was far more aggressive and violent towards staff that he was very, very familiar with, in a way that we had never seen before. I couldn't believe it that my staff, including people— I was never trained. No, I got lots of training and did lots of course and seminar work, but I never went to school for child care. I did not do the full three years at Red River College. So I was working with employees that had been doing it for the majority of their adult life. So they're 20 to 30 years older than I, including my director. Of course, the other thing that I couldn't help to throw into that is, you know, much better pay grade.

They had no idea. I was the one that had to sit there and listen to them have round-table discussions about "Why is?" I'll say the name of the autistic child, Toby. "Why is Toby running after us? Why is he hitting us? Why is he beating us? What's going on?" And I went, "Do you know autism? You guys, but this is your job. Have you forgotten what you've gone to courses and done seminar work for?" They're all staring— What is he about to say? "He can't see your face! There's a problem, he can't facially recognize what's going on. He can't read emotions anymore. He's autistic, this is extremely paramount to how he socializes!" They were like, "Oh my god, you're right! And we can't do anything about it!" I was like, "So you're going to let it get worse?"

Yeah, well, Larry, my director said, "Brent Roussin said."

[00:10:00]

I phoned Manitoba Child Daycare head office. I was put on speakerphone in a boardroom, as they all apparently, I could visualize this, stood around a table and they said, "We've never heard this before." This was a year in. This was just before I left my job. I called Manitoba Child Daycare head office and said everything I'm saying now. They said, "Could you stop for a moment? We're going to have to put you on speakerphone. No one's ever called us yet about this." In a province of over a million people with a daycare on almost every frigging street corner and growing? Really? My god. Yeah. Shocking.

That's why I started attending the rallies. Prior to that, I was kind of well— I run a media organization called Winnipeg Alternative Media. And for over a decade, in many different capacities, we have attempted to keep free speech and freedom of information alive by doing practically the exact opposite of what the mainstream media does—which is don't

censor or edit anything and let what we film speak for itself. And that's what I was doing for almost a calendar year, I would say: From the first rally that was held here in Manitoba, May 9th of 2020, up until I think the first one that I finally decided I am not just attending to film. I am here for every other reason as well now, too. Which was early January 2021 in Steinbach.

And immediately I got the repercussions that, of course, I was well aware was going to be coming my way. You know, you attended a rally—you were in a group size larger than public health order—so you have to self-isolate for two weeks. So all of that kind of amounts to why me and child care just wasn't going to work anymore. I could not stand to see what was happening to children, both whether we're talking about autistic and special needs or not. I could not stand the fact that I could not work my job properly anymore. We had gone through January and February, and I had made up every excuse imaginable to not actually do my job and not spend time with the children. Because I couldn't in good conscience anymore, and was doing small repairs and handyman work around the facility for a matter of months, at that point in time. All those options had ran out. I was done. I knew that this wasn't going to get any better anytime soon.

My director— And nobody had any answers for me and frankly, of course, were considering me to be a goofball. You know, like, "What is wrong with you? This is your job to keep the children safe. How can you have these questions?" And I remember one of my last things I told my director was like, "By the way, isn't it funny, I haven't been wearing a mask outside for two months and a parent hasn't said a damn thing." I found that was kind of fun. And the kids didn't rat on me either.

But so, it all just kind of came down. I remember the last phone conversation. This is really sad. After 13 years and being a very, very integral part of that community, once again working hand-in-hand with a church, two schools, a community club, and a school age and a preschool daycare— My last kick at the can there was I had a phone conversation with my director and said— Because I always admitted, I never tried to hide anything. I always said you know, "I don't want to wear the mask and I'm not going to be, and there's going to be lots of times where I'm not going to be when you're not looking at me." I still never got fired because I was one of the longest-standing employees at the time.

I know from firsthand accounts that the majority of the children and the families of that Centre loved me and considered to be one of my favourites. I was a, you know, young male staff. I ran around with the kids. I played rough-and-tumble; I let little boys fall off; I let little boys get in play fights. And then I would, you know, us and dad would high-five afterwards. So I knew how valuable I was and how my director was just hoping that something would change so that she could keep me on. And not go through all this struggle that I was kind of putting down to her.

But our last conversation was on the phone where I once again had to tell her, "Look, I attended a rally again just yesterday, so I guess I'm not coming to work this week." And she went, "No, no, you have to self-isolate, again." And I went, "Yeah, but there's no end in sight here. And so, what happens if I'm going to be attending a rally like every weekend?" "Well, I guess you're not coming back to work for quite some time." "I guess I'm not coming back to work at all." That's how that ended.

I then was not allowed even in the facility to go get my pair of work shoes. About a week later, I decided to go back. I tried calling my director on her personal line. And I called the daycare line several times. Emailed. Then I got there, knocked on the door several times.

Did their little buzzer thing that has a camera and everything, and it's got a full microphone system, as well.

[00:15:00]

Of course, I use that a million times a day. You can talk to people; you can say, "Oh, hello," whatever. Nope, nothing at all. One employee opened the door about this much, tossed my shoes on the outside and closed the door. That's 13 years, right there; that was my last final moment on the property.

Kyle Morgan
So now I understand you work at a seed plant. Is that right?

Todd McDougall
Yeah.

Kyle Morgan
So you had to change your whole line of work.

Todd McDougall
Yeah, 13 years doing— And I did try some of the schooling. Like I was doing a little bit, kind of, touch-and-go with Red River. Yeah, so 13 years of that, being a large portion of my life, that took up a lot of like extracurricular, as well. I did lots and lots of extra work there. When there were special events happening at the community club, I was a volunteer, like, it was being as much as I possibly, possibly could. I liked being a part of that community. After 13 years, I was now training new employees that I knew as like six- and seven-year-olds. I knew a lot of these families about as well as I know some of my own family, extended family members, like it was very tightly knit. And you know, it's the kind of thing that I've been so all over the place and so busy the last couple years of my life, sometimes I don't even think about it until a moment like now where— It was kind of shocking to see that my director and other employees and some of the other individuals there, could just let that happen with— It was kind of shocking to see sort of nobody kind of fight for me in a sense or anything like that.

And to lose that, that sense of belonging in a community that I had put so much work into was extremely debilitating. And then to compound that with having to go—okay, well, I need to still figure out a way to, you know, just to maintain, to bring money in and to move forward. So yeah, luckily enough, I had a friend who I'm sure most individuals would know, I'm sure is in the room right now, that being Patrick Allard. Who was like, "Well, you don't really got the skills for the kind of work I do, but I'll give you a shot." And I think I picked up a few things along the way, so that's nice. I could possibly do a few extra repairs around my own house now, so thank you, Pat. But that even had its problems because then me and him both got arrested.

Kyle Morgan
Yes, that's what I wanted to talk to you about that. So I understand you picked up about 10 or 11 tickets for mostly gathering outside in Manitoba. In addition to a mass ticket.

Todd McDougall
Yes. Hugs and handshakes, specifically.

Kyle Morgan
And like others that have testified, you were also arrested in May of 2021. And to be clear, that was as a result of *The Provincial Offences Act* in Manitoba. They issued a warrant to prevent the continuation of an offence, which in this case was gathering outside. Hugging and shaking hands with others.

Todd McDougall
Yeah. Yeah. And, you know, my— Especially after the daycare was, sort of, out of the way. Then, of course, I could throw myself into the mix even a little bit more. And of course, as all these things are transpiring, it's even more fuel to the fire to need to be more involved, right? So then it wasn't just—hey, I'm here already doing the media thing and maybe I'll get up on stage and speak a little bit. Because, of course, my first couple of times finally getting in front of the camera and up on the stage, I was talking about what I was seeing in child care.

But then after that point, it was more like—no, I want to be directly involved. I want to organize. I want to throw into the mix whatever I can using Winnipeg alternative media as a platform and as a mouthpiece. And then going back and using some of the knowledge that I had gained from activism that I had been involved in a decade ago. And I hadn't really been involved in protests or rallies for quite a few years leading up to the beginning of the COVID rallies. But I had organized and been a part of other different rallies from years before. And so, I was now able to bring some of that to the table and was more than happy to do so.

Kyle Morgan
I understand you were in jail for about 24 hours.

Todd McDougall
Yeah, on two separate occasions. Yeah, I was arrested for a breach as well.

Kyle Morgan
Now, on the first arrest, you are released with a condition to follow all public health orders, is that right?

Todd McDougall
Yeah

Kyle Morgan
And that would include the use of masks?

Todd McDougall
Right.

Kyle Morgan
And so, tell us about your next arrest, which happened only a week later. Is that right?

Todd McDougall
Well, see now, there is already a punchline right there, right? Because follow all public health orders, to me, because of doing the research that was— Oh, what was it again? Oh, yeah, on the Province's website, saying that involved in public health order was the option to be mask-exempt,

[00:20:00]

and to not have to require specific detailed personal information. You do not need to have a doctor's note. You didn't have to have your doctor on the phone for somebody, that it really should be able to just be left up with— If I'm going to go shopping here and you're— I get the whole thing of, like, this is a private, whatever; the answer is no, you still have to leave. Okay, fine, I'll leave.

But this was a Shoppers Drug Mart, so not a little ma and pa store. Like it's a large company, and I had already had my arrangement with the owner. Anyway, so follow public health order means that I should be allowed to be mask exempt. And if someone's okay with me shopping there because I'm mask exempt, then there should be no problems. Or if they say, "No, you're not allowed to be a mask exempt at this store, this location, then leave." And then you do leave. Then again, should still be end of issue. But not this time around. I'm thinking because I was in the news a whole lot that week.

But yeah, so this was my local Shoppers Drug Mart. I had even worked there a few years prior, so I knew the owner. I knew the manager. And I had already dealt with them because of me shopping there throughout the pandemic, up to that point already, and having the issues with other employees and such. And I had to call this man and say, like, "Look, do you know what the public health order states?" And he said, "Yeah." So I said, "You are aware that myself and others are allowed to claim a mask exemption, not show proof?" Yada, yada, and all that. "And this kind of discourse is allowed." And he went, "Yes, I'm aware." So I said, "Okay, well your employees aren't aware. So that would be a training issue, and that would be on your part." And he goes. "Oh yes. You're right. I will have to have a talk with my employees and make sure that they are not yelling or harassing individuals such as yourself that claim this." So I said, "Okay, great, well if that's going be the case that means I can keep shopping there? Because you are the closest one to me." I had a newborn at the time, so Shoppers Drug Mart is a pretty key place to go for a lot of your infant needs. I said this to him, so I was, like, "You know, we're spending a lot of money there or I could be spending it elsewhere." "Oh, no, please keep shopping here."

Fast forward to, this is a year later. I've been arrested. I've been in the media. I don't think they actually printed my bail conditions, but it's almost as if they did, I guess. Because for some weird reason, that day, I walk in to get registered mail. Registered mail. So whatever was at the post office there that day, I couldn't get from anywhere else. That was my post office. Registered mail. I go there. I'm thinking, this is the location; I have an arrangement with the manager. I wasn't even thinking about my bail conditions really. Funny looking back on that in retrospect, but good story now.

And so, I go in, and as soon as I get up to the post office, there's nobody around in sight. Just the lady, who I knew from working with her three years prior, staring at me, pointing to her face. And I went, "Come on. I've been doing this with you guys for a year. Go ahead, call up Harvey," the name of the manager. "Go ahead, call him up. I'm allowed to be here. You have my registered mail. Give it to me, and I'll be gone, two seconds." She calls up Harvey. Harvey turns the corner, takes one look at me and berates me. Yells, swears, "You get the 'F' out of here!" Like very, very aggressive. And of course, I apologize. I go, "Harvey, whoa. We've had a normal conversation about this before, calm down. But okay, I'll leave." As I'm getting into a vehicle and getting ready to leave, I turn around at the front door and there's the owner, Tracy, looking at me as if she is my mother.

And I go, oh, no. Because she's standing at the front door right now, this is not going to go well. So yes, sure enough, six hours later, I'd just finished eating dinner. Knock at my door, and it's the Winnipeg Police. And I say, I'm holding a little card and I go— They— "You're going to get arrested for a breach." And I go, "But it says follow all public health orders. And I have a little card right here with the Province of Manitoba logo on it from excerpt, from the website." Showed them this right. And, of course, the female officer lowers her head and goes, "Tell it to a judge." I'm sure we all kind of encountered stuff like that over the last few years. Lot of that has been spoken about here at this table.

Kyle Morgan
Yeah. Mr. McDougall, I'm mindful of the time So you did spend 24 hours again in jail on that occasion, is that right?

Todd McDougall
Yes. Yes. Solitary confinement. Only able to use the washroom maybe once or twice if I knock loud, long enough.

Kyle Morgan
I don't have any further questions for you, sir. I'm going to turn it over to the commissioners to see if they have any questions. Doesn't appear so.

So I thank you very much, sir, for your testimony. We appreciate it on behalf of the National Citizens Inquiry, thank you, sir.

Todd McDougall
Thank you. I'll also mention I know a lot about censorship, too.

[00:25:27]

Final Review and Approval: *Margaret Phillips, August 10, 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

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Witness 15: Michel Gagnon
Full Day 3 Timestamp: 09:34:00–09:44:57
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Wayne Lenhardt
Okay, Mr. Gagnon, could you give us your full name and spell it for us, and then I'll give you an oath to start.

Michel Gagnon
Okay, my legal name is Michel Gagnon, M-I-C-H-E-L G-A-G-N-O-N. But I go under the name Mike.

Wayne Lenhardt
Mr. Gagnon, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Michel Gagnon
I do.

Wayne Lenhardt
Okay, due to the time constraints I'll lead you a little bit more than I normally would. You're presently 52 years old, correct?

Michel Gagnon
Yes

Wayne Lenhardt
And you have spent a total of 33 years in the air force?

Michel Gagnon
That's right.

Wayne Lenhardt
But you got out in April of 2022.

Michel Gagnon
That's correct.

Wayne Lenhardt
Okay. Could you tell us quickly what happened that made you leave the air force?

Michel Gagnon
Yeah, so my story is very similar to all the military members that got out. I didn't want to get vaccinated. It was very obvious early on in the pandemic, especially when they came out with a mask, the whole thing was complete B.S. to me. Because the mask— I was a general safety officer for a couple of years; I had to take a course on masks. One of the comparisons that I like to— One doctor that is very vocal against the mandate, he likes to say that the mask, even an N95 against COVID-19, is basically like trying to sift sand through a chain-link fence. It does not work. And I knew that from the beginning, and that's why for me, the minute they started making the mask mandatory, I knew that this whole rhetoric was not about science. It was all a political game or whatever, so to speak.

Wayne Lenhardt
Were there already concerns about things like myocarditis at that point?

Michel Gagnon
Not on my side per se. I had a medical condition that they denied me of. However, they weren't going to approve it, anyway. They approved a bunch of people in Ottawa, but they didn't approve anybody else in Canada.

Wayne Lenhardt
Okay, so there was a procedure to ask you, essentially, or require you to comply with the mandates. And could you tell us what that was quickly and what the end result was?

Michel Gagnon
Yeah, so as part of getting out—because I didn't want to follow the mandate or I didn't want to take the vaccine—they basically started giving you remedial measures, which is kind of like disciplinary measures. You start with one, which is a bit of a warning. Second time was a— I don't know if it was a second or third time, but I think I got three of them where you ended up with a recorded warning. And then after that, you go on into, like, career implications where they're actually going to kick you out. Because you were, in accordance with the military, disobeying a lawful order in their mindset.

Wayne Lenhardt
So it was some kind of disciplinary process.

Michel Gagnon
Exactly.

Wayne Lenhardt
Okay, and so prior to having a disciplinary process be a mark on your record, which was exemplary at that point—

Michel Gagnon
Yes.

Wayne Lenhardt
You decided just to retire.

Michel Gagnon
Yeah, because at the end of my career, I switched to a part-time military, so a reserve class. And I had the options of just giving a 30-days notice. I basically did that before they started the proceeding of pushing me out and giving me a 5F release, which is a dishonourable discharge.

Wayne Lenhardt
And you're currently, basically, living on your pension, is that correct?

Michel Gagnon
That's correct.

Wayne Lenhardt
Was the mandate from the military or from the federal government or a combination? Did you ever get anything in writing, and if so, who did you get it from?

Michel Gagnon
So from the Chief of Defence Staff, we had what they call an order that came out, and basically, they stated that the vaccine is mandatory. And right away in that same order, if you were not willing to follow or give your status of your vaccination, you were going to get disciplinary— All the steps for disciplinary action were all laid out in there. And eventually, you will get kicked out of the military for refusing a lawful order.

Wayne Lenhardt
Were there any injuries that were noted at that time from military personnel that had gotten the vaccine? Were injuries happening at that point?

Michel Gagnon
So from what I've been told, we had no— Like we had COVID cases, but COVID cases based on the flawed test, obviously. So it's hard to say we had real COVID cases. But the military is usually a healthy entity

[00:05:00]

because you have to be physically fit and all that stuff. So the chance of you being in severe complication of COVID-19 was already pretty low because everybody is pretty healthy. And normally, if you have comorbidities, you don't stay in the military. You're getting kicked out because you're not fit for duties. So nobody, really, we might have had a few cases. I've never heard of any complication in the military. Doesn't mean it didn't happen. It's like the flu, right? You can be sick pretty bad from the flu. So I've never heard of any bad complicated case from COVID-19.

However, the minute the vaccine rolled out, there's been a lot of vaccine injuries. So it was, like, astonishing to me that we were still going with the vaccine mandate.

Wayne Lenhardt
Okay, and if there are injuries with the military, especially someone that's been in it as a career like you've been, the military basically has an investment probably well into seven figures into your training that they would lose.

Michel Gagnon
Yeah, so in 2007, I kind of switched trades. Just that training I did in 2006, 2007, basically to qualify a person like me to fly an airplane, it cost the military approximately 2 million dollars.

Wayne Lenhardt
Okay, is there anything you feel that the military or the government should have done differently in your case?

Michel Gagnon
Everything has been done as directed by their superiors to a T. They don't follow— They don't care what the population thinks.

Wayne Lenhardt
Okay, do you feel that this type of thing is going to harm the military in the longer term?

Michel Gagnon
Absolutely. It's already hurting. Right now, what I know of is there's quite a few flying squadrons that their pilots, not just the pilot, entire air crews are failing their medical because they're failing their EKGs. Because one of the first things that the vaccine does, it makes your body produce these spike proteins that are supposed to be the bad part of the virus. But they give you something that is making your body create the thing that is bad from the virus.

So what's happening right now, pilots are failing their EKGs—and air crews, not just the pilots—and because of that, well, you can't fly. So there's squadrons out there, from what I've been told, and this is hearsay, but there's only like two pilots serviceable in an entire squadron. And they're flying these guys all the time because everybody else is unserviceable right now.

Wayne Lenhardt
Is there anything else that you want to tell us relating to this issue with the military?

Michel Gagnon
Well, the thing with the military, they're— Here's the scoop with the military, and I think it's the same with the RCMP: You only promote yes-men. You don't promote critical thinking people. That's the way it works in the military: if you don't agree with your boss, you're never going to get promoted. So that's what's happening at the higher echelon. They will follow your government.

You got to remember the military, unlike the RCMP—which the RCMP fails at this mandate. The RCMP is supposed to be responsible to the public and they're supposed to keep the government in check. Well, guess what? They did the complete opposite during the pandemic because they didn't follow the Constitution. And that's what they're supposed to do.

The military does not have that mandate. They're supposed to defend the sovereignty as directed by their government, which the government—obviously, they wanted to impose that mandate.

But it didn't just happen in Canada: that happened throughout the world, synchronized with all the UN countries. So a lot of people think that the problem is just here in this country. This is the exact same thing in all the UN countries. So there's a pattern here. So we always think right now that it comes from Canada and we did this, we did that. Well, it's the same thing in Australia, New Zealand, U.K., like you name it, all the UN countries were directed to do it this way.

Wayne Lenhardt
Okay, I'm going to ask the commissioners at this point if they have any questions to ask you.

Any questions? Last? Okay, thank you very much.

Michel Gagnon
I'd like to make a quick statement just before we finish, it'll take a minute.

So I'd like you guys to actually go on YouTube and search Dr. Fauci predicting the pandemic. If you guys think the pandemic was something that was released by accident or whatever, it was actually planned. Dr. Fauci, on the 12th of January 2017, predicted that Trump will be hit with a pandemic at the end of his presidency. And the minute that Trump went over to the WEF and the UN, just prior to the pandemic, and said that he will not participate or the country will not participate to the world order, he came back home. And that's when the pandemic was released.

I have friends in the military everywhere; I've been in it for 33 years. We have an intelligence section or trade. I know a lot of people in that trade, and they told me straight up— And this is what you got to remember: The pandemic was created for you to get the vaccine, it was not the other way around. You didn't get the vaccine to try to avoid the pandemic. The pandemic was created for you to get the vaccine.

Wayne Lenhardt
Okay, if there's no more questions from the commissioners, I want to thank you for your testimony today, on behalf of the National Citizens Inquiry. Thank you so much.

[00:10:57]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB **Day 3**

April 15, 2023

EVIDENCE

Closing Statement: Ches Crosbie
Full Day 3 Timestamp: 09:45:10–09:50:00
Source URL: https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html

[00:00:00]

Ches Crosbie
Thank you, Shawn, and thank you, Commissioners.

The proceedings today, as in the other days, have been very, at times, very wrenching and heart-wrenching. Shawn opened his remarks today, Mr. Buckley, with some remarks about courage, and that's certainly a theme that we've heard coming from witnesses who have testified here. Some at a comparatively young adult age, very young. And other people from various walks of life, including the police, who lived up to the principle that standing up for your own beliefs and what is right, even though it may feel lonely at the time, can have outsized effects. I think that's a theme we've heard during the day's testimony, and, in fact, the last three days. That standing out from the crowd can often prevent very worst things, bad things, from happening.

We had the good fortune finally to be noticed by CBC, the mainstream press, in the last couple of days. I just want to mention that because it probably took a degree of courage on the part of the reporter who did the story, filed the story. It was on television news, and there's an article on the CBC website. The gentleman's name is Josh Crabb. He's at Winnipeg, CBC, and he deserves some appreciation for the fact that a) he reported on the proceedings that we were engaged in, and b) in my reading, he gave a reasonably fair and balanced account of what was going on here. The article is called "Citizen-led inquiry into Canada's pandemic response makes stop in Winnipeg," and it's date lined April 13th. So again, the reporter was Josh Crabb.

If I could have that image up on the screen. I often think of the truth in this way. It's a great metaphor. The truth is dammed up behind this dam. The dam in the image here is called the media, so one of those cracks happens to have occurred now in the CBC wall against the truth. There will be other cracks. Dams, at some point, develop too many cracks, and the cracks get bigger, water starts to run through, and eventually, that dam will collapse. These proceedings that all of you, and all of you out there who are watching, and the Commissioners, everyone who's testified, everyone in the audience, these proceedings that you're supporting and are engaged in, and people have supported through their donations

and their testimony, and all their hard work, and all the volunteers involved in this—these proceedings will eventually end with that wall collapsing. That wall will collapse.

The next image here, if I might ask for it, was also a theme we heard come out in the evidence today. This, of course, is the well-known president, assassinated president of the United States of America, John Fitzgerald Kennedy: "A nation that is afraid to let its people judge the truth and falsehood in an open market is a nation that is afraid of its people." That's still where we are in this nation, Canada, because no government, no authority wants to inquire into its handling or mishandling of the last three years' response to COVID-19. So we're doing it. Governments fear the people, but the people have found a way to inquire into and establish the truth regardless.

The last image, please, and I'll let that speak for itself.

Thank you, Commissioners.

[00:04:50]

Final Review and Approval: *Margaret Phillips, August 10, 2023.*

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