VOLUME THREE

Witness Transcripts

Part 4 of 9: **Saskatoon, Saskatchewan**

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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
SASKATOON HEARINGS

Saskatoon, Saskatchewan, Canada
April 20 to 22, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 1 Timestamp: 01:44:03–02:08:36
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[00:00:00]

Shawn Buckley
I'd like to welcome you to the National Citizens Inquiry as we begin our first of three days of live testimony in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

Before I start, sometimes I do a call out. We are moving to Red Deer next week. If there are any lawyers out there that want to volunteer, we could use your assistance. We also are in desperate needs of bilingual counsel in Montreal coming up in a couple of weeks, and we could use some help in Vancouver for the next couple of weeks. So, if there's any lawyers out there that want to participate in this experience, please give me a shout.

Now, I always like to start by explaining to those that are participating what the National Citizens Inquiry is. And I have to admit, I'm having a little more trouble defining it. I'm quite pleased about this. There was a time where one could accurately describe the National Citizens Inquiry as a group of citizens that got together with this vision of appointing independent commissioners and marching them across this land to discover what we just experienced— What is the truth? And more importantly, to give ordinary Canadians a voice again: an opportunity to tell their stories safely, to begin a dialogue.

And there is still that group, that's still part of what the National Citizens Inquiry is. I mean, it's a volunteer organization, so people come and go. It's not the same people that started it, by and large. And we start other volunteers on. And once we started this, we needed way more social media people and video clippers. We still need a lot of video clippers. And so, we set them up and get them volunteering on their way. And sometimes they go in directions we don't expect. But that's just a drop in the bucket to what's happening.

What we're experiencing and what we're watching is that since this inquiry began, since it started marching across this country, individuals, families, groups—both formal and informal—have started to do what we've asked them to do. And that is to take personal responsibility for their actions and personal responsibility for the state of this nation. If you go online, you can't miss it. People are clipping the testimonies and putting them out.

They're creating indexes of the witnesses and linking in a way that just makes our website look lame. And so if there's any volunteers out there that want to help us clean things up, we'd certainly appreciate that.

I saw a photo yesterday of somebody had written in chalk at a bus stop, nationalcitizensinquiry.ca. My understanding is, yesterday, the group Posties for Freedom had a call out asking people to go to City Hall in Hamilton with signs that could be read by traffic, announcing the National Citizens Inquiry.

This is going on and on and on. We just find out about it by just seeing what's happening online. Sometimes people will let us know, and we'll tag them to promote what they're doing. Sometimes they don't. The beautiful thing is they don't have to let us know at all because it's not about this little band that is putting on these hearings. It's about all of us making a decision to take personal responsibility for the state of this nation.

So we find ourselves in a situation where the National Citizens Inquiry cannot be explained by the small group that puts on these hearings. And I think it would be more appropriate to describe the National Citizens Inquiry as those persons of all nations. And I say all nations deliberately because what we are doing here is trending internationally. Because people have a thirst for the truth, wherever they are. People across the world find the idea of standing up for freedom—

[00:05:00]

of actually taking personal responsibility, of being given the freedom to do that again because there's a movement—they're finding that quite attractive.

I would define the National Citizens Inquiry now as persons across the world who remember, and I'm using the word "remember" deliberately—who remember that they have a voice. We've all been put under a spell, a siren song that has put us asleep. We need to remember that we have a voice. The National Citizens Inquiry is those people that have decided that they need to stand up for what they believe in. The National Citizens Inquiry is those people who know, know to their core— You know, we know some things deeply. It belongs to those people who know to their core that they must stand up for freedom now regardless of the cost.

I have to say that I am honoured to be part of what is now something very different than it was when it began. I am, for the first time in a long time, optimistic. Optimistic. I have no illusion that our near- and medium-term future is going to be anything but very difficult. But I'm optimistic that when we get through that—because people are starting to take personal responsibility, because the spell is being dissipated—that we actually have a future. So, I'm honoured to be standing with you here today.

Now Commissioners, I need to report the theme of the week. And I'm grieved to say that, at least my experience this week at the NCI, the theme would be sadness. I've reported to you both in Toronto and Winnipeg that when an inquiry date draws near, we have witnesses drop out. They back out because they are afraid. They are either afraid of economic consequences—that they would lose their job—or there would be other repercussions. They have dropped out because of the social pressure. This last week, we've had witnesses drop out for a third reason. And that is simply, they're too ill. They're too ill to testify.

We were approached in Winnipeg by a gentleman whose wife had just gotten out of ICU, and she has a very important story to tell. We were wanting to have this witness testify

from her hospital room because she was then in a recovery ward. But we could not make those arrangements because the report back is that— She took a turn for the worse— Excuse me, I'll collect myself.

There's a witness that might not be able to testify at these proceedings because of health concerns. I'm sorry that I'm getting emotional, but we've been watching witnesses take the stand, especially vaccine-injured witnesses with just heart-wrenching stories. And it's just very difficult not to empathize and be affected by what's going on. I promise everyone that if you watch a day of hearings of the National Citizens Inquiry, you are not going to be the same.

We realize we're going to have to do something else, because we have so few slots for people that have these important stories, especially on injuries. I don't know if we're just going to have to have you guys video them and send us Rumble links or something. But I think just for, both in Canada and around the world, there are people that are not going to be around to tell their stories. And we need to get their stories. So I'm not sure what that looks like for us going forward because we probably don't have the technical capabilities unless people approach us to give us some assistance.

But there are people suffering.

[00:10:00]

And we have to stop denying what's going on, and many people watching this will understand that they're afraid, still, to have conversations about what's really going on. Even though it's becoming hard to deny.

It was about, I think, two and a half, three months ago I was on the website Zero Hedge. And I came across an editorial where the gentleman was basically saying, "We have to wake up." He said, "Look it, why doesn't everyone reading this article just ask themselves, how many people do they personally know who either died or were injured from COVID? And then ask themselves, how many people do they personally know who died or were injured from the vaccines?" And he did it in the article.

Now when I do that in my circle, I don't know of a single person who has died from COVID. I can think of some people that were injured from COVID. The examples in my circle were basically that loss of smell and taste. But my understanding is it's now fully resolved in those people, but they were injured for a period of time and understandably alarmed. And I know people that tell me they were terribly sick.

When we move to the issue of, do I know people who have died and are injured from the vaccine? Yes. There's been death in my circle, absolutely. And actually, it's overwhelming. We have witness after witness who are terribly injured, and they go to the hospital and they're told, "Oh, it's not vaccine injury, and you need to see a psychiatrist or you're anxious" and all of this. But I'm sorry. I know a young man who is, I think, 17 with myocarditis. I'm 57. I've never run across that pre-vaccine. All these athletes dropping dead while they're there and all these young people dying. I live in the province of Alberta. Our leading cause of death, I think, last year, was unexplained illness. They didn't even have that as a death code until a couple of years ago. And now it's the leading cause of death and you're telling us it's not the vaccine?

So, in my circle— Just to show how bad it is, if you were to draw a line 100 yards from my house, draw a circle 100 yards from my house—and I don't know all of my neighbours—I

can think of three vaccine-injured persons in that circle. Now, when my wife and I were driving up here, we had learned in connection to a friend of ours that this friend is now suffering with an illness. And I'm not going to say what it is, but it's a regular COVID-vaccine adverse reaction and one that I would personally be very concerned about. And my wife was actually crying. She was crying in the truck as we were driving up. But she was crying for two reasons. And it's the second reason that I want to talk about. She was crying because she, first of all, was sad that a friend is suffering. But the second reason was she felt shame that she didn't say anything when we were in the midst of this. "Don't do it, don't take it!"

And the reality is, if we were to back up a year or even a little longer, whether you were vaccinated or unvaccinated, there were a large group of people that had come to the conclusion—often through personal experience of being vaccinated—that this vaccine was bad news, and this vaccine was dangerous. And most of us didn't warn. Oh, we'd casually suggest, you might want to rethink this and that. But we weren't screaming from the house tops. Most of us weren't making much noise at all. And we can say to ourselves, "Well, it wasn't a safe environment." And it wasn't a safe environment. If you were a doctor, you're going to get your licence pulled. If you're a nurse, you're going to get your licence pulled. If you're at work, you might lose your job. You're certainly going to lose friends and family,

[00:15:00]

and people are going to call you a tinfoil hat conspiracy theorist.

And now I think if you are not called a conspiracy theorist for what you are saying, then there's something personally wrong with you, and you need to examine yourself. Because that term was invented to basically turn people's minds off. Because as herd animals, there's nothing more scary to us than being excluded from the herd. And so if they can create a term like conspiracy theorist or anti-vax, then you are subconsciously afraid to even go into that camp. And you will literally close your mind to people that you would identify with those views. You will close your mind because it's a protection mechanism. And the joke is on you because their mind isn't closed. You've closed your mind. The state has manipulated you into not considering other people's opinions. You actually close your mind. That term closed mind: it literally means it is closed. And so, the joke's on you because you don't get to hear another opinion. It's still up to you whether you're going to change your mind. But understand that the minute you— "Oh, this is an anti-vaxxer; this is a conspiracy theorist"—you have been manipulated. The second you feel that, understand that the joke's on you.

But it was an unsafe environment. I've heard people say they were worried about the army going door to door and dragging people out of their homes and jabbing them. And there **was talk about putting unvaccinated people into camps. In Canada. There was talk about putting unvaccinated people into concentration camps. So yes, people were afraid to speak out. And it's clearly still unsafe to speak because we have witnesses backing out, in April of 2023, from testifying at this inquiry because they are afraid.**

But I need you to understand that you need to take personal responsibility now, despite our failures in the past. Because now there are mothers today—today—taking their children to be vaccinated in Canada. That's happening. And it's happening because you're not screaming loud enough. You're not screaming at all. You're not speaking. You're still cowed. You're staying silent. There are vaccine-injured persons that could be directed to resources that can assist them, mitigate what they're suffering from. And we're not telling them about it because we can't have the conversation yet. And so, the reality is, and you're

not going to like this, but people are going to suffer and die unless you start taking personal responsibility and start shouting. So stop being afraid. And stop being intimidated. Or you are complicit going forward in injuries and death that happen, when we all know that this needs to be stopped.

Remember, I spoke—I believe it was in Toronto—about how the police state relies upon you for their participation. It can't happen. The lockdowns can't happen unless you stay in your house, unless you're cowed and stay in your house. And I'm not saying if— You know, if we're having a pandemic hit us and we're not sure what's happening and the government is actually being truthful with us and saying this or that might help, my gosh, we'll all act responsibly.

But it wasn't that long where it had to be clear to anyone with two firing neurons that there's something wrong. One day we're wearing masks; we're locked down; this is all afraid. And then the government just says, "Oh, it's lifted." And now, a second later, we're safe. And, "Oh, we don't need these restrictions. We don't need to show our police state identity papers to access a service."

But it's your compliance. It's you cowering in your home. It's employers requiring passports for your customers to come into businesses. Are you kidding me? You actually did that? You participated? You actually acted as the state. You were the police officer forcing citizens to participate in a police state ritual. Shame on you. And the employees that did it. The employers couldn't do it if the employees would say, "No, I'm not doing that." We just have to stop complying. That's the problem. You need to understand that, as mad as you are of what you experienced: It happened because of you. Because you let it happen. And you need to stop complying regardless of the cost. And you've been complying because you've worried about the cost.

Now, I want to get personal.

[00:20:00]

I want you to think about something I'm going to say, because for almost everyone who hears this, you're going to go, "Yeah, I felt that." And I'm going to suggest to you that sometime in your life, you felt that you were here for something important. You felt there was something bigger going on, that you were actually here to do something very important for everyone else. And then as your life went on, and you got busy with going to school and work and supporting the family, and you know, the real issue is how do you make the boat payments and stuff like that. We're all distracted with the bread and circuses. You might have found yourself even thinking back to how you felt you were here for something important, going, "Well, that must have been my imagination. Because **clearly the way my life is manifesting, I'm not here to do something important."**

I want to share with you something that's been kept secret from you. That feeling you had that you were here for something important is true. It's true. You are here to do something very important. And right now, you get to decide: Do our children, do our grandchildren? Their fate's in your hand. It literally is in your hand, the fate of your children and grandchildren now are in your hand. It's decision time. Are they going to be free? Or are they going to be slaves?

And there's only one way to decide. You have to decide. You don't get a choice. You can't sit on the fence because sitting on the fence is a decision for the police state. And you don't get

to decide by making a conscious decision, "Oh, no, my kids are going to be free." If you think that's going to make them free, you're still under the spell.

And when I talk about the spell, we hopefully will have a witness come and testify here, during these proceedings in Saskatoon, whose mother had gone to Shoppers Drug Mart to get vaccinated. And there's a whole line of people behind her mother. And after her mother was vaccinated, for that 15-minute waiting period, is just standing there. And the line is still proceeding, getting their shots. And she dies. A news report I read even reports that she was dead before she hit the floor. She just dies. You know what's shocking about that? Is that line of people waiting to get the shot stayed in the line and kept getting the shot. Did you hear that? They just witnessed somebody fall to the floor; likely, the person died before they hit the floor. And they stay in line and continue getting the shot. That's a spell. Now that spell is being dissipated.

That's what not taking action does: People stay asleep. They stay under the spell. And if you continue to do nothing, you are actively doing exactly what the police state wants you to do. But you want to know what the opposite of doing nothing is? Because doing nothing is your decision to work for the police state. That's your decision. There's no "on the fence" here. You're for the police state 100 per cent or you're against it 100 per cent. What's the opposite of doing nothing? Doing everything.

And so you get to decide what type of a country we have, what type of a future our children have. And your choice is to do it all, to give everything. And so I'm inviting every Canadian, every person in the world to stop being afraid, to wake up, and to stand for freedom regardless of the cost.

Freedom is not free. But it's worth the price.

[00:24:33]

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Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 1: Dr. Francis Christian (Parts I and II)
Full Day 1 Timestamp: 02:08:36–03:09:51/05:48:40–06:26:09
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

PART I

[00:00:00]

Shawn Buckley
Now, I'd like us to segue into our first witness who we're very, very pleased to have with us this morning, Dr. Francis Christian. Dr. Christian, thank you for joining us this morning.

Dr. Francis Christian
Thank you very much.

Shawn Buckley
Dr. Christian, I'd like to ask you, first of all, if you would state your full name for the record and spell your first and last name for the record.

Dr. Francis Christian
Yes. My first name is Francis, F-R-A-N-C-I-S, and my surname is Christian, C-H-R-I-S-T-I-A-N.

Shawn Buckley
Now, Dr. Christian, you have been a surgeon for over 30 years?

Dr. Francis Christian
I have. Twenty-five years, actually.

Shawn Buckley
Okay, I'm sorry. And you actually were Professor of Surgery at the University of Saskatchewan.

Dr. Francis Christian
Yes, I was Clinical Professor of Surgery in the University of Saskatchewan. That's right.

Shawn Buckley
And although you were a professor of surgery—so you're teaching other doctors how to become surgeons—you continued to be a surgeon yourself at the same time.

Dr. Francis Christian
Correct. If I may, I can just tell you very briefly what I was doing in the University of Saskatchewan.

Shawn Buckley
Yes, please do.

Dr. Francis Christian
Yes. So my roles there could be thought of in three parts. The first was as a surgeon, like you said. I did general surgery, trauma surgery, cancer surgery, that sort of thing, thyroid surgery. I have a fellowship of the Royal College of Surgeons of Edinburgh and a fellowship of the Royal College of Surgeons of Canada.

The other parts of my role: As Clinical Professor of Surgery, I was very involved in data analysis and evidence-based medicine analysis. I taught medical students and residents how to critically read journal articles, how to make sense of the data. I gave many presentations. I regularly published peer-reviewed articles.

I was also director of the quality and patient safety department in the Department of Surgery. And in that role, I introduced the department to the National Surgical Quality Improvement Program, which is a very data-intensive program. I also, with the Computer Science Department in the university, developed an app for iPhone and Android, which is still being used, I believe, throughout Saskatchewan for improving quality by recording morbidity and mortality.

In addition, the third part of my role as Clinical Professor of Surgery was in ethics and in the humanities. I was director of the Surgical Humanities Department, which I founded, and was the founding editor of *The Journal of the Surgical Humanities*, which has a worldwide circulation. I had the privilege of being the lead author of the Canadian Association of General Surgeons' position statement on professionalism.

Shawn Buckley
So you come here today speaking about how colleges have treated doctors and how doctors have acted with quite the experience and authority behind you. I will just advise the commissioners that we have Dr. Christian's CV entered as Exhibit SA-3.

Dr. Christian, can you tell us, as this COVID pandemic started to come across or be imposed on us or experienced, what your initial thoughts were? And then if your initial thoughts changed? So I'm just kind of asking you to share your first part of your journey with us.

Dr. Francis Christian
When the whole thing started in 2020, I initially thought I should give the government a bit of a rope. It was supposed to be a new virus and let's see what they come up with. But towards the end of April, the beginning of May, I started seeing signs of what I had learned in my studies, historical studies, of what happened in the Soviet Union.

You see, when I was a teenager, I read a very influential book. It's called *Tortured for Christ* and it's by Richard Wurmbrand. And essentially, he talked about how the Soviet Union,

[00:05:00]

with its tyranny, was able to exert this control over millions of people, including this pastor Wurmbrand. And I decided at that time that I would make the study of the Soviet Union a part of my life journey.

I saw certain things which were very reminiscent to what was happening in the Soviet Union 50, 60, 70, 80 years ago. And that is censorship, the media becoming an arm of the government instead of holding government to account. I saw prominent scientists being censored, deplatformed. Words like "disinformation" crept in and that was straight out of the Soviet playbook. In fact, it was the Soviet Union that invented that word. "Disinformation" was actually a Stalinist term.

So I saw that. I saw some of the scientists that I had known about before COVID as prominent scientists—people like Paul Marik, whose work in the ICU was known to me even before COVID—were being censored. Pierre Kory was being censored. His *Point of Care Ultrasound* book is still being read by people in our hospitals here.

So then I decided to look at the data and none of it made any sense at all. And I tried to influence my colleagues. You see, as a surgeon you work with anesthesiologists and anesthesiologists often also work in the ICU. So I would engage them in conversation. I would ask them about the data, query them about the data, and then try and steer them in the way of the data. And I wasn't making much headway.

And then in the spring of 2021 the government rolled out the COVID injection to our children. And that was being done in what I would call "warp speed." And I decided that I couldn't stay silent anymore because children don't have voices and we have to be their **voice. So I had a press conference in which I asked for something which shouldn't really be controversial. And that is informed consent. I pointed out what informed consent in the COVID-era looks like and what informed consent for the injection should look like.**

And I had this press conference, which was actually well-attended by the local press. And one week later, I was called into a meeting and fired from my contract. And that is more or less my story.

Shawn Buckley
I'll just stop you there. My understanding is there were five doctors that participated in that press conference.

Dr. Francis Christian
No, there was me. I think you're talking about a video—

Shawn Buckley
Oh, yeah. I'm talking about the video. I am. So please tell us about that.

Dr. Francis Christian
Yeah, so the press conference was just me and another doctor who I hope will be here or is here: a good friend of mine, Dr. Chong Wong, who's a family doctor. And he also spoke at the press conference.

Shawn Buckley
What was the response to that? Well, first of all, tell us about the video and the response to the video.

Dr. Francis Christian
Well, the video itself was about a week before the press conference and that wasn't a factor in my firing—not according to that meeting and not according to what they've produced afterwards. Essentially, that was a video with five other physicians as well; that was just talking about the science around the COVID pandemic.

Shawn Buckley
Right. And to be more specific, it would be talking about the science that was not being reported by the mainstream media.

Dr. Francis Christian
That as well, yes.

Shawn Buckley
Right. So the purpose of the video was to get truthful scientific information to the public?

Dr. Francis Christian
Absolutely.

Shawn Buckley
I understand you ended up writing a letter after the video and— David, can you pull that up on the screen? I want to read, basically, your last two paragraphs from your letter. Just so that people watching understand the types of things that you were saying.

This is a June 12th, 2021, letter. It will be posted as Exhibit SA-3a on our website. Dr. Christian, you write:

[00:10:00]

"For many months during this pandemic, I have tried to influence the system from within and have not made any public statements. My decision to make the video that has generated so much interest is a direct result of the vaccine being rolled out at 'warp speed' to our kids. Not even a semblance of full and accurate informed consent is being made available to parents or children— and kids are being induced and incentivized to get the 'shot' in schools even without parental knowledge or consent.

Any attempt to silent physicians is destined to fail. The Nuremberg Code specifically makes the acquiring of informed consent an absolute requirement in the care of our patients. The Declaration of Canadian Physicians for Science and Truth, which I signed, together with my Ontario physician colleagues and concerned members of the public, is already at 16,000-plus signatures. As the Declaration points out, any attempt to stifle physicians and their pursuit of the solemn duty and obligation of informed consent may itself constitute a crime against humanity."

Can you just explain for us that last paragraph?

Dr. Francis Christian
Yes, the Nuremberg trials were essentially held after the Second World War in order to make sure that such a thing never happens again. And the doctors' trial was kind of a subset of the Nuremberg trials. And after that there was the Nuremberg Code that was published, which made sure that no experiment can be done on anybody without proper informed consent.

At the time of this letter, at the time of this press conference that I had, and even to this day, I believe it is still an experiment: a massive experiment on a large scale, on a population which hasn't been given the information for informed consent. You can only give informed consent if you have the information for informed consent. And so I pointed out that that Nuremberg Code was being violated. And therefore that violation could constitute a crime against humanity.

Shawn Buckley
My understanding is that the lessons from the Nuremberg Code and basically the need for informed consent, which requires both an understanding of the benefits and the risks, has been incorporated into codes of conduct for physicians and for pharmacists and for nurses in Canada.

Dr. Francis Christian
Yes, I think you're absolutely right. The Nuremberg Code has informed several other codes and several other statements of professionalism and ethical behavior for physicians, nurses, pharmacists, and so on. Yes.

Shawn Buckley
Now, you were telling us earlier that after the press conference, you were basically fired. Can you share with us a little more about that? Are you meaning you actually were fired as a surgeon? Were you fired from all of your responsibilities?

Dr. Francis Christian
Yes, I was fired from my contract. And because I was fired from my contract, I essentially lost my directorships as well.

I really don't know how they thought that firing me from the Director of the Surgical Humanities was going to serve the public. Because the reason I founded that department is so that the medical students, residents, surgeons, nurses can be brought into contact—can engage—with the humanities, with art and literature, poetry, drama and so on. Because my contention was, you can't really be a good surgeon or a good doctor of the human being without knowing the human story. So firing me from that position: I have absolutely no idea how that served the pandemic management purpose.

But I have to say, that particular meeting was very much— People have asked me, "Were you shocked? Surprised?" And I wasn't, because I had studied the Soviet Union.

[00:15:00]

I was very disturbed. And there were many tribunals that were set up in the Soviet Union for the show trials. And in my presentation, I'm going to talk a little bit about that too. So I was not shocked, but I was very disturbed.

Shawn Buckley
Yes, and actually I'll invite you to go into your presentation [Exhibit SA-3c]. You've prepared some themes that you wanted to share with us and I invite you to do that now.

Dr. Francis Christian
I'll go into my presentation straight away. I think I would prefer just to go through the presentation and then I could answer questions from the commissioners after that, and from you, Mr. Buckley.

I want to thank you for giving me this opportunity to give my expert witness testimony for an event which I think will be a major historical event in the life of our nation. Because when this time is written about and spoken about, there will be a record.

The scope of my testimony is essentially going to be about our children and the COVID-19 vaccine, the suppression of early effective treatment, and how are vaccine injuries reported in Canada.

Now, before I go into that, I just want to make some preliminary remarks on the use and **abuse of data by our health authorities and our governments. "Data, give me data" is actually from Sherlock Holmes and it was told to Watson. In the age of COVID it should be, "Data, give me *transparent* data." And data should not be used to frighten the people; the truth always comes out. Data should not be used to manipulate the population; the population pays the salary of public health officials, physicians, and politicians. And finally, data should not be used to obscure the real data; there will be a price to pay. And there's one more point: data should be transparent and consistent and verifiable.**

Very quickly I'm going to go through some of the manipulation and obscuring of data that took place. This is Alberta data: diagnosis of COVID after the first dose. And for three weeks at least after the first dose in Saskatchewan, this group of people would be called

unvaccinated. And if you look at that graph, the peak of cases is at 10 days after the first dose. In Saskatchewan and most provinces, they would be unvaccinated.

Again, what about hospitalizations after the first dose?

Shawn Buckley
I'll just stop you, so that people understand. When you say unvaccinated, you mean for the public statistics.

Dr. Francis Christian
Yes.

Shawn Buckley
So when they're reporting on TV, "Oh, we had 20 million COVID cases this week, run and hide, and get vaccinated—" that 20 million could be all vaccinated people because their definition of vaccinated is basically 14 days after. Now in Alberta, my understanding is you were unvaccinated for statistics purposes until 14 days after your second dose, and there could be a long wait. Was that the same with Saskatchewan?

Dr. Francis Christian
I believe it's similar in Saskatchewan, yes.

Shawn Buckley
Okay, and I'm sorry for interrupting. I just thought that was important for people.

Dr. Francis Christian
And this is— Once again it's Alberta data, because we don't have Saskatchewan data released yet. And shouldn't the public, here too, know this really important group of data? I think so. So here again, hospitalizations after the first dose: it peaks at five to 15 days after the first dose. And in Saskatchewan, such a person would be called unvaccinated.

What about deaths after the first dose? These are Alberta statistics again. In Saskatchewan, we don't have this data. Notice that death peaks at 12 days after the first dose of the vaccine. In Saskatchewan, again, unvaccinated.

I'm just going to run through data, which I believe was manipulated and was given to us in a way that was meant to deceive us. And this is lifted right out of the annual Saskatchewan Health Authority report, page 15.

[00:20:00]

And this tells us about COVID-19 and ICU beds. And if you look at that circle there, it looks at ICU bed discharges and visits before the pandemic. And then, if you look at ICU bed discharges and visits during the pandemic, it is actually less, significantly less. So you remember they were trying to scare us by saying, "Our ICUs are being overcrowded and you have to get vaccinated, otherwise our ICUs will be overwhelmed." Now, there may be

some other explanation for it, but on the face of it, the numbers do not lie. The ICU utilization before the pandemic was actually more than during the pandemic.

Now, what about throughout Canada? Many members of the public do not understand the ICU bed is not a physical bed. An ICU bed is nursing, physician and other staff required to staff a bed. And during the pandemic, was the real ICU bed shortage a shortage of staff with burnout, sick leave and so on? And were patients admitted to the ICU with COVID or because of COVID? And there's a big difference there. And how many co-morbidities did the average ICU patient have?

What about ICU bed usage in Canada before and after the pandemic? And this is CIHI data, Canadian Institute of Health, and essentially it tells the same story. On the left of your screen is ICU bed admissions before the pandemic. On the right of the screen is during the pandemic. And in fact, ICU bed admissions during the pandemic was less than before the pandemic.

Okay, with that introduction about the data, I'm going to get into the meat of my presentation. And the first subject I'm going to speak about is our children and the COVID-19 injection or vaccine.

I want to remind the public that Pfizer has a criminal history. This is in fact from the Department of Justice United States website. And it talks about how the Justice Department announced the largest healthcare fraud settlement in its history. Fraud settlement, $2.3 billion for fraudulent marketing.

Exhibit 2: "Pfizer to pay $325 million in Neurontin settlement," "defrauded insurers and other healthcare benefit providers by marketing Neurontin" in a fraudulent way. "Pfizer Admits Bribery in Eight Countries." "For three years, Pfizer Italy employees provided free cell phones, photocopiers, printers, televisions to doctors, arranged for vacations (such as 'weekend in Gallipoli,' 'weekend with companion' and 'weekend in Rome') and even made direct cash payments (under the guise of lecture fees and honoraria) in return for promises by doctors to recommend or prescribe Pfizer products." It happened in Italy, Bulgaria, China, Croatia, Czech Republic, Russia, Serbia, Kazakhstan, and I'm sure in many other countries, too.

Now, by summer of 2021, and actually much before that, it was obvious that there was more than a 1,000-fold mortality risk difference between children and the elderly. What that means is that if you're very young, you had more than a 1,000-fold less risk of dying than if you were very old. And there was the study from England that showed "SARS-CoV-2 is very rarely fatal, even with underlying morbidities," among children. In Germany, with 80 million people, this November 2021 study showed that there was not a single COVID death in children. And my contention still is that this should be, have been, in every informed consent discussion.

So what is the risk of COVID for children? In fact, there's a statistically zero risk of dying of COVID—less than the annual flu. There's 10 times less risk of dying of COVID for a healthy child than of a car accident.

[00:25:00]

Now teachers kept saying, "Oh, we are scared that they will infect us." In fact, there were studies in multiple countries, including this one from Scotland, that showed that teachers

are safer than the general public. And so healthy children do not need/did not need the mRNA injection, which has never been used clinically in humans before.

So for a zero-risk-of-dying children's disease, what are the risks of the mRNA injection? You see, myocarditis is only one of the many vaccine harms that the data is showing. There's also paralysis, transverse myelitis, Bell's Palsy, strokes, pulmonary embolism, and a whole lot of other adverse events.

On the left, you see this very, very sad and tragic case of Maddie de Garay, a child who had paralysis waist down, being tube fed after Pfizer mRNA injection. And this girl is actually in Pfizer's own data, but Pfizer is refusing to acknowledge it.

Now the captured media says that these adverse events are rare, or very rare. What is rare? One in 10,000, one in 5,000, one in 250? Remember the COVID-19 virus poses no risk of dying of COVID for your healthy child. "Rare" is only up to the point it affects your own child. And I defy any decent human being to watch that video in that link I've put up there, and not cry with this father, Ernest Ramirez, who lost his 16-year-old son from myocarditis from the vaccine.

What is the mortality after myocarditis? We've been bombarded by the media with stories about "mild myocarditis." In fact, we know the mortality long-term. From studies in Germany, which showed that the 6.5-year mortality was 20 per cent, 20 per cent are dead after 6.5 years. The Korean study showed that 25.5 per cent with myocarditis are dead in 10 years. There's no such thing as mild myocarditis.

How many myocarditis present to hospital? In various studies, there's one in 2,500, one in 6,000. And in the Thailand study, where they actually looked for myocarditis, it was one in 250. But many myocarditis cases will not present to hospital but will still have damaged heart muscle. So what is the observed mortality of myocarditis? We know it's 20 per cent at 6.5 years and 25.5 per cent at 10 years. What don't we know about the other medium- and long-term effects of the mRNA injection?

So what should informed consent for children look like? The risk of your child dying of COVID is almost zero. The vaccine has a new gene technology that has never been used clinically before. The vaccine was approved using emergency-use or interim-use authorization. It is experimental. Its medium- and long-term effects are unknown. To qualify for emergency-use authorization, there must be an emergency. There is no emergency in healthy children. Children are of no danger to adults. There are thousands of deaths associated with the vaccine. Myocarditis is a serious condition and can be caused by the vaccine. Its real incidence is unknown. It could be 1 in 5,000 or 1 in 250 or even commoner. Myocarditis can be fatal. Many other serious vaccine adverse events are **happening. And the risk of the vaccine for a healthy child is likely more than the risk of COVID. That, in my view, should be the minimum information for informed consent and this has not changed since my press conference in June 2021.**

But there is a farce that is underway—of informed consent in Canadian children. This is thanks to the good folk at SASK ALLIANCE, and I've put the link there for those who want to go to their website. And these are documents through freedom of information requests.

[00:30:00]

On the left you see consent for COVID-19 vaccine for children. And I want you to concentrate on this, "It is recommended that parents/guardians discuss consent for

immunization with their children. Efforts are first made to get parent/guardian consent for immunizations. However, children 13-years-old and older who are able to understand the benefits and possible reactions"—reactions, what does that mean? Does it mean death? Does it mean adverse events?—"for each vaccine and the risk of not getting immunized, can legally consent to receive or refuse immunization in Saskatchewan."

So this is a farce. Because if you've seen my previous slide, which 13-year-old can understand all the things that needs to be understood? I haven't met a 13-year-old who can understand even half of what is required to be understood for informed consent.

As part of the informed consent process in Saskatchewan, they were directed to the vaccine information sheet. As far as I could find out, this was the vaccine information sheet. And what they say here is, "People who are vaccinated may experience mild to moderate side effects." I don't know if you can call death a mild to moderate side effect, or paralysis a mild to moderate side effect, or myocarditis. "They are minimal for most people and should go away in a few days."

Death doesn't go away. And apparently this mantra: vaccines are safe and effective. But as we know, these are all the things that should be there in informed consent, but wasn't. And that hasn't changed.

So my question for parents is: Should you trust your children to a company with a criminal history? That illustration on the right is from the great work of the British illustrator and cartoonist, Bob Moran. I've put his website in the link there. It shows a plucky little fellow hiding behind his mother who is standing up bravely to the COVID criminal enterprise. But I want to tell the commissioners, Mr. Buckley, the public: My efforts, our efforts, our campaign to inform and educate parents and keep our children safe has worked. Much more work remains to be done but we are winning. Millions of mothers all over the world have not believed the narrative of the COVID criminal enterprise and have heroically kept their children safe.

My question for the Government of Canada, the provincial governments, their agencies and their operatives, and for corrupt legacy media: Why do you want so desperately to inject our children with a dangerous vaccine that they do not need?

And now I'll go into the second part of my testimony, which is the suppression of early effective treatment of COVID-19. And ivermectin, mind you, is only one of several different medications, drugs, and supplements that have been shown to be effective. But I'm taking this example anyway. So I'll try and tell you what happened, why it happened, and why it must never happen again.

On the right, bottom, you see the discoverer of the group of materials that later became ivermectin, the avermectin, Satoshi Omura. He won the Nobel Prize in 2015. It was commercialized as ivermectin in 1981 and since 1987, it has been used in billions of patients around the world to combat parasitic diseases. And 100 million doses of ivermectin are administered every year. It's a very safe drug and it's safer than Tylenol. It's actually in the WHO's "essential medicines" list. Ivermectin before the pandemic, the patent had long expired. It cost less than 10 cents in most countries to produce and sell. And even at that time it was being approved for uses that were off-label.

Now, off-label means that the physician, using his or her own judgment and the sacrosanct patient-doctor relationship, is able to prescribe a drug for off-label use.

[00:35:00]

And a study showed that 20 per cent of all prescriptions in the U.S. are off-label; fifty per cent of all pediatric prescriptions in Europe are off-label.

The antiviral effect of ivermectin had already been shown for a range of viruses, including the dengue virus, the HIV virus, the encephalitis virus, and a range of RNA viruses. If you look at these studies: This one shows that ivermectin is a specific inhibitor of the replication of HIV and dengue virus, 2012 May. It shows, again in 2012, that ivermectin is an inhibitor of viral activity, new prospects for an old drug. And this is actually a very good article which is titled, "Ivermectin: enigmatic and multifaceted 'wonder' drug continues to surprise and exceed expectations." Again, before the pandemic. During the pandemic, the antiviral activity of ivermectin was actually noted against the COVID-19 virus in April, 2020.

And what about ivermectin in clinical trials? Many of you will know this website. It's from the FLCCC [Front Line COVID-19 Critical Care Alliance] website and it shows that ivermectin for COVID-19 has massive beneficial effects in COVID-19 for prophylaxis, for early and late treatment: 82 per cent, 62 per cent, 42 per cent and so on. So during the pandemic, we had no effective, approved treatment for at-home outpatient treatment. Ivermectin is one of the safest drugs known to mankind. It had already shown antiviral activity, including against the COVID-19 virus. It was showing remarkable efficacy to save lives in real-world clinical trials. Even if some studies did not show benefit, it was a safe drug to use. It was the logical drug to use for early, effective treatment.

But what actually happened is that the pharmaceutical companies started a campaign against ivermectin. The media came down on ivermectin like a ton of bricks. They were writing articles that were supposed to be done by "fact checkers." But in fact, the "fact checkers" were not doctors at all; they were mostly young people with basic undergrad degrees. And Matt Taibbi of the Twitter Files fame actually wrote an article on this, "Why Has 'Ivermectin' Become a Dirty Word?"

What happened in Canada with ivermectin? Doctors were suspended for using ivermectin. Ivermectin became scarce, probably because imports were stopped. Pharmacists refused to dispense ivermectin, even with a doctor's prescription. And pharmacists reported doctors and are reporting doctors for prescribing ivermectin. And the captured Canadian media campaigns vigorously against ivermectin.

Shawn Buckley
Doctor, can I just stop you there? Has it ever happened before where pharmacists were refusing to fulfill prescriptions written by medical doctors and reporting medical doctors to their colleges?

Dr. Francis Christian
Never. The pharmacist will sometimes call me, or call a doctor, and say, "I want some clarification and is this what you had in mind?" And that's the extent of the query that the pharmacist does to the physician.

Shawn Buckley
Okay, so this was an extreme change in behaviour.

Dr. Francis Christian
This was unprecedented. Absolutely.

Shawn Buckley
Thank you.

Dr. Francis Christian
Meanwhile, the FDA [Food and Drug Administration] put out this completely ridiculous, cartoonish thing: "You are not a horse. You are not a cow. Seriously, y'all. Stop it." As if they didn't know that it was being used all over the world in human beings. And meanwhile, *The Hollywood Reporter* is slamming Joe Rogan: "Joe Rogan Says He Tested Positive with COVID-19, Takes Unproven Horse Dewormer." And there was only one contrary article in *The Wall Street Journal*: "Why Is the FDA Attacking a Safe, Effective Drug?" After all, it is a safe drug. Let's say there was no overwhelming proof it works, why not try it?

Why the war against ivermectin? And to answer that, ask yourself the following questions: If there is a safe, early, effective treatment, why a vaccine? If there is safe, early, effective treatment,

[00:40:00]

why emergency- or interim-use authorization for a vaccine? And if there is safe, early, effective treatment, why the lockdowns, the masks, the school closures, the business closures? And if there is a low-cost, safe, early, effective treatment, where are the billions to be made by Big Pharma?

So follow the money. COVID vaccine profits minted nine new pharma-billionaires. And Pfizer's 2022 revenue from the vaccines was a record $100 billion. The money that can be made from ivermectin? Zero.

Now, this is a very disturbing article that came out in *The British Medical Journal* last year. It looked at what percentage of the regulatory agencies in various countries—in other words, the agencies that approve drugs and vaccines—are actually financed by the industry itself. You heard that right. What percentage of the regulatory agencies, like Health Canada, are financed by the industry they're meant to regulate?

And this is the table from that article. Canada is right on the right side, and Australia, Europe, UK, Japan, USA. You'll notice that Health Canada's budget for approval and so on is massive per Canadian, compared to other countries. But more than half of its budget comes from the industry itself. Conflicts of interest, they're not made available to the public. And the regulator routinely receives patient-level data sets? No, in Canada. In other words, Health Canada simply believes whatever the vaccine company or the drug manufacturer tells them. And not surprisingly, 83 per cent of the new drugs are approved.

This is truly disturbing and bizarre. The industry—that is, Big Pharma—that the regulator, Health Canada, is meant to regulate, gives money to the regulatory agency, Health Canada. As Shakespeare would say: Not a rose, but a bribe by any other name smells just as sweet to Big Pharma. And if you want to know the Canadian implications of this, you can go to that article, which I have in my slide.

Follow the money. On the right you see this very ethical, very intelligent woman who is a physician and former editor-in-chief of *The New England Journal of Medicine*, one of the premier journals in medicine. When she retired in 2000, she wrote a book: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It.* And I quote from the book. "Now primarily a marketing machine to sell drugs of dubious benefit, big Pharma uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself." And also from the book: "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I've reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*." – Marcia Angell.

Now, it turns out that the present editor of *The New England Journal of Medicine* is also in the advisory body of the FDA approving the vaccines.

And finally, the last part of my presentation is the COVID vaccine-injured Canadian. I want to start with the COVID vaccine-injured American. They have a simple web-based form. I quote from the VAERS [Vaccine Adverse Event Reporting System] website: "VAERS accepts reports from anyone. Patients, parents, caregivers and health providers are encouraged to report adverse events after vaccination." Now remember: this is a simple web-based form.

Now, what about the COVID-vaccine-injured Canadian? Unlike an American, a Canadian citizen cannot directly report a vaccine injury to Health Canada, or even to the provincial public health agency. Don't take my word for it. This is from Health Canada itself, and it says, "Should you experience an adverse event, please talk to your doctor."

[00:45:00]

Okay, so step one is find a doctor. Not always easy for a Canadian.

Step two, get the doctor to believe you. Again, in the COVID-era, we know that most doctors don't believe patients. And you have to get the doctor to accept your injury's related to the vaccine and agree to file a report.

Okay, let's say you find such an ethical, compassionate doctor; believes you, accepts the vaccine injury, wants to file a report. He's confronted with a complex, nine-page PDF form, which he has to download from Public Health Agency of Canada. And the user guide to complete the form runs to 40 pages on how to complete the form.

Okay, so the compassionate, ethical doctor is found; he believes you or she believes you, **fills out the nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency. And in Saskatchewan—this is again from the Health Canada website; you'll notice that the address to send it to is given there—the Saskatchewan Ministry of Health, Population Health Branch. But there's no fax number and no email address. You have to send it by snail mail.**

Okay, step five. Compassionate, ethical doctor found, believes you, fills out nine-page PDF form with 40 pages of instructions. Doctor must send form to provincial health agency. The public health official must then approve the vaccine injury. This step is a mystery to me and to almost everybody. If not approved, the vaccine injury report is stopped cold. Remember, this public health official, who has to approve it, has not even seen the patient.

Shawn Buckley
And would that person be a medical doctor?

Dr. Francis Christian
You know, I don't know. I believe it is, but it's a mystery.

Compassionate medical doctor found, believes you, fills out a nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency; then the Public Health official must approve the vaccine injury. This step is a mystery. If not approved, the vaccine injury report is stopped cold in its tracks. And then, if the provincial Public Health official approves, the vaccine injury report is sent to Public Health Canada and entered.

What are the conclusions? The Canadian vaccine injury reporting system is convoluted and broken. There are major roadblocks and impediments to reporting at every step. It appears to be designed to actively discourage reporting. It is failing the citizens of Canada. There is an urgent need for an independent, accessible, robust, and patient-centered vaccine injury reporting system.

And I'll conclude my testimony with a few important observations. What is an expert and what is a consensus? The progress of science depends on debate, comparison, dissent, and the pursuit of truth. There are always experts on both sides of a debate. An opinion, even a majority opinion, cannot be called a consensus. There is no consensus in the COVID-19 pandemic. And you see— Can I run this two-minute video?

Shawn Buckley
You can.

Dr. Francis Christian
The experts were very wrong.

[Video] Bill Gates
During 2021, we should be able to manufacture a lot of vaccines and that vaccine, a key goal is to stop the transmission; to get the immunity levels up so that you get almost no infection going on whatsoever.

Everyone who takes the vaccine is not just protecting themselves, but reducing their transmission to other people and allowing society to get back to normal.

[Video] Rochelle Walensky, CDC
We can, kind of, almost see the end. We're vaccinating so very fast. Our data from the CDC today suggests, you know, that vaccinated people do not carry the virus, don't get sick.

[Video] Rachel Maddow, MSNBC
Now we know that the vaccines work well enough that the virus stops with every vaccinated person. A vaccinated person gets exposed to the virus, the virus does not infect them. The virus cannot then use that person to go anywhere else. It cannot use a vaccinated person as a host to go get more people. That means the vaccines will get us to the end of this.

[Video] Dr. Monica Gandhi
Essentially, vaccines block you from getting and giving the virus.

[Video] Joe Biden
Fully vaccinated people are at a very, very low risk of getting COVID-19.

[00:50:00]

Therefore, if you've been fully vaccinated, you no longer need to wear a mask.

[Video] Dr. Anthony Fauci, NIAID
When people are vaccinated, they can feel safe that they are not going to get infected.
We have all the vaccines we need. We just need our people to take it. A, for their own protection, for the protection of their family, but also to break the chain of transmission. You want to be a dead end to the virus, so when the virus gets to you, you stop it. You don't allow it to use you as the stepping stone to the next person.

I think, given the country as a whole, the fact that we have now about 50 per cent of adults fully vaccinated, and about 62 per cent of adults having received at least one dose, as a nation, I feel fairly certain you're not going to see the kind of surges we've seen in the past.

[Video] Joe Biden
If you're vaccinated, you're not going to be hospitalized, you're not going to be in an ICU unit, and you're not going to die. You're okay. You're not going to get COVID if you have these vaccinations.

Dr. Francis Christian
So the experts, as you saw, were very wrong. And the other experts, it turns out, were correct. "Vaccines for all" was not the way out of the pandemic. This was the days of Delta. And it also showed that the vaccine viral load was actually the same. The COVID-19 viral load was the same in the vaxxed and the unvaxxed. And it showed that countries that were highly vaxxed (100 per cent vaccination, 99 per cent) were also getting the highest counts of new COVID cases.

And what is "misinformation" and "disinformation" in science? Both terms were used extensively in government propaganda in the Soviet Russia and in Nazi Germany. It cannot be that "I don't agree with you" equals misinformation or disinformation. If you don't agree with me, debate, discuss, and disprove me. That is the way of science.

On the right of your screen there is a virologist, viral immunologist, anti-virus vaccine developer and Canadian hero, Dr. Byram Bridle. And this is what he said in his recent Substack: "Over the past three years, not one person who has accused me of disseminating mis- or disinformation relating to COVID-19 has ever offered me the courtesy of a conversation prior to doing so. Not one."

The other thing that was said was that everything was for the common good. Individual and societal evils, which are bad, cannot justify the greater good. And they are fundamentally opposed ideas. But individuals and people, even churches, can be deluded and scared and traumatized into believing that the harm they do is for the greater or the common good. This is the playbook of totalitarian regimes. By repeating the harms, loss of our freedoms and liberties, the common good delusion is normalized and the people become desensitized to harm and evil.

Like in this case: Who doesn't remember the media headlines? "I have no empathy left for the willfully unvaccinated. Let them die." "Unvaccinated patients do not deserve ICU beds." And as a physician and a surgeon, should I be asking the question "What about the willfully obese or the willful smoker? Or do patients with alcoholic cirrhosis deserve ICU beds?" Of course, they do! We don't pass moral judgments in medicine. But government-led propaganda works. "Us and them."

I put this up because the guy on the left was supposed to be supporting the common good by saying that one of the fittest people ever to walk the planet, Novak Djokovic, is a threat to health services. I think that's enough said about that particular— Anyway.

Now I want to talk about Trofim Lysenko of the Soviet Union, who was a geneticist, who Stalin elevated to the head of the science academies. He disagreed with what he called the "bourgeois ideas of the West." And especially also the bourgeois ideas of the Austrian monk, Gregor Mendel. You must remember the Soviet Union was militantly atheistic. And it turned out that Lysenko had a particular view of science.

[00:55:00]

A view where he said that math has no place in biology. And he put the famous geneticist and his mentor, Vavilov, on the right, in prison, where he died.

You can actually look this up, even in Wikipedia. Lysenkoism is, "Only my view of science is the truth. Everything else is conspiracy, false, misinformation." Scientists and physicians were persecuted if they strayed from the official narrative. And in time, this came to include all of science except nuclear physics and space. More than 3,000 scientists were deported to the Gulag, imprisoned, or executed.

Now in the COVID-era, the academy, the university, has played lip service to academic freedom but has implemented academic tyranny. The official COVID narrative, which I call "COVIDism," which has become like a religion, and deeply flawed people like Fauci are the religion's high priests.

Shawn Buckley
And doctor, I'm just going to ask how much time you have left, just because we also want to allow for some commissioner questions.

Dr. Francis Christian
I think it'll be only another two or three minutes.

Shawn Buckley
Okay.

Dr. Francis Christian
This religion has prayers, chants and slogans like, "Vaccines are safe and effective." When faced with evidence to the contrary, they follow it up by persecution. And the free exchange of scientific ideas has been abandoned.

With the licensing bodies, they've become the top police of COVID Lysenkoism. The COVID narrative is the religion, COVIDism. The religion of COVIDism threatens to excommunicate you, i.e., take your licence, unless you recant. And the data and evidence do not count at all. And the persecution is pursued with religious fervor, ostensibly for the common good.

This is my last slide and I want to end this testimony by asking Trudeau, Wuhan, and Fauci, and Pfizer three questions. The preamble to the questions is the lab leak theory, which was once considered a racist conspiracy and which is now considered the most likely explanation.

Question one: What really happened in Winnipeg, Canada's taxpayer-funded Level 4 infectious diseases lab? You will recall that just before the COVID pandemic, two Chinese army scientists, what were they doing in our Level 4 infectious diseases lab? Anyway, they were marched out by the RCMP and deported. We don't know what they were doing. Why is Trudeau hiding the truth from Canadians and going to extraordinary lengths to do so? Was gain-of-function research being done in Winnipeg and then exported to Wuhan?

Thank you very much.

Shawn Buckley
Now, Doctor, I'm going to open you up to commissioner questions. But because we have a virtual witness scheduled in about five minutes, I'm going to ask—if there are further questions—if we could adjourn you and have you come back after the next virtual witness.

Dr. Francis Christian
Absolutely. The PDF of this should be in your record if you want it. So anybody will be able to download it and go to the links. Thank you.

Shawn Buckley
Thank you. So I'll ask the commissioners if they have any questions. And, doctor, if you can still sit down, there may be some commissioner questions.

Commissioner Kaikkonen
I want to thank you for your presentation. I too have read the book *Tortured for Christ* and found the content very insightful.

My question has to do with the Tri-Council Research Ethics Certificate Program. It addresses research ethics and informed consent requirements for minors under the age of 18 and for those persons who are unable to make informed decisions for themselves. And as you suggest in your letters, students were being induced and incentivized to get the shot in schools even without parental knowledge or consent. So my question is this: How do we reconcile that the adults in positions of authority—and I'm referring specifically to school boards, administrators, and teachers—who are taught research ethics as part of their academic credentialing, how they just complied without question, essentially doing what they were told to do to the point of putting our children at risk?

Dr. Francis Christian
That's a very good question. And I'm afraid it doesn't have an easy answer, but I can tell you what is egregiously wrong in the system.

[01:00:00]

And what is egregiously wrong is the school, the authorities in school, the government, even the school boards, take the place of parents. That is a trend that's been happening for several decades actually. It's not a new thing. The state would like to own your children if they could. And this is just another manifestation of that very disturbing trend. I think we need to take education back. We need to make it very clear to government that these are our children, not yours.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
And I think we would need to adjourn. Commissioners, will there be further questions for this witness? So there will be for the witness.

Dr. Christian, if we can have you just basically stand down—

Dr. Francis Christian
Thank you very much.

Shawn Buckley
And we're going to be calling Mr. Steve Kirsch and then we'll have you back for further questions.

[01:01:15]

PART II

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. We are going to commence this afternoon with finishing questions that the panel has for Dr. Francis Christian. And there are questions.

Commissioner Massie
Thank you, Dr. Christian, for your very interesting presentation this morning. I had a couple of questions. The first one is about all of the obstacles for reporting adverse effects following vaccination. We've seen in the States that this system has been put in place—if I'm not mistaken in the early '90s or something like that—when they wanted to make that a practice to report. It's been working for quite some time. I was not aware of the system in

Canada, that it was something that different. So there's been a number of people that have done some analysis, or attempted to analyze, the so-called under-reporting factor that we see in the VAERS data. Some people say it's 100-fold; some people say it's 30-fold, depending on how you do the numbers.

Based on the additional obstacles that seem to exist in Canada, what would you estimate the under-reporting factor to be in Canada?

Dr. Francis Christian
Is my mic on?

Thank you, Commissioner, for that question. I think it's a very important question for Canadians. That study you were referring to is the study that showed that, on a conservative scale, the under-reporting in the VAERS system—the Vaccine Adverse Event Reporting System—in the United States, is that it reports anything from one to 10 per cent of actual injuries. Okay.

Now, when coming to Canada, I think the problem is that about 99.9999 per cent of Canadians don't actually know how a vaccine injury is reported in Canada. As I pointed out in my testimony, the system is convoluted and broken. It's designed, I think, to discourage people from reporting anything at all. Now, is there a way to actually make sure that we can get robust reporting systems in place? I think, yes. But as you know, in Canada, health is a provincial subject. And provinces have to come together and all the premiers and the health ministers have to come together and say: "Our vaccine injury reporting system is lousy. It's not serving Canadians. We need a better system. It has to happen."

If the OpenVAERS system—where any U.S. citizen can actually go to the website, fill in a simple web-based form and report a vaccine injury—if that itself is showing about 90 per cent under-reporting, I would think that our under-reporting is of the order of, what, 99 per cent? Because if you look at the number of deaths associated with a vaccine in the Canadian system, it's something like 460. That's just not possible. Just look at the data around the world and it just doesn't match the data. But we know now why Health Canada has not recorded the deaths: because it's so difficult to record anything. You know, I pointed out in my testimony how difficult it is. And that hasn't changed.

Commissioner Massie
My other question has to do with the so-called, I would say, balance of benefit and risk. And it seems to me that during the COVID crisis, with respect to any potential early treatment, the benefit-to-risk ratio has been tilted towards risk, not benefit. And for the vaccine, it's **been tilted the other way around. So are we facing a clear case of double standards here?**

Dr. Francis Christian
Very much so, Commissioner. The fact is: the ivermectin example that I ran through in my testimony

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is just one of several medications, some that are over the counter, that have been shown to have had remarkable efficacy in COVID-19.

I'll give an example. A meta-analysis—where we put all the studies together and we used statistical methods to actually arrive at a valid statistical conclusion—of vitamin D showed that if your vitamin D levels were normal, you had something like 70 to 80 per cent less risk of landing up in the ICU. And that's been repeated in studies all over the world. So all the Canadian government had to do, if they really had our health at heart, was to send vitamin D by mail to every household. And they could have made a huge difference in the pandemic. We know that Canadians, especially in winter, have vitamin D levels that are sub-optimal or deficient in up to 70 per cent of the population. So there are several drugs and combinations of drugs that have been shown in study after study to be useful, which have not been actually taken up.

So to come back to your question: The risk-benefit scales have been tilted so much in favour of benefit and they have been ignored. But I pointed out that that's because there's no money to be made in hydroxychloroquine, ivermectin, vitamin D, and some of these other medications. But there are billions and billions and billions of dollars to be made with the vaccine.

So can greed explain all this? I think it can. Corporations have no morals. I looked at the history of that banana company, I think it's called Chiquita Bananas, in South America. In order to increase the corporate profits, they have engineered coups, massacred tens of thousands of people, all just to generate billions of dollars. So billions of dollars were at stake and all these other medications—vitamin D, hydroxychloroquine, ivermectin—would have made them nothing at all.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good afternoon, Doctor. Thank you for coming back and facing our barrage of questions. I believe that when you first introduced yourself, you had said that you were involved with ethics in medicine. And my question to you is: Is this concept of informed consent something brand new?

Dr. Francis Christian
No, Commissioner, it's not brand new. It's as old as medicine itself.

Commissioner Drysdale
Okay, and who is responsible to obtain informed consent from a patient?

Dr. Francis Christian
The health practitioner who is administering the intervention or treatment, in this case the vaccine, is responsible for getting informed consent.

Commissioner Drysdale
Do you believe it's acceptable for a health practitioner to follow blindly the orders of the health department? In other words, "I was only following orders"— Is that an excuse for not following this age-old concept of consent?

Dr. Francis Christian
That has never been an excuse. It wasn't an excuse that was accepted at Nuremberg. "Just following orders" has never been an excuse. In medicine, we have to put the patient first. Not an order, but the patient in front of you. "First do no harm" starts with the patient in front of you, or the person in front of you to whom you are going to administer this intervention, the vaccine.

That is an overriding ethic, overriding principle of medical ethics, that should override everything else: putting the patient first.

Commissioner Drysdale
I think you talked about the doctor-patient relationship, or a doctor-patient privilege relationship. Based on what you had testified, did we as a society, did the medical profession allow a third party to get in between them and their patient?

[00:10:00]

Dr. Francis Christian
Yes, very much so. But I have to tell you, Commissioner, that that trend in medicine is not new. The individual judgment of the doctor vis-a-vis his or her patient was always paramount in medicine for hundreds of years. And that's because it was understood that the human body has so many variations in physiology and pathology in the way it reacts to disease, that you cannot generalize in any one particular patient. So the individual doctor-patient relationship was paramount.

But about 20, 25 years ago—I've been teaching medical students and residents all my career—there came into medicine the so-called "guidelines culture." In other words, guidelines would be put forward which are essentially algorithmic guidelines, which work perhaps in a computer but cannot work in a human being with so many variables. The algorithmic guideline culture came into medicine and medical teaching about 20, 25 years ago. So the guideline, in essence, was going in-between the physician and the patient. And who actually made those guidelines? Almost all of them are by industry-funded physicians.

If you didn't know the guidelines, you would fail your exam of course, as a medical student or resident. But the guidelines became like a god. And that came between common sense, ethical medical care. This guideline became a god. I think that explains a lot of things in the COVID debacle as well.

Commissioner Drysdale
So unlike society in general, which was embracing diversity, are you telling me the medical profession was embracing artificial uniformity?

Dr. Francis Christian
Yes.

Commissioner Drysdale
Can I ask you another question? Is there a surplus of surgeons with 25 years of experience in Saskatchewan?

Dr. Francis Christian
I don't think so, and I would say not in most parts of Canada, either.

Commissioner Drysdale
Perhaps this isn't a fair question to ask you, but do you think your removal as an experienced surgeon with 25 years of experience in Saskatchewan hurt the medical community or patient care?

Dr. Francis Christian
Most definitely, Commissioner.

Commissioner Drysdale
Are you aware that we had doctors testify to this Commission that the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] was not only difficult to report to, but that they had been punished? And one doctor who had reported 10 cases—of which 8 the health officer declined—and he was let go from his position for reporting too many reports to the CAEFISS system?

Dr. Francis Christian
I know the doctor who you refer to and I think it's unconscionable what happened to him.

I think some of the mistakes or the egregious violation of medical ethics that have been committed—I'm not saying this lightly—but some of them must go into the area of criminal liability. If in fact colleges have forbidden doctors from giving medical exemptions and then somebody with a genuine reason for a medical exemption gets the vaccine and dies or gets a serious injury, there has to be liability for that. It's not enough to say that this was just a mistake or they were doing this in error. I mean, even a common-sense analysis of some of the egregious violations of medical ethics should show the public that, in fact, the liability exists for harm to the public from the vaccine.

Commissioner Drysdale
We also had previous medical experts that testify to us that a number of the reported vaccine adverse effects

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were very similar to the way that COVID-19 affected the body as well, so that it was impossible or very, very difficult to distinguish between the two. Have you heard that or have you got any opinion on that?

Dr. Francis Christian
Yes and no, because there are some vaccine-specific side effects which we know does not occur with the natural infection. And we know for example— Mr. Kirsch pointed out the fact that myocarditis after the infection is actually very uncommon but after the vaccine is exceedingly common.

We know of a big Israeli study that looked at hundreds of thousands of patients and showed that in the unvaccinated, the myocarditis rate was in fact no different from previous years. In other words, there was a steady baseline. But in the vaccinated, we know that myocarditis, and especially in young people, is a specific vaccine-related risk.

There are some other things, like Bell's palsy—that Justin Bieber got and so on—and we know that it was probably the vaccine. But we also know that the vaccine seems to be doing harm in different organ systems.

I'm not saying this is designed to cause harm—I think that question was asked of Steve Kirsch—but if somebody were designing something to cause harm and kill people, this was a genius tool. Because it's so difficult to actually say that this is completely the vaccine's fault unless you do an autopsy. And that's why I think Mr. Kirsch was saying very little is being done in terms of autopsy. It affects so many different body systems that it is actually sometimes very difficult to pin down that this is the vaccine.

Commissioner Drysdale
We heard previous testimony that the process from start to finish—and to my mind finish is putting it in somebody's arm—had serious problems, which may account for some of the variability of the reports. For instance, there were reports of concerns with regard to the technology itself. There were concerns with regard to the manufacturing quality control of the vaccines. And thirdly, there was concern voiced with regard to the actual implementation or putting needles in arms where they were not aspirating.

My question is: Is it possible that a lot of the variation of these reported effects are as variable as they are because there's so many variable issues with regard to manufacturing, actual injection, and the technology itself?

Dr. Francis Christian
Yes, I think that's very possible. Dr. Peter McCullough pointed out the fact that the storage of these vaccine batches needs a particular cold chain where it has to be maintained at anything from minus 30 to minus 10. And if it's not, the lipid nanoparticle, the mRNA and so on, can deteriorate. And therefore, a large proportion of those who are being vaxxed are actually getting duds. And therefore, they are all right. But 15 per cent or so are actually being injected with the real thing and are getting problems.

Commissioner Drysdale
One of the witnesses talked about ivermectin and they talked about the number of clinical studies that were done—peer-reviewed studies, independent studies. Despite that, it was still discouraged, shall we say, by the government. My question is: How many independent, peer-reviewed studies were carried out on any of the vaccines prior to them being injected into people?

Dr. Francis Christian
As far as I know, Commissioner, none. In most of the regulatory agencies, including in Canada, patient-level data was not requested or required.

[00:20:00]

In other words, the regulatory bodies gave approval based on Pfizer's own telling of the results. In other words, let's say you're the Health Canada person—the chair of the vaccine approval committee. Pfizer comes up to you with a list of things that their own trials have shown and you look at that and you have to give approval. But if you ask them, "Can you show me the actual data from individual patients," they don't have to show that to Health Canada. They have to show it to the U.S. FDA, though.

You probably know of the fact that there was a FOIA request, a Freedom of Information request, from the FDA for patient-level data: in other words, individual cases, the actual health records. And the FDA said, "Oh, you know, we can't give it to you because, if we give it to you, at 500 pages every month, it'll take 72 years." And then a judge said "No, you have to do it in two years." And that's actually been very good, because it's giving us good data from Pfizer's own studies that these vaccines were not working and they were actually killing people. But that's not required in the Health Canada system.

Commissioner Drysdale
Were there any studies of these vaccines on pregnant women before they were given to pregnant women?

Dr. Francis Christian
None at all.

Commissioner Drysdale
Were there any specific studies done on children before they were given to children?

Dr. Francis Christian
There were Pfizer-related trials. Those trials were a farce because when we looked at the patient-level data, it showed that those children who were vaccinated actually got more sick. They got more sick and they had more hospitalizations, and Pfizer's own data showed that the myocarditis rate with the vaccine was much higher.

So yes, there were trials—very small ones—of children, but they showed that the vaccine was completely useless and dangerous for kids.

Commissioner Drysdale
Why did they call ivermectin horse paste?

Dr. Francis Christian
Because I think they thought that we were stupid.

Commissioner Drysdale
Well, my next question on that is, isn't penicillin given to horses as well?

Dr. Francis Christian
Commissioner, that's a very good question. Because penicillin, when it first was discovered by Sir Alexander Fleming in England, started being used without randomized controlled trials. So the first randomized controlled trials in medicine were actually done in the 1950s. It was in connection with smoking and lung cancer and they showed there was a clear risk and a clear connection. But penicillin literally saved hundreds of thousands of lives on the battlefield in World War II, before there were randomized controlled trials.

Now in the case of ivermectin, not only were there randomized controlled trials that showed huge benefit, there was also observational studies that showed benefit; there were prevention studies that showed benefit; there were some studies that did not show benefit. But the point I was making in my testimony, Commissioner, is that this is a completely safe drug. Absolutely safe. In medicine, we speak of therapeutic range—in other words, the difference in dosage between the minimum effective dose and the maximum dose which causes toxic reactions. And the therapeutic range in ivermectin is very wide. It's safer than Tylenol. So why not use it? And that is the crucial point. Even if it didn't show efficacy in some studies, the majority of studies showed massive efficacy and it should have been used.

Commissioner Drysdale
Thank you, sir. Thank you.

Commissioner DiGregorio
Thank you so much for your testimony today. I was hoping you could help me understand a little bit more about the adverse event reporting system. You talked about the different layers you have to get through: finding a doctor, having the doctor navigate a nine-page report, and then having it approved by a public health official before it gets submitted to the system. I'm just wondering, are doctors in Canada required to report adverse events from vaccines?

[00:25:00]

Dr. Francis Christian
There is an ethical and moral requirement to do so. But as far as I know, I don't believe that there is a legal requirement to do so. In the steps that you just mentioned, I think you just omitted one step. And that is the doctor has to believe you and has actually to accept that this is vaccine-related. A lot of patients, a lot of our Canadian public, are stumbling at that step. Even if they find a doctor, the doctor is telling them, "Oh, this is a coincidence." In nine out of ten cases.

Commissioner DiGregorio
That actually was going to be one of my next questions, was whether doctors are trained to recognize the potential adverse effects of vaccines.

Dr. Francis Christian
The answer is no. The fact is—and this may surprise the Canadian public and people listening to this—I don't think physicians have been trained to recognize vaccine injuries

for any vaccine. So this ignoring of vaccine-related injuries, as I think Steve Kirsch pointed out, is not a new thing in COVID.

You know, I used to consider myself a pro-vaccine physician. But after this debacle I started questioning everything. The evidence for many childhood vaccines is not what they were telling us. The fact is, with childhood vaccines, with COVID, I feel confident that— I mean, in medical school, that training is not given. There is no vaccine injury segment where we teach medical students, residents, how to recognize vaccine injuries. And to answer your question: No, I don't think physicians are trained to recognize vaccine injuries.

Commissioner DiGregorio
You mentioned that once you have a doctor who does believe that there's a vaccine injury, they have to navigate this nine-page form that, I think you said, comes with a 40-page user guide.

Dr. Francis Christian
Absolutely.

Commissioner DiGregorio
Is knowing how to complete that form part of training that doctors have?

Dr. Francis Christian
Commissioner, as far as I know, that form was completely new to most Canadian physicians. That form has to be found on Public Health Canada's website and downloaded. And then there's the 40-page instructions on how to fill that form. How many physicians have the time to do that? And then, after filling that form, as I pointed out, they have to send it to the provincial public health agency in Saskatchewan. There's no fax number, not even an email address. You have to send it by ordinary mail. When that vaccine injury report is received by a provincial health agency, there is a public health officer, presumably, that looks at it. And then decides whether to approve it or not without seeing the patient. This is the broken system we have.

Commissioner DiGregorio
And my final question actually relates to that review by the public official. Are there any public or known guidelines as to when or how such a report would be accepted into the system?

Dr. Francis Christian
I would be surprised if they don't have their own guideline protocols, which inform them whether to approve or not to approve. I think this is part of the guidelines problem. It's an algorithmic approach. And the main thing is: They haven't seen the patient and they get to approve it or not approve it.

Commissioner DiGregorio
Thank you.

Commissioner Massie
To come back to my double standard idea, it seems to me that we've heard from other people at previous hearings that if a healthcare worker didn't want to get vaccinated, they were sentenced to some sort of special training session that would educate them about vaccine hesitancy and so on. So it seems that there are some resources to train the health care worker about the issue of the benefit of the vaccine. But do we have similar training about potential adverse events?

Dr. Francis Christian
The answer is, as far as I know, no.

[00:30:00]

Commissioner Drysdale
Sorry, as I was listening to you answering questions, I thought of something else. I was a professional engineer for over 40 years— 43 years, I believe. And new products were coming out for us all the time. I'll never forget, as a young engineer, I was going to use a certain product. And my boss came to me and lectured me about how I had to be satisfied in and of myself, apart from the literature, that this product was safe and effective.

My question to you is: What responsibility do individual health practitioners—not just doctors, but nurses or pharmacists who are administering these shots—what personal responsibility or professional responsibility did they have to confirm whether or not the shiny brochures they received from the suppliers actually were true and that this thing was safe and effective?

Dr. Francis Christian
That's a very good question, Commissioner. Let me answer it in two parts. Doctors are trained to look at data, to look at studies, and to look at the statistics to see whether they make sense. The training though— I had actually a lot of experience in data analysis because I was the director of Quality and Patient Safety. And the National Surgical Quality Improvement Program that I introduced was very data-intensive.

It's very interesting to me that many of the egregious violations of medicine, medical ethics, and so on, have been unearthed to the public by people like you, who have training in data: economists, for example, and people like Steve Kirsch, who have a much superior statistical understanding of how to interpret studies than doctors do.

So for example, the famous Ferguson model. There was a guy in England called Ferguson. I have absolutely no idea how he keeps his job. Because in pandemic after pandemic he has been wildly wrong and he still keeps his job. And he made a completely ridiculous, nonsensical, comical prediction about the COVID pandemic. My son, who's an economist and has been trained in econometrics, was looking at that and said, "You know, Dad, even in undergrad economics, we know that this model is all nonsense. Why don't these guys actually do proper models?" So the guys who are trained in statistics, data management and so on, including financial guys, are able to see through the data better than physicians.

I think public health people think they're the only people who can interpret data and that's not true. I can interpret data because I'm a physician trained in statistics and data analysis.

So can people who can look at the data dispassionately, like you. That's the first part of my answer.

And the second part would be to recall to the public the fact that when the data is analyzed and is clear, authorities have not accepted the data. So there's abundant evidence, as Steve Kirsch pointed out, that the vaccine does not prevent transmission and does not prevent infection. Now, public health officials in Canada and other Western countries have ignored that data and have created their own set of rules. Our Prime Minister does that all the time; he creates his own set of "truths."

And that, I think, is a societal problem: the ability to define truth for yourself instead of looking for a transcendent source of truth, which most people call God or divine truth, which used to inform medical ethics for generations. All the medical ethical codes—the code of Hippocrates, he called on the Greek gods. And even the modified Hippocratic Oath in the Christian era said that "I will never think of myself as God."

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And then the Arabic al-Wallahi oath has the looking to Allah as the source of all moral and medical knowledge and wisdom. And then you have Maimonides in the Jewish tradition, who was a rabbi as well as a physician. And then Thomas Sydenham, who actually said, *"Primum non nocere"* in the 17th century. In all this there was a looking for transcendent truth that lies beyond yourself.

In the modern era, the universities have been captured by the postmodern construct of localized version of truth. And that's why they say, "Okay, that's your truth. This is my truth. So okay, vaccines don't stop infection. That is your truth, but my truth says that it does." The data doesn't really matter. That's part of the problem in society, I think. With the public, too: they're able to construct their own truth.

I was mentioning to one of the commissioners at lunch today that the public keeps talking about doctors and says, "Where is your Hippocratic Oath?" What the public doesn't know is that only a minority of medical schools now take the Hippocratic Oath. In the U.S., it's only 40 per cent that take the Hippocratic Oath. Some medical schools, including prominent medical schools in the United States, ask medical students to write their own oaths. That is part of that postmodern construct, "This is my truth" sort of thing.

Shawn Buckley
Thank you, Dr. Christian.

Dr. Francis Christian
Thank you.

Shawn Buckley
On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for attending today and sharing with us.

Dr. Francis Christian
Thank you.

[00:37:29]

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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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 2: Stephen Kirsch
Full Day 1 Timestamp: 03:09:52–05:04:52
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Shawn Buckley
Mr. Kirsch, can you hear us? And I'll ask our AV guy if he can— Oh, you're muted on your end. So, there we go.

Stephen Kirsch
I'm now unmuted.

Shawn Buckley
Well, thank you for joining us today. I'd like to start by asking if you could state your full name for the record, spelling your first and last names.

Stephen Kirsch
Yes, Stephen T. Kirsch, K-I-R-S-C-H.

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

Stephen Kirsch
I do.

Shawn Buckley
Now, I understand you have a presentation for us, but I'm hoping to just ask you a couple of questions. First about, basically, your bets and then move over to Nancy Whitmore. But just to introduce you to the people that are participating with us today: My understanding is that—and it's not just my understanding—you have quite an impressive career in the tech

industry, being credited as one of the people inventing the optical mouse, and that you've started several tech companies that can be quite properly described as important.

Stephen Kirsch
That is true.

Shawn Buckley
We've had at this Inquiry expert after expert that have had the experience of being labelled by the mainstream media as misinformation spreaders. My understanding is that you also have found yourself in that role. I almost want to say to you, you're in good company and welcome to the NCI. But I wanted you to share with us: How was it that you, because you're in the tech industry, how did you become interested in COVID issues and become passionate about them?

Stephen Kirsch
After I was vaccinated, I started hearing from friends who were either injured or dead. I didn't hear from the friends who were dead obviously, but I heard about friends who had died. And I started looking into the data and the data was very consistent, showing that this was the most dangerous vaccine of all time.

So I ended up quitting my job and pursuing this full time. I actually thought it would only take a couple of weeks to show people that the data was inconsistent with what the government was saying. But apparently that didn't sway people, so it ended up being a more difficult task than I had anticipated.

Shawn Buckley
You've taken actually some unusual approaches to try and make the point that the current government narrative isn't correct. And one of the things that I saw that you've done, and it's on your Substack, is that you've put out a number of million-dollar bets. And my understanding is anyone in the world can come to you, put a million dollars on the table for any one of those bets, and literally bet that you're wrong.

Stephen Kirsch
Yes, I did that for a period of time. I now have one bet remaining. Nobody took me up on the bets, so I revoked them. But there's still one bet on the table, which is whether the vaccines have killed more people than they've saved. And there was only one person in the world that took me up on that but he was only willing to bet half a million dollars. It was an indication to me that only one person in the entire world was willing to risk significant money, believing that the vaccines have saved more people than they've killed. Only one person.

Shawn Buckley
I just want to share with the people participating what some of the other bets are, so that they understand you. Somebody could have come to you with a million dollars, and if they proved you wrong on these points, you would have given them a million dollars. And you've already indicated about the vaccines, but you also had a bet that masks don't work.

Stephen Kirsch
That's true. Yeah.

And these are bets, just to be clear. Mike Lindell, who was just awarded $5 million— The person who proved Mike Lindell wrong was awarded $5 million. Lindell was an open challenge. This is an actual bet. So the person has to put up a million dollars. I put up a million dollars and then we go through a process to determine who the winner is. So that's different. So the other party has to take some risk. The point is that nobody was willing to risk their million dollars to bet me that I'm wrong about masks.

Shawn Buckley
And one of your bets was that censorship cost lives.

Stephen Kirsch
Yes.

[00:05:00]

Shawn Buckley
Okay. Then one of them was that you had done a presentation on Fox News on August 10th, 2022. You basically say, "Listen, prove my major points wrong." But one of them had to do with Wayne Root's wedding. And I'm wondering if you can share for us what that bet was about. What is the story about Wayne Root's wedding?

Stephen Kirsch
Yeah, he had a couple hundred people at his wedding. About half of them were vaxxed and half of them were unvaxxed and then he tracked what happened after the wedding. And all of the serious adverse events happened in the people who were vaccinated. None of them happened in the people who were unvaccinated, or maybe there was one death. But it was quite dramatic: I think the deaths were maybe seven or eight in one group, and maybe one in the other group.

There was no randomization, of course. But it was a random selection of guests, essentially. He didn't know who was vaccinated and who was unvaccinated. And then he was just tracking what happened to the guests at his wedding, and he noticed that there were somewhere around twenty or so guests who had very serious adverse events, and they were all in the vaccine group, and there were seven deaths in that group.

Shawn Buckley
Now, I just want to switch gears to Nancy Whitmore. My understanding is that she's the CEO of the College of Physicians and Surgeons of Ontario, and that you ended up sending her a letter back on March 14th. Can you just share with us a little bit of the history of what was going on there?

Stephen Kirsch
Sure. They had met with some so-called misinformation experts and wrote a big piece on their website about how misinformation is so dangerous. And so, I offered to her that what they were doing wasn't working, because more and more people are vaccine hesitant. And the definition of insanity, of course, is doing the same thing over and over again and expecting a different result. And that if she really wanted to stop the misinformation, then the best thing that she could do was to engage the so-called misinformation spreaders and answer their questions, and that we would gladly answer her questions as well. And we could hopefully resolve the differences of opinion as to what the data says if we could both have a dialogue and point out the flaws in each other's arguments.

Shawn Buckley
We've entered that letter that you wrote. For anyone following us, we've entered it as Exhibit SA-4.

Mr. Kirsch, we've already informed you: We had sent out a summons to Miss Nancy Whitmore inviting her to attend today so that she could have a debate in this fair and controlled environment. I regret to inform you that we did not receive a response from Miss Nancy Whitmore, and that summons will be entered as Exhibit SA-4a.

Has anyone on the other side—any physician or journalist or politician, anyone basically shouting the mainstream narrative—been willing to debate you at any time?

Stephen Kirsch
No. And it's not just me that they won't debate, it's really anyone who's counter-narrative. I have yet to see anyone who has said anything in any point that's counter-narrative, including the lab leak origin and so forth, that has been debated by people on the other side. None of this, what the press calls "conspiracy theories"— None of the people on the other side promoting, we'll call it the "mainstream narrative," have been willing to engage at all with anyone who is counter-narrative. It's not just me that they won't debate. It's anybody who disagrees with them who has expertise in the field. They will not debate you. They will not discuss it. They will not publicly discuss it.

They will try to censor you and defame you on a one-sided basis, but they will never, ever engage. We've never seen that happen.

Shawn Buckley
Thank you. I think that point that you just made is extremely important.

[00:10:00]

Now, my understanding is that you have a presentation [Exhibit SA-4c]. You've put some thoughts together that you would like to share with us, and I'd like to invite you at this time to share your presentation. And you should have share-screen capability.

Stephen Kirsch
I do. In fact, let me see here. Hopefully you can see the slides.

Shawn Buckley
We can. We have a slide up that says: "Why is everyone so afraid to talk about the elephant in the room?" We have you up in the top right-hand corner, so we can see you also.

Stephen Kirsch
Awesome, great. So, apparently this is happening to elephants everywhere in the world, where the elephant is sitting on the psychiatrist couch thing, "I stand in the middle of the room and point out the unvaxxed aren't dying and yet nobody notices me." This is what I'm referring to about the elephant in the room; people just don't want to hear about it.

So, my background, former high-tech serial entrepreneur. I'm 66 years old, I was featured on "60 Minutes." And yet today, I'm the top hit in Google when you type in "misinformation superspreader."

I've been doubly vaxxed. I was a believer until my friends were killed and injured by the COVID vaccines, as we said earlier. I was validated by all the reliable data that I looked at and nobody would explain to me how I got it wrong. So I became a full-time journalist. I've written over 1,200 articles on my Substack: Steve Kirsch.substack.com.

You know, the big learning here is that once you're willing to question your beliefs, everything else makes sense. But if you're not willing to challenge or question your beliefs then you'll never figure this out. Some of the beliefs that need to be challenged are: Is it possible we were lied to? Could the "cure" be far worse than the disease? And could the "good guys" actually be causing harm?

What's interesting of course is that nobody in the world wants to answer any of our questions. Even after I offered to pay them generously for their time. So, I'm now at three times your normal consulting rate. I'll probably bump that to 10 times your normal consulting rate, just to show people that it doesn't matter how much we pay, no one will answer any of our questions. And in return, we'll answer a comparable number of questions from their side for free.

And what's interesting is we invite them to speak at our conferences, but they won't let us speak at their conferences. They won't even take any questions. At the last conference at Georgia State University, they even hired police to escort us off campus, even though we were registered attendees. And then, instead of engaging with us in a discussion after the conference, they snuck out the back door so they could avoid confrontation. This is how it works.

I think the single biggest issue is data transparency. We have a very large clinical trial going on in the world with 13 billion doses, and all the governments worldwide are hiding the key data. And I'll get to that in a second. But the magic trick is that they undercount the unvaccinated to make the vaccines look effective. And Norman Fenton and his colleagues caught them doing this in the U.K., published the evidence, and the U.K. regulator agreed with Norman Fenton, and said that the data that they had in the U.K was not fit for purpose. In other words, it could not be used to determine whether the vaccines were safe or not. It's very important.

Of course, the number one most important data is the death-vax records of the deceased. So, when you die, they need to publish when you were last vaccinated. No government in the entire world does this. No state government in the United States does this. These public records are being kept hidden from view so that nobody will know the truth. No

government in the world—and I've asked a few. I haven't asked them all obviously, but I've asked a few. And they stop talking to me. When I point out that there is no privacy violation and I'm willing to pay the expense to produce this data, they stop talking to me.

And what's interesting also is that no medical authority in the world is calling for these records to be released. These are ground zero records showing whether the vaccine would be safe and effective or not,

[00:15:00]

and there is not a single medical authority in the entire world asking for their release.

There are also no autopsies to assess causality. There are very few. They're being done in Germany and Japan. And of course, they all make devastating assessments. Ryan Cole in the U.S. has done over 20 autopsies, investigations, and in 100 per cent, the vaccine is implicated in the death. But CDC isn't calling for this. And you'd wonder: Doesn't anyone want to know the truth? And the reason of course why is that if you want to know the truth, you must be willing to accept the result. And that's why nobody looks.

Now, I personally released the data from Medicare to the public just to prove it can be done. And what it shows of course is: The vaccines are killing people. That line that's in red, that line should be going in the other direction in this particular graph. And nobody has been able to show that this data from Medicare shows that the vaccines are safe and effective. I publicized the data; anyone can download it; and no one has been able to show that it shows the opposite of what I claim it shows.

The way science works today is that half a million people can die from COVID and we call it an emergency, if it indeed was that. But when half a million or more people die from the vaccine, we want to mandate it so that everybody gets it. Which is interesting because if one person dies from eye drops in the United States, they recall the eye drops. And when we have an early treatment protocol for COVID, which results in zero hospitalizations and deaths, the CDC [Centers for Disease Control and Prevention] ignores it.

Here are a bunch of mistakes that people have made— And I'll make the slide deck available for people to look at this in detail. But basically, vaccines did the opposite. They increased death, they increased hospitalization, and they increased the infection rate.

And that's just for starters. Masking didn't work, in fact was detrimental to health in a number of factors. And we can go on and on and on. Lockdowns actually increased the number of people who died from COVID. And all of these things that they did were counter-productive, and they wouldn't take anybody who had dissenting views and listen to them.

So the solutions: to mandate data transparency for public health data, and hold these public health officials accountable in public forums, which we've never ever been able to do. And they should, of course, start listening to the people who they've been censoring and ignore the people that they have been listening to.

Here's some of the scientific peer-reviewed literature—in other words, these are papers in the scientific peer-reviewed literature. And it says, "An abundance of studies has shown that mRNA vaccines are neither safe nor effective, but outright dangerous." And this is a really interesting observation: "Never in vaccine history have we seen 1,011 case studies showing shocking effects of a vaccine." Never in our history. That's an objective fact and nobody disputes that.

The Skidmore paper showed that up to 278,000 people, according to the survey that he did, were killed by the vaccines in 2021 in the U.S. And it's interesting that he was supposedly debunked by Susan Oliver and her dog. And what's interesting is that Susan said, "Well, you know, this was not true, and this was not true, and this was not true." But Susan never then said, "Well, here's the corrected number when you make those corrections."

So the whole point is about trying to take down any information that would be counter-narrative, rather than trying to say, "Oh, there was a slight flaw in this because the ratio, the number of people who were vaccinated versus unvaccinated was a little bit disproportionate. So, let's adjust it by a few per cent, and here's the correct answer." Instead, what they did is they— And by the way, Denis Rancourt and colleagues found the exact same 0.1 deaths per dose rate as Skidmore, and he used a completely different method. But Skidmore's paper was retracted by the editor after basically looking for reasons to retract it.

[00:20:00]

There's something called the COPE [Committee on Publication Ethics] Guidelines, which specify the reason for retraction that the journal adheres to. And none of these COPE Guidelines were satisfied. And so there were dozens and dozens of complaints filed with the publishers, Springer Nature. Springer Nature publishes 3,000 journals. All of those complaints to the ethics email were ignored. All requests for an interview of the editor or of the ethics committee were ignored as well.

Shawn Buckley
Can I just ask, because this isn't the only case where somebody publishing against the counter-narrative is taken down: Are you aware of publications which basically support the public narrative that have been taken down?

Stephen Kirsch
Yes, there was a Surgisphere paper showing that hydroxychloroquine doesn't work. And it was taken down because it was fraudulent data. So that's the only paper that I'm aware of.

Shawn Buckley
And that's a different kettle of fish—actual fraud.

Stephen Kirsch
It is because it was a totally fraudulent study to try to disprove that hydroxychloroquine worked.

Shawn Buckley
And that would have been published in a peer-reviewed journal.

Stephen Kirsch
Yes, it was published in the Lancet, a very famous peer-reviewed paper.

Shawn Buckley
Right, and so the peer reviewers hadn't picked up that it was a fraud.

Stephen Kirsch
Yes, that they fabricated the data.

Shawn Buckley
Okay, sorry for interrupting.

Stephen Kirsch
No problem. So basically, these papers that tell you the truth are— One of the reasons that they said it was retracted is because they didn't get approval from the IRB, which is the Institutional Review Board. Skidmore in fact did get approval from the IRB and the approval was that, "We've looked at all your questions and they don't violate— They're all exempt." And so he got a ruling from the IRB saying he's clear to do the paper.

So he wrote in the paper that the IRB approved it. But the journal said, "Well, but the IRB said it was exempt, so they in fact didn't approve it." But they did, even if they approved it as being exempt. These are things that you could clearly see; they were on a fishing expedition. Skidmore has never had a paper retracted in his career, and he's written over 70 papers. And now, all of a sudden, the journal finds five things worthy of retraction in this one paper. Isn't that amazing?

It's interesting that a disproportionate number of COVID papers retracted after the vaccine rollout were counter-narrative, and you wonder if this is how science works. Thirty-two per cent of the papers gave no reason for retraction. In the retraction of the McCullough and Rose paper after it was published, Elsevier said they are not willing to publish the paper and claim that that was their prerogative and not a breach of contract. Here's the letter. It says "I'm afraid the journal is not willing to publish the paper," after they published the paper.

So, the point is that the journals can go in and retract your paper for any reason if they don't like it. This is not how science is supposed to work, they're supposed to follow the COPE Guidelines. Now, there are papers that are published in the peer-reviewed literature that show that the differences between the COVID death rates for the vaxxed versus the unvaxxed—which is supposed to be the big benefit of the vax—is not statistically significant. So, we have no paper showing a statistically significant difference in the vaxxed versus the unvaxxed death rate. The closest one would be this paper. And if you do the p-value calculation here, you find that it's not statistically significant. And so the point is that there's no proof that the vaccine works.

In fact, in Pfizer's own phase 3 trial, it shows that people were 31.2 per cent more likely to die if they took the vaccine than if they took the placebo. It's even more stunning when you realize that there were very healthy people who died at a five times lower rate than they should normally die in that study. So they picked very, very healthy people in that Pfizer trial and they died at a much lower rate. Yet, there was still a 31 per cent differential: they were killing effectively young people at a 31 per cent higher rate in the group that got the vaccine.

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What is interesting is that Pfizer basically said, "Of the 21 patients who died, we didn't think anyone died from the vaccine." But they provided no proof of that. There was no histopathology that was done. And the histopathology is actually required in order to prove whether there was a link between the vaccine and death. So they basically said, "We're not going to look. Just trust us, we're not going to look. We don't really want to know definitively whether there is a link, but just trust us. There's no link. The vaccine didn't kill these people."

And that's essentially the problem here, that it's all based on trust. The CDC and the FDA are trusting what Pfizer says. Pfizer isn't doing the work to prove their statements, then this goes down to doctors believing that the FDA has said, "We approve it and we've looked at the data." No, they never looked at any of those 21 deaths. And all of my requests to Pfizer to look at that data have been ignored. Why would they do that if it's safe and effective?

The Israeli Ministry of Health did a study and they published it behind a firewall, so nobody would see it. But this is the Israeli government data showing the days till death after you got the shot. This is showing 196 days. And you can see here it peaks at around four months or so post-vax for shot number two. It should be a horizontal line. There shouldn't be any difference at all, the days after you got the shot should be completely random. But here it shows that it's clearly peaking and that's very problematic. And because it peaks four months later, people don't associate the death— They just say, "Well, he died months after the shot, but it was four months after the shot." People don't associate these deaths with the vaccine.

Dr. Aseem Malhotra's father died six months after he got the shot, but Aseem was astute enough to realize there was a connection there. The Israeli Ministry of Health also published this in their paper, which shows a huge spike exactly three days after you got the shot in young people. Now that is not random, that is causality. That is not just coincidence. There is no way you can get a coincidence like that.

In Canada, Ontario announced that deaths from COVID were up 39 per cent and hospitalizations were up 31 per cent. And this is "from COVID" after the vaccines rolled out. Now they told us in Canada that the vaccines are safe and effective. And yet why are deaths up 39 per cent in the year after everybody got vaccinated? And why are hospitalizations from COVID? Deaths from COVID and hospitalizations from COVID. I mean, this is stunning.

Shawn Buckley
Just so that everyone understands: In 2022, deaths in Ontario from COVID were 39 per cent higher than the year before, in 2021. Is that what you're telling us?

Stephen Kirsch
Correct.

Shawn Buckley
But even aside from the vaccine, wouldn't more people have natural immunity in 2022 than they would have in 2021? Because people are catching COVID and, aside from the vaccine, are getting natural immunity?

Stephen Kirsch
Correct. The deaths should be down. And the variants are also less severe. Omicron was less severe than Delta and the earlier variants. So we have a less severe COVID and we have a lot of natural immunity and yet people are dying at a higher rate. And then someone pointed out, "Oh, well, there were lockdowns in 2021." Well, the lockdowns in Ontario ended mid-year, and then they locked down again in early 2022. And lockdowns in fact have been shown to increase. Every place where there were lockdowns, they increased the number of COVID deaths. And that's pretty clear.

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There's a Hopkins paper that was published, a paper from Johns Hopkins; three economists at Johns Hopkins, very well-done paper. So, there's no explanation for this. I contacted Nancy Whitmore at the, at that Ontario—

Shawn Buckley
College of Physicians and Surgeons of Ontario.

Stephen Kirsch
Yeah, "the College," as they say. And Nancy Whitmore just ignored me. I said, "Look, if there's an explanation, let's hear it." They basically don't want to say anything. David Fisman, who is also in Ontario, would not say anything either. I emailed him, he didn't respond to my email. Nobody wants to explain this.

So a huge increase in Canada: nobody, no authority, will explain this increase and agree to be challenged with their explanation. It's just, like, well, it happened; you should ignore it. This is completely counter-narrative. And every single authority in Canada is ducking questions about this. Nobody wants to explain it. And what's even more troubling is that the press in Canada is not asking about it either. They're not asking these questions.

Shawn Buckley
Well, I think it's worse than that. I mean, the experience that we've heard from other witnesses is that the press actively participates in character assassination if you step out. And you don't even have to be a Canadian expert. We had Dr. Bhattacharya on here explaining how the CBC basically went after him after he was one of the authors of the Great Barrington Declaration.

And just so you know, because you're in the United States, there's still a culture of fear here. We're having— This is a citizen-run inquiry. And one of the features is, we don't just have experts like you on, we allow ordinary Canadians to come and tell their stories. But we've had a large number of witnesses back out at the end because they're still afraid of repercussions, both economically at their work and social, like family and friends. So, we're still in a culture of fear.

And I'm wondering if you have any thoughts on whether it's fear that is preventing people from speaking. Or are there other factors?

Stephen Kirsch
Well, yeah. The fear is definitely preventing people from speaking out. There are some doctors who believe the authorities. They're trained to believe authority and trust authority. These doctors will look at what's going on and they'll say, "Oh well, I just got unlucky." And so there are some doctors who still believe that the vaccines are safe and effective and just ignore the evidence in plain sight.

There are other doctors who realize that if they speak out, they will have their licence revoked. They will no longer be able to practice medicine, or they will have their hospital privileges revoked, or they will be fired from their job. The first duty of these people is to provide for their family. And so, that's what they do. They keep their mouth shut and they follow orders, so they're not fired.

An example of a doctor in Canada, in Ontario, for example would be Ira Bernstein. And look at what happened to Dr. Bernstein. None of his patients died but the authorities are in the process of revoking his license to practice medicine. After complimenting him for being an exemplary doctor before the pandemic happened, now all of a sudden, he's an evil guy because he saved lives. And so they're going after him and it's all out of public view.

Shawn Buckley
In the province that I live in, Alberta, the College of Physicians and Surgeons, as I understand it, basically directed physicians that they were not to be treating Albertans who presented with early COVID. Rather, they were to wait until people presented seriously at the emergency ward.

Have you heard similar things in other jurisdictions? That's something that I have trouble getting my head around. A college basically directing doctors not to treat patients early.

Stephen Kirsch
I haven't heard about that in other places in Canada, but I haven't tracked that at all. I know there are places in the world where physicians are directed to do that.

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In fact, our own CDC is, I think, guilty in that respect in telling people that none of these early treatments work. And so physicians interpret that as, "Well, I better not do it otherwise, I'm going to get in trouble."

Shawn Buckley
Back to fear. Sorry for interrupting, I'll let you carry on.

Stephen Kirsch
Yeah, no problem. It's interesting that Ontario also published that there are zero COVID deaths in people under 30 in Ontario. So why do they recommend a vaccine? I mean, you can see here: If you're 40 and under, in fact if you're 50 and under and you're unvaccinated, basically you're not dying. You know, it's pretty darn close to zero. And it's actually zero for age 30 and under here. So, why are they even recommending the vaccine? They're not even talking about the risk. It doesn't make sense.

This is a paper which people find really, really troubling if you think the vaccine is safe and effective, which is: the more doses of the COVID vaccine that you get, the more likely you are to become infected with COVID. This is a study done at the Cleveland Clinic, which is according to Newsweek the number two hospital in the entire world.

So the number two most-respected hospital in the entire world did a retrospective study to look at the COVID rates for their staff—51,000 employees, various locations. And what they found is a pretty linear relationship with the number of vaccine doses you have and your risk of infection. The more doses of the vaccine, the more likely you are to be infected. And the error bars pretty much do not overlap, which means these results are statistically significant: the more doses, the more likely you are to be infected.

Now, there's nobody that's been able to dispute the study. In fact, one prominent debunker said, "Well, I didn't like the fact that this axis here was linear." That's preposterous. You didn't like the fact that the axis was linear? And this is one of his primary critiques of this study. He also said he didn't like the way study was done. Well, you know, I'm sorry, but the study shows what the study shows. And the most important thing is that there isn't a study anywhere showing that the opposite is true. Because doctors always like to say, "Well, for every study, there's always a study showing the opposite thing." There is not a study anywhere showing the opposite is true.

Shawn Buckley
I'm sorry. An interesting thing that's jumping out at me is basically, this chart shows negative efficacy. If a marker for efficacy was that it prevented you from getting COVID, which is what the public was led to believe, this is showing that even for one dose— I appreciate your point, for each additional dose it gets worse. But as time goes on in this chart it seems that you'd have negative efficacy if you're more likely to catch COVID than not. But it seems that it gets worse as time goes on in this chart. Am I interpreting that chart correctly?

Stephen Kirsch
The x-axis is time, so it's just showing you the cumulative incidence. So if you divide that then you get a rate. It's not showing you the rate; it's showing you the cumulative incidence over time, which you'd expect to go more and more over time that more and more people get because it's a constant rate. So the rate would be the slope of the line.

Shawn Buckley
Okay.

Stephen Kirsch
Okay? And what's interesting is that the paper itself pointed out, "Hey, we're not the only guys to see this." There were two other studies that were done completely independently that showed exactly the same thing: that people who were vaxxed more were more likely to get COVID. So they said, "Hey, don't blame us. We're not the only study showing this." This is indeed very troubling for the narrative.

And the beauty of this particular study is that everybody started at exactly the same point in time.

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So everybody was exposed to the exact same variants within their communities and you can see the extraordinary difference. Why this study is so interesting is because it looked at people with various doses over the same time period. And it was done in a hospital setting that's very controlled.

The exact same paper showed natural immunity works: that the more recently you were infected with the COVID virus the less likely you are to get COVID. This is someone who's recently infected with the Omicron variant. This is someone who's not infected at all. So, this is not looking at vaccines; this is looking at natural immunity, showing that if you got COVID, the more recently you got COVID the less likely you are to get COVID again. This is showing natural immunity does work, just like medicine has said for years. But the vaccine is doing the opposite. Natural infection is good, is what this paper said. COVID vaccination is effectively bad.

Now we have some V-safe data, which is self-reported data. Ten million Americans agreed to report their status. When they got the shots, they were given a card to register for V-safe. And 7.7 per cent ended up with severe adverse events. That is not safe—7.7 per cent that had to be hospitalized or see the doctor after getting their vaccine is not a safe vaccine. You can't spin it any other way.

And here's a study, the source is *The New York Times*, showing the more you vax the more people die from COVID. Not more people die, more people die from COVID, which is what we said before. Also, if you look at population studies—and this is CDC data—these are squared values, 0.24 here and 0.29. These are very high numbers for correlation. The more you vax the more people die from all causes.

And the latest U.K. data shows that the vaccine increases the risk of death for all age groups. So we're not just talking about dying from COVID. This is dying from COVID. This is dying from all causes, showing higher mortality if you are vaccinated. The regions with higher vaccination rates have higher all-cause mortality. And the latest U.K. data shows that the vaccine increases risk of death for all age groups. So this is all-cause mortality. And it also shows negative vaccine efficacy for all age groups, which means you're more likely to catch COVID and die.

The Israeli Ministry of Health found the same pattern. The vaccine is more likely to kill you as time goes on. This is days post-vaccination and this is the number of death cases. Look how it climbs. It's supposed to be a flat line across here. The vaccine isn't supposed to make any difference at all in the number of deaths but instead it climbs just 30 days after you get the vaccine. That's what it's supposed to protect you from: dying from COVID. And look at the death rate: it's three times, 60 versus 20 here. I mean, truly stunning. This is from Israeli Ministry of Health data.

And of course, in our own VAERS [Vaccine Adverse Event Reporting] System the blue lines here are all non-COVID vaccine deaths. So every vaccine combined each year, and then red is total reports of death from all vaccines. Okay, so they match up. Every single year they match up until the COVID vaccines roll out, where the COVID vaccines are completely off the charts versus the non-COVID vaccine. So it's not an over-reporting; it's not that suddenly in 2021 people realize there's a VAERS system and started reporting things. Because the bars only go up for the COVID vaccines and no other vaccine.

There is one of three things going on here. There's either massive fraud and gaming by anti-vaxxers reporting deaths that don't exist— But all of those deaths are reviewed by health and human services. And so maybe sometimes one or two gets through, but there's no way that you can have massive gaming. So, number one isn't even a possibility.

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The second is massive over-reporting. But there's no evidence of that anywhere. We've done surveys of healthcare workers all over the place and nobody says we're reporting for the COVID vaccines more than any other vaccines. It's interesting that happens: all of a sudden, for just the COVID vaccines worldwide, in every adverse event tracking system in the entire world. So could it be there's massive over-reporting? I don't think so. It's not supported by the evidence.

So that just leaves one possibility, which is the deadliest vaccine in human history. And that's the only thing that there's evidence for. And I've confirmed that using surveys that were done by third-party pollsters. And it says that the vaccine is as dangerous as COVID and sometimes more so.

And the mainstream media is not doing any of these surveys to find out, just to validate whether the government's telling the truth. There isn't any mainstream media survey that's been done to look at this data. In fact, there was a Rasmussen study, Rasmussen polls. They said, "This is the most important poll we've ever done." And it showed that the vax deaths were equal to the COVID deaths. And that was amongst Democrats and Republicans and independents. So, you can't say that this is just a right versus left, a liberal versus conservative. It's not. Everybody polled is finding that the vax deaths in people that they know are equal to the COVID deaths, relatively close. So the cure is worse than the disease or at least comparable to the disease.

And what's stunning is that of course the U.K. government claimed that only nine people died from COVID vaccines in 2021 in the U.K. Interesting to see how they undercount that. And of course, even the mice are not fooled. You know, the mice where they do the testing, they're not fooled. Here's the discussion between two rodents: "Are you getting your kids COVID vaxxed?" The other rodent says, "No, I'll wait for the human trials to finish first."

So, someone is clearly lying to you. It's all a matter of what you trust, who you trust. Do you trust the data or you trust the government experts?

And of course, the way you figure this out is that the side that wants to resolve the differences in the civil discussion is almost always— I've not seen a counterexample of this so I can't say definitively never. There's always a counterexample. But in general, the side **that wants to resolve the differences in a civil discussion, the people who want debates, they're the people who are telling you the truth. And the people who are running from these debates? They're the people who don't like being challenged.**

For some questions, it doesn't matter who you ask. Are the COVID vaccines safe and effective? If they are then the vaccine mandates are pointless and if they're not vaccine mandates are pointless. So who cares? Did my booster protect me from getting COVID? If it did, great, no need for additional boosters. And if not then there's no need for additional boosters anyway. But the question people should be asking is: Why isn't the vax-death data available? This is ground zero data. Why isn't it publicly available from any government anywhere in the world? If they really wanted to reduce vaccine hesitancy, they would show

this data. The governments would be tripping over themselves to make this data public, the vax-death records public. For each person who dies, show us the vaccine dates.

It's interesting that there's a VSD [Vaccine Safety Datalink] database, which is very definitive. But the CDC stopped Professor Brian Hooker and others from looking at the VSD data. Why would they do that? Why would they hide the truth? And if it works so well, how come the drug companies aren't urging— Have you ever heard of Pfizer, Moderna, any other drug company urging the government to make this vax-death data public?

If the vaccine manufacturers really want to reduce vaccine hesitancy because they're going to sell more product, it is in their interest to make this data public. And there has not been a single call from any manufacturer to make the public health data public. To me, that's stunning.

I offered to bet anyone a million bucks that the vaccines have killed more than they've saved. There's only one guy who took me up on it but he was only willing to risk $500,000. He wouldn't go for the whole million dollars.

And it's interesting that they're so confident that this vaccine works that they are willing to risk your life on it,

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but they're not willing to risk their money. Like, Pfizer could easily bet me a million bucks. They won't because they'll lose. The point is that they're risking your life, but they're not going to risk their money or their reputation.

Shaw Buckley
Can I just jump in there? Because I would think that if Pfizer took you up and proved you wrong publicly, that would just be a public relations coup in reducing vaccine hesitancy?

Stephen Kirsch
Absolutely.

Shaw Buckley
So it seems that the point you were making, that Pfizer could easily take you up on that bet, is quite a significant point. So, please carry on.

Stephen Kirsch
Yeah. What's interesting also is that nobody can name a single real-world vaccine success story where COVID rates went down at a nursing home or a funeral home after the vax roll-out. I still can't find that success example. And I've talked to other doctors in these Twitter spaces, chat rooms, and I say, "Where's your success story?" And they're unable. All of these people are unable to name a single real world success story. "Hey, at UCSF [University of California San Francisco] the numbers are this." Or, "Hey, at Stanford the number—" Nobody can name a single vaccine success story. That is stunning.

They say it's "10 times reductions in deaths," but they can't point to a single place that that's happening. It's interesting because it's supposed to be happening all over. I shouldn't

be able to find any counterexamples. But all I can find is counterexamples and I can't find anything that supports the narrative. That's really stunning. I mean, that question alone is something that you should be asking your doctor. It's an easy question: If this thing really works, where's the nursing home? Where's the geriatric practice? Where's the funeral home where they can say, "my death rates plummeted after the vaccines rolled out." Show me the funeral home where business went down after the COVID vaccines rolled out. I mean, we cannot find it.

Shawn Buckley
And you're talking about basically, a sample size that is staggering in the measures of billions of doses worldwide.

Stephen Kirsch
Right. They should be able to find these success examples everywhere. And nobody can name one in the entire world. It's really stunning. I mean, it should be impossible for me to find a counterexample because the vaccines are so effective in preventing death. It should be impossible. And yet I can find hundreds of these and not a single counterexample.

You know, it's weird that we can have this public health emergency when no one's dying from Omicron. I've been to the hospital wards in my local community. They're empty. But how can perinatal deaths climb 20 times after the vaccines rolled out? How can Deborah Conrad's caseload before she was fired go up 20 times right after the vaccines rolled out? And here's the kicker: If it's really so safe, why do they need liability protection? Now that they know it's so safe, why not just drop the liability protection? But they don't.

Bleeding in early pregnancy: seven-sigma increase. Gee, if it wasn't the vaccine, what caused this?

The vaccine groups in the phase three trials for all the vaccines, for all three vaccines, all had higher morbidity than the placebo groups. This was highly statistically significant for all vaccines. And yet they're not pointing that out to anyone, that there's higher morbidity. So clearly from the data we have, there's higher mortality, higher morbidity. Why are you taking this intervention? It makes no sense.

Here Vinay Prasad is talking about a Swiss study, 777 Swiss healthcare workers were looked at after they got the shot. And 2.8 per cent had significantly higher troponin levels, which are an indicator of serious heart damage, just three days after the booster shot. Now how can that possibly be safe?

I found out that the Chief Medical Officer at UCSF was issuing a gag order,

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telling all staff not to talk about the vaccines in the context of any injury. So if somebody was injured, "Do not ask about when they got their COVID vaccine." We haven't had a case where a single prominent individual has switched sides from being anti-vax to pro-vax. It's all going the wrong way.

It's all from people like Aseem Malhotra, who is very famous in the U.K., a medical doctor. And he was promoting, he was pushing the vaccines, signing people up on TV, convincing people to take the vaccines. His dad died six months after he got the shot. And Aseem

started looking at the science and he said, "Whoa, I was fooled." And so now he's a prominent anti-vaxxer because he was forced to look at the data after his dad died. And he said, "I can't think of any drug, anything we have ever used in medicine that has efficacy that is this poor."

Zoo animals are now dying of unusual causes after the vax rolled out. If this thing is so effective— Nobody is getting it. Even Paul Offit's not getting the booster and he went on record as not getting the booster. And he's strongly pro-vax. So why should you get it? If it's so safe, why did the FDA try to keep the safety data secret for 75 years? John McCain, before he died, said that "excessive secrecy from a government agency feeds conspiracy theories and reduces the public confidence in the government." This is exactly what is going on here. There are 770 safety signals that have triggered in the VAERS system and the CDC knows it. And they didn't tell the public about any of those safety signals when they triggered.

We talked about debates. None of the government authorities anywhere in the world, including in Canada, will debate. Three top scientists in Canada—here in this slide—challenged the Canadian authorities to a debate on the science and nobody showed up on the other side. They said, "It's the three of us against everyone you want to bring to the table." And they couldn't bring a single person to the table in Canada. Now that is stunning to me. I can't name a debate that's happened ever in Canada, or anywhere else in the world.

Here's a 123 per cent increase in all-cause mortality in the Philippines on September 30th 2021. Now it wasn't COVID because there were only 127 COVID deaths that day. So what causes this huge peak?

In Germany, right after they rolled the shots out, these causes of deaths from certain ICD-10 codes—sudden cardiac death, cardiac arrest, sudden death—they skyrocketed. There's no way that happens by chance. Now, if it wasn't the vaccine, what caused the rise? You know, you can't explain this one. This happens all of a sudden. They say that a lot of these things are happening because, "Oh, people aren't getting their medical care during lockdown. That's why the death rates are higher."

Well, Martin Neil, and Norman Fenton actually looked at all of the excuses for what could have caused the death rate. Excess deaths worldwide: What could be causing this? So they looked at all these factors and they found that none of them had a positive correlation with what was going on. The only thing that was positively correlated was the vaccine. Now, nobody's been able to dispute this study, which is interesting. They all say, "Well, it's something else, it's something else." But they can't dispute this Devil's Advocate study where they looked at all these reasons. They showed that they don't correlate at all.

It's interesting that for the first time in history, it's necessary to censor doctors with **opposing views. And Peter Marks, who's the FDA [Food and Drug Administration] director, he's in charge of CBER [Center for Biologics Evaluation and Research] at the FDA, which is basically vaccines. And he says, "I'm past trying to argue with people who think the vaccines are not safe." But he's not argued with any of the misinformation spreaders, not a single one. He's past that already even though he's never done it.**

And of course, the White House now has a censorship list for the first time in history. And of course, I'm a little upset I'm not on it. But why do they need to have high-tech companies censor doctors for them for the first time in U.S. history?

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And I offered a million bucks to anybody, any member of the CDC or FDA outside committee members, to answer some questions. So they just show up. This was not a bet. This was, "Hey, here's a million bucks, just to show up and answer some questions." Nobody would do it.

The CDC ignored all the early treatments. I'm going to skip over this. The rhetoric doesn't match the reality. We're seeing so many black swans, athletes dying and so forth in the VAERS system, over 650,000 excess deaths and nobody wants to talk about it. The CDC ignored over 770 safety signals in VAERS. They didn't talk about it. We only found out about it after we issued a FOIA.

I have a friend in Silicon Valley; she's a neurologist, she works at a big practice. They had no VAERS reports in the last 11 years. This year they need to file a thousand. So this is not an over-reporting. This is an actual, "We've never seen anything like this in our practice in the last 11 years because we've only been in practice for 11 years."

Nobody wants to debunk Ed Dowd's book. I know of a large geriatric practice that went from 11 deaths a year to 21 deaths a year in 2022 and they have an 85 per cent COVID vaccine rate. Come on. Why didn't the deaths go down? This is very similar to what has happened in Ontario. And it's a geriatric practice so the numbers are higher.

Doug Brignole offered his life as the test case. He got the vax, died a week after he got the vax, and nobody's talking about it. Huge rise in dementia deaths in Australia between June and July of 2021. Cannot be explained any other way. It coincided with the vax rollout of the elderly.

Pfizer did a clinical trial of pregnant women. It ended July 15th of 2022. It's almost a year ago. Nobody wants to know. What happened? Nobody wants to know. The press doesn't want to know. Nobody's asking them what happened in the trial. How did it go? Isn't that amazing? They do the trial and they keep it secret. And why was enrollment limited to 24 to 34 weeks gestation? The CDC says it's safe for anyone to get the vaccine. We already know it's safe. The CDC has said it's safe. Why did they make the restriction that it was only 24 to 34 weeks to enroll in the trial? Very strange. And yet, they're not telling us what happened in the trial. There is data in the trial. They're not saying a word.

How does this inspire public confidence? Why isn't the CDC asking them what happened? Why isn't the press? I mean, it's unbelievable that nobody wants to know. We still don't know what evidence was used by the CDC to recommend the vaccine was safe for pregnant women. They clearly don't want to know what was in the Pfizer study.

And of course, there's a four times greater risk of cardiac deaths—or four times as many **cardiac deaths—in the Pfizer phase three trial. And of course, they never showed us the data on that. It's interesting: there were five times as many exclusions in the treatment group as in the placebo group on a double-blind randomized trial. That's impossible. That is statistically impossible. That is never going to happen. That means there's fraud in the trial, and nobody investigates.**

Nobody investigates what happened to the allegations of fraud by Brook Jackson and Maddie de Garay. Maddie was 12 years old when she got the Pfizer shot. She's now paraplegic and she has to eat from a feeding tube probably for the rest of her life. Nobody ever called her. Her experience is not unique. I talked to Janet Woodcock. She promised me that the FDA would investigate. The FDA never called, the CDC never called, and Pfizer never called. Nobody wants to know the truth about these vaccines. And there's nothing

more clear than what happened to Maddie, who's a 12-year-old whose life was destroyed by this vaccine—no question about it. Six times as many Southwest Airline pilots are dying per year now than they used to be dying.

It's interesting that no doctor or nurse in Scotland has ever died from COVID in the past three years. Zero COVID deaths. All the deaths in healthcare? Those are from other causes, not from COVID.

[01:05:00]

The number of COVID deaths of doctors or nurses, non-retired, ages 20 to 64, is zero in Scotland. And this is an emergency?

I was wondering why the FAA [Federal Aviation Administration] hasn't been investigating any of these pilot injuries and deaths from the COVID vaccine. And so, I talked to Bradley Mims and I asked him directly on the phone," How come you guys aren't investigating these pilot deaths and injuries?" And he said, "No comment." He said I had to talk to the press office. So I contacted the press office, and the press office said, "Well, we don't see any evidence." Yes, because you're not looking. I mean, that's how it goes.

The ACIP [Advisory Committee on Immunization Practices] chair— ACIP is the outside committee for the CDC that approves the vaccine. So she's like the final straw in getting approval. And I have asked her, "Hey, do you want to see the Israeli vaccine data, which shows that the vaccines are super dangerous?" And she refused to answer the question. So yes, no questions. It's a really easy question. Like, "Do you want to see the Israeli Ministry of Health vaccine data?" I have access to the video. I can give her a private showing. She called the cops on me. She didn't want to answer the question. And the cops couldn't arrest me because I didn't violate the law. I just went to her door and knocked on the door and asked, "Hey, do you want to see the data?" She called the cops on me. That's how bad it is. These people run from wanting to see any data.

A real scientist? A real scientist would not call the cops. A real scientist would say, "Yeah, I want to see the data." But these people aren't scientists. I don't know what they are, I don't even know if they qualify as human beings—if you don't want to see the safety data on this stuff.

So many people dying suddenly. These fibrous clots: they're only happening in vaccinated people. And Chris Martenson did a brilliant video. He says in this slide, "The failure to study these clots with all due rigor is inexcusable and inexplicable, assuming public health is the goal." And that really says it all, doesn't it? Because everybody's seen these fibrous clots and nobody wants to look at it. Isn't that interesting?

There's only one pathologist in America doing autopsies. And he's doing the proper test to assess whether the COVID vaccine caused the death and he's getting 100 per cent hit rate. Nobody else in America is doing these tests to figure out whether the vaccine caused the death. This is the definitive test. You have to use these specialized tests in order to find out whether the vaccine caused the death or not. If you're not doing these tests, you don't know. Basically, the only way you find out is, after the person dies you autopsy them. You can't do it while the person is alive. You autopsy them and then you find out the truth. Nobody wants to find out the truth.

The CDC is not even telling any pathologist to check for a vaccine-caused death. Fifteen-year-olds are now dying from heart attacks on a regular basis. I talked to a funeral director

in Texas who told me that she's never in 50 years seen a 15-year-old die from a heart attack. In December 2022, she had one death a week for three weeks straight of 15-year-olds from heart attacks. Explain that.

Here's Google searches. Google searches for myocarditis started immediately after the vaccine rollouts for adolescents. And yet the doctors say the rates for myocarditis from COVID are much greater from the virus versus the vaccine. And yet all of the interest spikes right after the vaccines rolled out.

It's being recommended for kids. But kids have one in a million chance of dying—a healthy kid less than one in a million chance of dying from COVID. So the vaccine has to kill fewer than one kid per 10 million. And to prove that would require a trial of 30 million kids. That trial has never been done. Why are they recommending this? In fact, in Canada, over 96 dead children and counting post-vax, when you'd normally see nine a year from flu. Why are the health authorities not talking about this and why did they stop reporting these deaths?

This is from Dr. William Makis. This list has been silenced. It's really tragic.

[01:10:00]

We have names of the people who died unexpectedly. No investigation.

It's very hard to find the name of one healthy child under 12 who died from COVID in the U.S. We've looked at the death records in many states, and we can't find a kid under 12 who died from COVID. Zero.

And nobody's questioning of course the science behind the six-foot rule. If masks work then why is it that every single randomized trial has failed to show any effect? And the Cochrane report says, "little to no difference." I offered people $10,000 to remove their mask for the duration of the flight. No takers—but they remove their mask happily when they're served food or a drink. What's interesting is that they can all get infected through their eyes and nobody covers their eyes. You can just as well get infected with COVID through your eyes as through your mask. Why are you wearing your mask and not covering your eyes? It makes no sense. And of course, face masks at best are designed to protect the wearer, not as source control.

So these mandates are nonsense because the mandates are about protecting the public. You have to wear this face mask with no portal because you want to protect the public. But: "There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addresses or implies a **quantitative assessment of outward leakage." These things are not designed for outward leakage—hello? And yet we are being mandated to wear masks because of outward leakage, even though there are no established ways of measuring outward leakage. Isn't that interesting? I guess that's how science works.**

Why didn't the CDC warn parents that of course masks create dangerous levels of CO2 for kids? We have a number of studies that show that, including one that was done just recently—a systematic review and meta-analysis. And my favourite of course is the one with the two Marines testing masks with bear spray. And nobody has been able to refute this video. It's on YouTube. It's a classic video.

And if the bivalent booster is so beneficial, why isn't Paul Offit getting it? He explained that we should not be trying to prevent all symptomatic infections. That's not what we should be focused on.

And we have Professor Marty Makary testifying in Congress that the greatest spreader of COVID misinformation is the U.S. government. Isn't that stunning? And the reason of course, people don't trust the CDC. I did a survey, 90 per cent don't trust them at all. And the CDC has one overriding goal. The official answer is it's to protect the health of America, but Americans don't believe that. They think it's to protect the drug companies and vaccinate everybody.

Critical thinking still seems to have disappeared. And it's interesting that Vinay Prasad and Jeffrey Flier, who is the former dean of Harvard Medical School, says the scientists who express different views on COVID-19 should be heard and not demonized. Which I agree with. But it appears that nobody in mainstream science agrees with this; they all think that people who have different views on COVID-19 should be censored. It's quite astonishing. So they disagree with the former dean of the Harvard Medical School. And I don't know how we're ever going to resolve this because the pro-vax authorities all refuse to engage in a civil dialogue.

Here's an example: a Paris group of experts, leading scientists, invited most of the leading scientific proponents of the COVID market origin hypothesis to participate in a respectful public debate. All have refused. So you can't even get a debate on the origin. You're never going to get a debate on any of this other stuff. People are going to start to point fingers. The German Minister of Health, Karl Lauterbach, said, "It wasn't my fault. I didn't approve the vaccine." So he's already starting the finger pointing.

And nobody wants to answer any of my questions here. Pfizer and the CDC haven't responded to any of my questions. I don't know what they're afraid of; why don't they just publish the answers? Basically, they lied about everything. All their advice made no difference and made things worse. Virtually all made things worse. Vaccines were a disaster, masks were a disaster, social distancing a disaster,

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lockdowns made things worse, mandates killed people. We're looking at just tragic numbers of people dying from these interventions.

And the one thing that did work really, really well was the thing that they ignored completely, which is early treatments. And early treatments have basically— If you got on the right treatment protocol you had virtually zero chance of hospitalization and death. **And all those treatments were ignored.**

Solutions: Stop the shots. Stop hiding the data. Hold public health officials accountable—I don't know how you can do that because no public health official wants to be held accountable. Listen to those who've been censored. And each and every public health official has the power to change everything, because they can release the record level vax-death data in their region. And why would they not want to do this? Why would they not want to show the public the truth?

I asked the U.K. to release it and they said it would violate the privacy of dead people. In other words, in the U.K. they think— Death records are public, or they used to be public. In a lot of states death records used to be public. You used to go into Ohio and be able to get

the death records. So all we're saying is, "Let's just add the date when these people are vaccinated." So in the U.K. I asked them, "Why don't you just release this data for the dead people?" And they said, "Well, it'd be violating the privacy of dead people to let us know when they were vaccinated." I don't know of a single dead person who, especially if they died from the vax, would object to having this information disclosed.

But we should do a study where we ask dead people, "Hey, do you mind having your vaccine information disclosed?" But second best would be to ask people who are still alive, "After you're dead, is okay for us to disclose your date of vaccination?" Which, of course, nobody has done. So anyway, these people stopped responding to me.

The FDA head Robert Califf, has said that "misinformation is the leading cause of death." Interesting.

Shawn Buckley
Mr. Kirsch, I'm just wondering how much longer you have.

Stephen Kirsch
Yes, we're done.

Shawn Buckley
Okay, perfect.

Stephen Kirsch
There's an easy way to fix this problem of course, which is that all he has to do is stop talking. And that's what I'm going to do at this point. And I'll leave you with this final slide, which is, "Anyone not publicly calling for data transparency is not your friend."

Shawn Buckley
Well, actually I'm hoping you stick around and allow the commissioners to ask you some questions. You've just given us some tremendous information. I believe the commissioners have questions for you.

Commissioner Massie
Well, thank you so much, Mr. Kirsch, for this incredible tour de force in terms of doing an overview. You've covered so many grounds there. I will try to focus my question to a couple of issues that you probably are aware of, but you didn't detail. The first one has to do with the narrative when the vaccine was initially rolled out. It was basically to reach this elusive herd immunity. And when you look at the data from government from all over the world, it seems that it was working so well. And then when the Delta wave hit, what we've heard is that, "Well, what the vaccine can no longer do is to protect against transmission."

My question to you is: Do we have credible data that it ever worked? Because this whole notion that the vaccine was designed to a strain that was different now, Delta, maybe didn't work because it was Delta and not the original strain. Do we know of any data showing that it ever protected against transmission? And why is it that we are seeing that the statistics were showing spectacular results against transmission?

Stephen Kirsch
Yeah. I've seen some data that might lead you to believe that the vaccines were working and that infections were going down. And there are certain studies. But based on what we've seen today and the careful studies that were done like the Cleveland Clinic studies, I think it's pretty doubtful that they ever worked. See, what the Cleveland Clinic studies showed is that natural immunity has always worked. Because you could see it in those curves. That natural immunity—

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That the more recently you got the infection, the more protected you are. And it's clearly the case, and it's not clear whether it's the time element or it's the variant. Because it's a little hard to tell, right? Because the more recent variants of course are going to be closer in time and they're going to protect you more.

Is it a time difference or is it variants? It's probably both. But the vaccines were showing just the opposite. So one can infer from that—now that we have this clear data from the Cleveland Clinic study—that it was just a mirage that we were seeing. And we were probably undercounting the unvaccinated and that these studies were not done carefully.

Because the size in the Pfizer trial—there are 22,000 people per arm in the Pfizer trial—and there was only one person who they claimed was saved from a COVID death in that trial. And I know I'm kind of switching here between deaths and infections, but this story starts to get into opinion. I haven't researched this extensively, but I would say that it probably was never the case that these things worked. Because if they did work, we'd be seeing it now too. Because these new vaccines are specifically designed for the Omicron variant, these booster shots. And we're not seeing the reduction, right? We're seeing that the more shots you get, the worse it is. So I'd say that if there is a protective effect, that it is overwhelmed by the non-protective effect of more vaccines making more vulnerable because they pressure the immune system.

Commissioner Massie
My other question has to do with the COVID management in Sweden. We could probably agree that, by and large, what they've done seems to have worked much better than in many other Western countries. However, they were pretty—I would say—proactive in vaccinating a large fragment of the population. So I'm wondering whether you have any insight from talking to people that are more knowledgeable about the situation in Sweden: What was the mindset or culture in the health authority that would make them believe that vaccines would be the way out, given all of the other measure that they had implemented so successfully?

Stephen Kirsch
Well, it's like most health authorities throughout the world: that they take their direction from the WHO, from the CDC, from the FDA, from the EMA [European Medicines Agency]. So the authorities are looking to other authorities to figure out where they should stand so they all look unified. Because it would be really embarrassing if the WHO said, "these vaccines are dangerous" and the CDC is saying, "everybody should get vaccinated."

All these health authorities tend to be aligned with each other. And so, I think that in Sweden, they were basically looking at that and saying "Well, these guys must know what they're doing, so let's go vaccinate everybody." Sweden has had better outcomes. And I

think it's probably more from natural immunity, that people were exposed because they didn't lockdown and people had natural immunity. So it wasn't the vaccine that actually caused the lower death rate in Sweden; I think it was more that they kept it open. People got naturally exposed to the virus early on and that was the cause of their success rather than anything else.

Commissioner Massie
Okay. One last question—a very general question. You, from your personal journey, only realized there was something fishy with the vaccine because you experienced it yourself. And I see a lot of other people that have been through a similar experience, that initially trusted the government and trusted the institution and said, "Okay, that's what it takes to get out of this COVID crisis, I'll go and do it." And now you realize after digging in the data that there's been a lot of, say, misinformation.

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I don't want to qualify who's doing it. When you look back at how we came to this sort of roll down very quickly across the world—with the lockdown and vaccine and so on—it cannot really happen unless the culture is already there to accept it.

So my question is: Now that we can gather data on the COVID crisis on many fronts—lockdowns, vaccines, and all of the early treatments, you name it—that is showing more and more with hard evidence that the government has been somewhat misleading the population, the greater question is: On how many other very important issues is the government misleading the population?

Isn't that going to open that kind of investigation from critical thinkers?

Stephen Kirsch
Yes, it should. It absolutely should, right? Because once the public has realized that they've been totally misled on these COVID vaccines, and it's done the opposite in all the directions, in infections, hospitalizations, and death. And that instead of saving hundreds of thousands of people, it's actually been killing hundreds of thousands of people.

Once that trust has been broken, then we start to ask the questions, "Well, what else have they been misleading me on? And then it opens up: well, how safe are these other vaccines? For example, Andrew Wakefield has said that there's a connection between vaccines and autism. And I'll tell you, I've talked to a lot of parents of autistic kids. And it only happened after, right after—in some cases in the parking lot after they got their shot. And so, this stuff **is being ignored. It's being swept under— These people who are bringing these accusations are being discredited, which then of course dissuades other scientists from bringing the same accusations because they look at what happened to Andrew Wakefield. That's why it was so important for them to make him the scapegoat and to show people, "Hey, if you go against the authorities, here's what we're going to do to you."**

And yet there was this Simpsonwood meeting, which I've written about in my Substack, where they tried to cover up the safety signals or the signals of harm. And they kept saying, "We can't make the signal go away. We can't make the signal go away." It's just stunning the amount of corruption that is at the CDC, for example, to this day.

And this corruption exists not only on the association between vaccines and autism.

It also extends to fluoridation of drinking water. The CDC has hailed that as a fantastic accomplishment. But the fluoridation of drinking water in America has been a disaster. It lowers IQ points and it really doesn't do anything for cavities. And in fact, I was at this event for Bobby Kennedy. I ran into someone who said, "We got rid of fluoridation of drinking water in our community. And the cavities went down and the IQ went up and it did exactly what the science says it would."

So I think this is going to open minds. And people are going to now be able to question, and be willing to question, other things where we've been very seriously misled. Things that we were all told to believe in, we're going to find that we were misled.

Commissioner Massie
Thank you very much.

Shawn Buckley
And there are more questions.

Commissioner Drysdale
Good afternoon. Thank you for your testimony. I just want to get a few points right in my own head about what you were talking about. I believe you said that in the United States, the public health officials did not want to disclose the vaccine status of deceased people because it violated their privacy. I want to ask you to comment on the fact that when I would go to a restaurant, or a tire-changing place,

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they would ask me my vaccine status and I would have to report that. Was that the same experience in the United States?

Stephen Kirsch
Yes, it was the same experience in other countries as well where in order to enter an establishment, you're asked to essentially disclose your vaccination status by showing us your vaccination card because you wanted the services. You were not required to do so; it's voluntary. If you wanted to eat at our establishment, you'd have to show the vaccine card to get in. And there were certain states that required it. I remember when I went to Hawaii: they required me to show my vaccine card in order to enter Hawaii and they also required it to enter into a restaurant.

Now, the email that I showed you—that was actually the U.K. Health Authority, who said basically, "This would be a privacy violation because it would be disclosing private health information. And we're not allowed to do that." And I said," No, no." On the death record, the 60-year-old died. The laws are going to be different in different places. But basically, in the U.K. they could have anonymized these records to say somebody between the ages of 60 and 65 who was vaccinated on these dates. And they could go and they could anonymize the dates. They could go and do a plus-one/minus-one on the dates, so that nobody's record would actually match up. And nobody could say, "you're making my data public," because the data wouldn't match up. But they were uninterested in doing that.

And I also talked to Norman Fenton in the U.K., who's talked to the regulator, and he got a similar response. They basically don't want to make the data public. They want to take the data and they want to massage it and present it in a way that's favourable to their narrative, so that they control the presentation. It's like you have this massive database of information and they don't want to show it to you. What they want to do is, they want to have this little telescope where you can look at one little piece, and they carefully control what you look at rather than showing you the whole database.

And there was no interest in saying, "Yes. We can't do it right now because of this particular rule but we want to go to bat for this because we think public health data should be made public." There was no interest at all. You know, if you're truly interested in public health, you want to make the public health data as publicly accessible as you possibly can, so that everybody can look at it and make their own conclusions from the objective data. That's how it should work. Instead, they're saying, "We're going to interpret it, and we're going to let you look at it through the lens that we control. And even if we make a mistake on it, you just have to trust us." And that's exactly what happened in the U.K. with this data, where they messed up and they undercounted the unvaccinated. And they misled people into thinking the vaccines are effective. That should just not be done.

To answer your question about the privacy concerns, that was a U.K. statement saying, "We can't do it because of privacy issues."

But again, I think if you asked people, "After you die, do you mind if we publish the vaccine data?" Why not just have people in the U.K. sign a statement that, if they want to keep their vaccine information private after they die, then all they have to do is register with the U.K. government saying, "I don't want my vaccination records released after I die." It would be very simple to do. And nobody would be able to have their privacy violated after they die to know when they were vaccinated. There's no interest in doing that.

Commissioner Drysdale
Yes. I wonder how voluntary it was. We had—maybe you want to comment on this—we've had numerous witnesses come forward to us who were fired from their jobs if they didn't disclose, who were kicked out of school, who couldn't go to church.

[01:35:00]

And I question how voluntary their surrendering of that private medical information was. In Canada, in any case.

Stephen Kirsch
Yeah, exactly.

Commissioner Drysdale
We have heard testimony through the last number of days concerning the financing of various public health agencies—the Canadian one, the American one—and we've also heard testimony of how senior officials from all of those health agencies shortly thereafter became employees of the drug companies that they were regulating. Can you make a comment as to what effect you believe that may have had on those agencies being able to carry out their job in protecting the public?

Stephen Kirsch
Yeah, I mean, it's clearly a conflict of interest that is only disclosed of course after they join the drug companies—and who knows what happened before that. Scott Gottlieb is a pretty good example here. He's appointed the head of the FDA and then he leaves there and goes to Pfizer.

And it's a little bit hard to say, "What are you going to do in the future?" And to say, "Well, that's a conflict." Maybe it should be that if you serve the public, that you can't go and work for a drug company for some period of time. Or be paid or be compensated by a drug— But any kind of thing that you do they'll figure out a way around it. Five years or 10 years you can't work for a drug company, then the drug company will say, "Hey, in 10 years, we're going to guarantee you a payment." And they sign a secret agreement. So I think it's difficult to control.

I think you need to just be really careful about hiring people and really understand where their hearts are. One way to find out of course is to look at their behavior prior to when you hire them. You know: What did they do during this pandemic? Were they people who were speaking out and saying, "This is wrong?" Were they saying, "We need to make this public health data public?" Were they champions for the public, or were they just going along with the narrative? I think the most important thing when you're appointing these people is to look for these potential conflicts but also really to look at their past behavior and what side of the narrative that they were on. Are they looking for truth? Are they proponents of truth? Are they proponents of transparency? And before they get the job, what are they going to promise to do in that job? Are they going to promise to make the health data more transparent or less transparent? Are they going to make the processes more transparent or less transparent? It's like medical journals. When they retract a paper and I ask them, "Hey, can we see the correspondence for how you retracted this paper?" They say, "we're not obligated to give that to you and it's a secret."

So people who are put into a job should say, "Hey look: when I go into this job, I'm going to create more transparency here and more accountability." It's all about what your promise is going into it. It's like being elected to a public office. What am I going to do? What have I promised to do, right? Accepting a job in a public health agency should be the same way: "I promise to clean up this agency, I promise to make it more transparent," and so forth.

Commissioner Drysdale
Thank you.

Shawn Buckley
There's another question.

Commissioner Kaikkonen
We've all heard the analogy of—they first came for us and then they came for them and then there was no one left but me. I'd like to turn that around on the question of silence. First, in Canada, we saw the citizens silenced. And now the regulatory bodies are being silent or silenced. And I'm not going to suggest that the Ontario College of Surgeons and Physicians is being silenced, either by dictate or voluntarily, but I'm just wondering: If we wait long enough, will we eventually understand who is pulling the strings because of who is no longer left to be silenced?

Stephen Kirsch
"If we wait long enough." Well, nobody knows the answer to that.

[01:40:00]

You know, there are speculations that there are people pulling the strings and manipulating this. I haven't seen any hard evidence of that. I haven't seen any memos. I haven't seen any smoking guns that indicate this. I think what we have is kind of a perfect storm. We had some research that was done and that research then kind of went awry and kind of escaped or was let out of a lab. Whether it's deliberately or not, there are different points of view on that.

Then of course, I think that most people involved in this, who are just believers of the narrative, believers in vaccines, believers in Tony Fauci when he said vaccines are the way out, even though they weren't. And we have a lot of people who basically were trying to do the right thing and are believing that they are doing the right thing. And they believe that people like me are evil and destructive and are causing people to die. So these are not evil people, they just have different points of view.

And is there a guy at the top who's pulling the strings and making things worse? Well, certainly, Bill Gates has been funding lots of activities that have made things worse for people like me. But is he doing that because he's an evil person and he wants to see people die? Or is he doing it because he believes that vaccines are safe and effective and people like me are bad? I actually—I may be an exception here—but I believe that Bill Gates honestly believes that these vaccines are safe and effective and that he's completely fooled. And he's not looking at the data like he should be.

Therefore, I don't think that the people at the top are these evil people that want to kill people. Because if they were, then this is not the way to do it. This COVID vaccine is not the way to kill people in large numbers. It's a way to kill one out of a thousand people who take the vaccine, but it's not a way to kill people in large numbers. It's a way to create a lot of chronic disease and so forth, but it's not the best way.

And if you were really an evil person pulling the strings on all of this, this is probably not your main plan of attack here, to construct this. It'd be pretty diabolical if you did it. It'd be pretty clever if you did it. But I don't think people are that smart that they could figure all this stuff out. I think this was kind of an accident and one thing led to another. I haven't seen any evidence yet that this thing is— There's some pretty suspicious stuff here. But it's more people wanting to make a buck than people wanting to actually have evil intentions and wanting to kill massive numbers of people.

Commissioner Kaikkonen
And my second question is: We heard testimony from an embalmer that middle-aged women are dying at an increased level, which appears to be consistent with the retracted findings from Skidmore, who says that 51 per cent of the participants are women with a main age of 47. This is a demographic that has not been identified at any point that I can remember throughout COVID, throughout the last three years.

I'm just wondering if you have any insights into why we haven't heard about this in the public's mainstream media or from the health authorities?

Stephen Kirsch
Specifically, the women, I don't know. But it's all lumped into— They don't want to hear about any deaths at all, right? The COVID vaccine has to be safe and effective because the press has promoted it to the public as being safe and effective. And it would be a huge embarrassment to the press to have to admit they were wrong. I think that that has everything to do with it.

The other part of course is that a lot of these media organizations are funded by drug companies and they would lose—or they're worried about losing—ad revenue. So the management is saying, "Let's not run that story."

[01:45:00]

And I know a number of people in media who have left because of that.

But basically, I think that this is not about specifically covering up any particular age group, or male or female. I think it's all about making sure nobody figures out that these vaccines were not as safe and effective as we said. In fact, they're downright dangerous.

The press will do anything it can to make sure that they don't erode the public's trust in the media by telling the truth.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
And there is one more question.

Commissioner DiGregorio
First of all, I'd like to thank you again for appearing and giving us your testimony today. You've spoken quite extensively today about data transparency issues and it's clear based on your presentation that you have spent a considerable amount of time gathering data from all over the world.

I'm just wondering if you can comment a little bit about the access to Canadian health and vaccination data, and perhaps how easy it is and how it may compare to other jurisdictions, and whether there are others who are doing it better?

Stephen Kirsch
Yeah, so the access to health information varies in different places all over the world. I think the U.K. has one of the best systems because of that; people have focused on that. And then they did an analysis showing that the health data from the U.K. was unreliable. And if the health data from the U.K. is unreliable— The U.K. health data is sort of like the gold standard because they're actually giving us vaccination status information. Unlike in the United States of America where we don't have anywhere close to the level of data that we have in the U.K.

I've talked to the CDC. The CDC says, "We don't get the vaccination records from the states."

And I said, "Really, why not?" They said, "Well, there's no law that compels them to give us the vaccination records." So I asked the people at the CDC, "Why haven't you asked them? You could ask them nicely. You could ask Governor Newsom in California to pass a law or to just hand over the records so that you can do your analysis." And they basically had never asked. They don't want to know.

Now in Canada, you can go to the Ontario— and I've spent the most time looking at the Ontario data. And they've done a really, really good job of tracking all these statistics. But as to whether or not you believe them is another story. They certainly don't publish the death vax records. The most important thing are those records and they don't publish them. So the health authorities should be asked that question as to why they don't. But when I ask, I've never gotten a response from any of these people challenging their narrative that's ended up working out. The health authorities in the U.K. or in New Zealand will actually respond to emails, which is good; it's a first step. And in certain states, they'll respond to emails. But then when you press them for the details, they stop talking to you.

I haven't done the pursuit of this to any great extent in Canada. But I'd be surprised if I found an advocate in Canada. In the U.S., there's only one guy—one health official in the United States of America—that is willing to sort of bend over backwards and try to get the data. And he's working on that; he hasn't produced it yet. But it's very, very rare. I think there are somewhere around 3,000 county health authorities in the U.S. and only one guy.

In Canada, it would be probably by province. And so your chance of finding someone who actually wants to help you and wants to make this data transparent is pretty minimal. I do appreciate all the work, especially in Ontario. They've got a great dashboard.

[01:50:00]

They have great visualizations. They're showing you the data. It's just that it's a little bit hard to believe that data is accurate in terms of their counts. I think that, just like the U.K., they're undercounting the unvaccinated. Which then makes their data suspect.

Because how could it be? I looked at their infection data, and it shows that the unvaccinated are being infected at a higher rate. Well, that differs from the Cleveland Clinic Study. And so when they're not counting the infections correctly, it's probably the case that they're not counting the hospitalizations and death correctly and attributing them to the vaxxed versus the unvaxxed.

That's why the national polls that people do are extremely interesting. Because if what they're saying is true, it should show up in the polls as well. And the fact that the polls don't validate what's been going on is troubling.

But the other thing that I love about Ontario, for example, is they were honest. They did say that these deaths in 2022— The all-cause deaths, which is the most important thing— Because you can miscategorise people as vaccinated or unvaccinated, but you shouldn't be able to monkey with the all-cause deaths. So, I was actually pleasantly surprised when I saw what appears to be a very honest number from Ontario Public Health showing the 39 per cent increase in COVID deaths.

Now that was stunning because usually, they try to figure out a way to hide it to depress the deaths. And in this case, you have some honest data—that looks very honest, that is at odds with the other data. So, what you look for is disparities in the data set that you've created. So: "Gosh, guys, if you're right about the total number of deaths in 2022 versus

2021, then how can you explain all this other data that you show us that claim that the elderly in Ontario are almost 100 per cent vaccinated." Right?

All the elderly groups—60 and up—almost 100 per cent have at least one shot or two shots. A lot of them are also triple-vaxxed. And those are the people who are dying. And when you have a 39 per cent increase in 2022, those numbers just don't add up. And that shows that there's this discrepancy. This doesn't make sense. And the fact that they're not willing to talk about it, that none of the public health officials are willing to talk about it, that's what really makes it interesting.

So I absolutely commend Ontario Public Health for pointing out those numbers. Because usually, when something is bad they'll cover it up. But they actually put it in their report: very clear, that 39 per cent increase in COVID deaths. So those are the things that you can look at and say, "Okay, now that's inconsistent and let's go from there. Let's have an open discussion."

But the fact that they won't have an open discussion is very troubling.

Commissioner DiGregorio
Thank you.

Shawn Buckley
Thank you. I think that's it for questions. Mr. Kirsch, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Stephen Kirsch
My pleasure. Thank you very much. Thanks for the opportunity to let people know about this information. I always encourage people to— Please don't trust me, go and get the evidence yourself. All I'm trying to do here is just highlight the data that's out there and how that data is inconsistent with what you're being told. And I'm encouraging people to suspend your beliefs and what you believed in before and just match up the data and see which hypothesis it matches better. Does the data match the safe and effective hypothesis? Or do the data and arguments match the hypothesis that this is not as safe and effective as they said?

Shawn Buckley
Thank you again.

[01:55:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 3: Angela Taylor
Full Day 1 Timestamp: 06:26:21–06:59:04
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Dellene Church
Good afternoon. My name is Dellene Church, and I'm a lawyer practicing in a small town in Saskatchewan called Davidson. Good afternoon, Angela.

Angela Taylor
Good afternoon.

Dellene Church
Can you please state your name and spell your first and last name for the record.

Angela Taylor
Angela Taylor, A-N-G-E-L-A T-A-Y-L-O-R.

Dellene Church
Thank you. Angela Taylor, in your testimony here this afternoon, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Angela Taylor
I do.

Dellene Church
Thank you. Angela, you are an LPN who was working at a seniors' home at the start of the pandemic. And at the time the vaccinations began being given in the seniors' home you were working in you were witness to the effects that those vaccinations had on the senior patients you were caring for. Can you tell the commissioners what you noticed in these seniors after receiving their COVID vaccinations?

Angela Taylor
Okay. Can I read from my sheet? Okay.

First of all, I just want to thank you for doing this Inquiry and giving us a voice to tell our stories. I feel privileged to be chosen to be one of the people included in this Inquiry. I just wish I didn't have so much knowledge and experience from our government's mishandling of COVID. I have been a nurse in a long-term care home facility for over seven years and have been working for the Prince Albert Parkland Health Region for almost 20 years.

I saw firsthand how the lockdowns affected the mental health of my residents. So many of them gave up wanting to live. They weren't able to see their family members or friends for so long. They gave up. Then came the good old vaccine. Twenty-nine out of the 30 residents received them. Within 24 hours many of the residents had side effects such as increased heart rates and pulses—not just a little high, but life-threatening high.

We had to call some of the family members to come, which they hadn't been able to see since we were locked down, because we didn't know if they were going to make it. One of our residents, who was the best-functioning resident there prior to the vaccine, went downhill to the point where she could not walk, talk, feed herself, or even hold a cup. She ended up in a Broda chair, not able to enjoy life, and passed shortly.

The next thing I noticed is that the disease processes sped up, like, three-fold, and they have never rebounded. So, the three-fold that I'm talking about is: If they had dementia before they were admitted into the long-term care it sped up so fast that they didn't know anything anymore. Or if they had Parkinson's, it totally crippled them. Or if they had Huntington's, it went faster and faster. Or cancer—it sped up the cancer rate as well.

I must add that I never wanted these. I was not in favour of them and I did not administer these vaccine injections. I did not want that blood on my hands. After working three or four of the vaccines—I don't know how my shifts always landed on the boosters—I finally went to my boss and said, "I do not want to work up to two weeks after their vaccines, because I don't want to phone family members. I don't want that on my hands." It was terrible. I can't even explain what I saw.

Dellene Church
Angela, can you tell us a bit about then what transpired as far as your job requirements that it became mandatory for you to be vaccinated?

Angela Taylor
It was after the first month that the residents were vaxxed, we were told that we were having to start to get vaxxed as employees of SHA [Saskatchewan Health Authority]. And after what I saw, I knew for a fact that I didn't want this vax.

I'm not pro-vax. I'm not an anti-vaxxer, I mean: I've had all my vaccines, even ones that I needed to get to be a nurse. And when I went traveling, I've had to get vaccines. Like, I'm not saying that I don't agree in vaccines. But I started researching. And I'm guessing you guys have been told that, when you get medication, you usually have a little pamphlet in there. The vaccines didn't have a pamphlet. And we kept being told it was for our health and for our residents and whatever. And I researched myself and I didn't like what I was seeing. And I didn't want the mRNA vaccine and I didn't want aborted fetuses. And I have really lots of allergies.

[00:05:00]

And I was concerned for my health because I have lots of allergies. I tried to get my doctor to give me a medical exemption for my allergies because I can't even take lots of antibiotics. I couldn't get an exemption because Dr. Shahab, the Chief Medical Officer, said that they weren't allowed to give out exemptions. So then I tried a religious exemption. And SHA wouldn't accept my religious exemption either.

I ended up getting the Johnson & Johnson vaccine on March the 23rd because the due date was December 1st. And I only had, like, a week left before I either had to change careers or whatever, kind of thing. So I ended up going in and getting my vaccine. And yeah, it wasn't a good thing.

Dellene Church
So after taking your vaccine, you had some serious health concerns. Can you tell us about that?

Angela Taylor
Yeah. About three weeks after I had my vaccine, one night I had heart attack symptoms. And I took myself to the hospital and I kept saying "I just received my vax three weeks ago. I've got high allergies." To this day, which is just about two years now, I've got this electrical current that goes from the top of my heart up into my neck and down my arm. Since this all took place, I can't sleep on my left side.

I have had so many tests. So many times, going to the hospital to see doctors that don't even— They just want to COVID swab me just to make sure I don't have COVID; they don't want anything to do with the adverse reactions or anything like that. I've tried. I've gone to a cardiologist. I've been sent to him, but he wrote me off at the end of December because he told me it wasn't my heart. But nobody can come up with a diagnosis.

My health and overall, it's not good. I can sleep 24 hours a day. I am lethargic, which means I just don't have the energy. Yeah. I was not like this two years ago before I had my vaccine. I used to work crazy shifts. I live a block from the nursing home and I would get called and I would be doing 12-hour shifts and then be on call all night and then doing another 12-hour shift. Being on call all night, do another 12-hour shift. I did those countless times. I used to be able to do more than I can do now.

Dellene Church
And are your symptoms still being investigated by anyone?

Angela Taylor
No. They basically wrote me off. At the beginning they told me to see a massage therapist and chiropractor, because they figured it must be some kind of a muscle or whatever. I did that for two, three months and then I went back. My nurse practitioner retired and I saw my new nurse practitioner. And she called the cardiologist on call in P.A. [Prince Albert], and I went directly there to do a stress test, an ECG, and blood work and all that.

And I actually had a friend who is an emergency doctor in Prince Albert. And I asked him if he would kindly put myself at ease and do a D-dimer test. And that's when they found out

that I actually had above D-dimer. I had a blood clot somewhere. My friend was, like, "Angie I don't know what I can do because I shouldn't send you home, but the CT machine is down. I know you're on an aspirin a day. I should give you Tinzaparin, which is a blood thinner. I don't feel good about letting you go home, because if you die it's kind of on me." I said to him, "I'll be back here at 7 in the morning." Because he knew I lived 45 minutes out of town from Prince Albert and he just didn't feel good about that. But when I had the CT scan, they only did my heart and my lungs. They didn't do my limbs. And I had been telling the doctors that I had, like, a charley horse in my arm. And eventually, after a couple months of aspirin a day my charley horse disappeared, which I'm guessing was a blood clot.

Dellene Church
Did any of the doctors you saw mention COVID? Ask you if you'd had the vaccine, how far ahead you'd had it?

Angela Taylor
They wanted me to get my second and third shot because the Johnson & Johnson was a one-shot. And I said "No, absolutely not." I said "I know I've got an injury from the vaccine that nobody will even touch me on."

[00:10:00]

They just wanted to give me another COVID shot because it was a Johnson & Johnson, it wasn't Pfizer or Moderna. And they wanted to give me a COVID swab because I probably had COVID that I didn't know about.

Dellene Church
So there was no connection made by any healthcare that possibly this was a vaccine injury?

Angela Taylor
No.

Dellene Church
Or that if you considered it to be one, what you could do about that?

Angela Taylor
No.

Dellene Church
Okay. So you also had some effects in your family from COVID restrictions and mandates. Your husband, children, parents, and your mother-in-law were all affected. Can you briefly tell us about that?

Angela Taylor
Yeah. At our school—it's a public school in Kinistino—I have to sign a form saying that they can get their picture taken. But when the health vaccines rolled out in our school systems,

they did not need parents' signature anymore. And with the peer pressure and all that we pulled our two kids out of public school and we home schooled our 16-year-old and 14-year-old now. They had to quit playing sports because they weren't allowed to.

And then my 22-year-old daughter was going to university in Regina. She was in her third year of social work and she had to drop out because she didn't like online learning. And then because of the vaccine mandates, she couldn't go to school.

My son got married. He's 26 and he could only have 30 people at his wedding.

My mother-in-law— I just want to read this because I don't want to mess this up:

"My mother-in-law got COVID and, to make a long story short, she passed away after getting pneumonia. But the doctors and the nurses wanted to vax her right up until her death. Plus, they treated us like second-class citizens for not having been vaxxed or not having the boosters. It was awful.

We were in the city visiting her and they told us that, 'we may have to put her on a ventilator in a while,' but it wasn't urgent. They suggested that we go somewhere and discuss this as a family, and they assured us that they would let us know before they did anything. We returned from lunch to find her in an induced coma and already ventilated and she never regained consciousness again. They did this while we were gone and her own kids never got a chance to say goodbye to her. Her last words to the nurse were, 'Tell my family I love them.'

They were flippantly passed by the uncaring nurses that told us that they would call before they hooked her up, and then they made her do it alone when we were there at the restaurant less than 10 minutes away. The nurse on the phone had our numbers, and—"

I've told my husband to request her medical records because I'm pretty sure that they did a whole lot of things that they shouldn't have done. Because, for one, she was unvaxxed and she never did want to be vaxxed. So I'm pretty sure they gave her Remdesivir and a bunch of other things. And they had her prone. And everything that I read that you're not supposed to do, they did.

Dellene Church
Okay. And your parents: They also suffered vaccine injuries?

Angela Taylor
Yes, my parents are elderly and they have a winter home in Yuma. They couldn't get across the border so they decided to get vaxxed so they could go to their winter home. My dad has a lot of health things that go wrong with him because of his back and his neck. But when he's over in Yuma, he doesn't need a walker at all. He's really good over there.

Anyways, my dad had a stroke a few months after they were down in Arizona. And then my mom: she started doctoring and ended up in the emergency room down there. To this date, she can't find a doctor to listen to her. It happened a few months after her Pfizer vaccine— her second one so she could go to the States. Her hands are contractured and she can't hold cups or bake or any of that stuff. And she can't cut her food. When she comes to our restaurant, I have to cut her food for her sometimes because she just can't do the motion.

She's 73 years old and she was in perfect health. It was my dad that had the health problems, that's why they were going to the States. And she can't find any doctors to admit that it's a vaccine injury either.

Dellene Church
Okay. And your husband did not vaccinate and lost his job.

Angela Taylor
Well, he didn't lose his job. He was working for a farming dealership for 19 years.

[00:15:00]

He was on the set-up and work crew, kind of thing. He couldn't go to Manitoba, and he couldn't eat in restaurants, and he couldn't go in to set up at the shows and stuff. The first show he went to they made him swab so he could enter the building to set up. But the second show he went to they wouldn't allow that. You either had to be vaxxed or you couldn't go in.

And he was to the point where he was just kind of emotionally spent. He just didn't enjoy his job anymore. And then with him and I talking about how everything was so wrong because of my nurse and my HIPAA— I know that unless you are my patient and you have AIDS or HEP or something, and you're, like, having a baby or something that it's going to affect me, I don't get to know your health information.

And I said, "I don't need to go to Tim Hortons and tell them I'm vaxxed or not vaxxed to get a donut." That's so illegal. So my husband and I discussed it and we prayed about it and we actually opened up a restaurant in Kinisto for the unvaxxed, because it was illegal. And thanks to Tony Wells— We went to Tisdale, to one of her Action4Canada things to find out what our legal rights were as a business owner. Because we're not businesspeople, I'm a nurse and he worked for a farming dealership because he loves the farm life.

Dellene Church
And one other point I think you should talk about is your experience visiting the Regina legislature and how you were received there.

Angela Taylor
Yeah, thanks to Nadine Wilson, the MLA—she's not my MLA, but she listened to me—she let us go to the Legislative Building. I believe it was the second week of December or something like that. And she told us after the fact— They did their legislative thing. She said in her 21 or 22 years of being an MLA, she has never seen where the person we wanted to see refused to see us.

Everett Hindley, Minister of Rural and Remote Health— If you go back and you watch that, you'll be so appalled. I came out of there wanting to run for an MLA because it was worse than watching kindergarten kids. He kept telling Nadine Wilson to go do another election to see if she could win a seat. It was childish. There were so many of us there. There was eight to ten or twelve of us there, and he didn't care about our vaccine injuries or how it affected us.

There was a lady that I met there and her and her son just about died six days apart. Yeah, the testimonies that we shared amongst ourselves: it was amazing that we're alive. And I said to my husband, "if I die from a heart attack, I want you to pay for an autopsy." Because I know it's the vax. And I have four kids and a grandchild and I know that it's my health.

Dellene Church
And did the Minister ever speak to you?

Angela Taylor
He gave us 15 minutes of his time because he had another commitment. And he was just doing it for the politics. He really didn't give a crap about any of us.

Dellene Church
So no guidance as to what you could do about—?

Angela Taylor
No guidance. He's never phoned any of us. He has all of our statements. He's got our phone numbers. Yeah, he doesn't care.

Dellene Church
Okay. What do you think our government could have done differently to have avoided the negatives that you've seen?

Angela Taylor
We need a whole new government. Everybody's there for themselves and their money and their own gain. They don't care about the little old people. They don't care about any of us. The lockdowns hurt so many people. My mother-in-law said that she would never, ever live through another lockdown because her kids were too scared to come to see her.

It should be: if you want to be vaxxed, go ahead. Go crazy. But it shouldn't be mandatory.

I wrote many letters advocating for my residents, to SHA, to Scott Moe, to Justin Trudeau. I never heard back from anybody. And it was illegal, what we did to those old people. We had to wear masks and we weren't allowed to touch them unless we were changing their diapers.

[00:20:00]

That's not quality of life, especially when you don't have a great end of life. It's so heartbreaking.

Dellene Church
Do the commissioners have any questions?

Commissioner Massie
Thank you very much for your testimony. I can see you have a lot of notes that you've taken. Would you agree to make that available for the Commission?

Angela Taylor
Yes.

Commissioner Massie
Thank you.

Commissioner Drysdale
Thank you for your courage and your service. I have a question about your vaccine. Your employer brought in a vaccine mandate as I understand it. And you got one injection.

Angela Taylor
Yes, I got the Johnson & Johnson, which is only a one-dose vaccine. And it was supposed to be no mRNA and no aborted fetuses.

Commissioner Drysdale
But were you able to keep your job when you only had one vaccination?

Angela Taylor
Yes, I had to prove that it was a one-dose.

Commissioner Drysdale
Okay. I understand.

I have a couple of questions, along with what was going on in the personal care home that you worked in. We've heard testimony from a number of other people who worked in those homes. Can you tell us a little bit about what the residents' life was like during that time with lockdowns, with no visitation, with staffing, et cetera?

Angela Taylor
It was devastating. They lost the will to live. Like, it was tough. When you go to a nursing home, you have to give up so much of yourself. And they had given up so much. And now they're locked in this home that they can't have their loved ones or grand babies or great-grand babies come to see them. They don't understand FaceTime because that's not the era they lived in.

One gentleman, he was a war vet. And he thought we were trying to kill him because we had to wear masks and we were giving him pills and he didn't have to wear a mask. So he was scared. He didn't even have the strength to get out of his wheelchair, but yet at night he would barricade his door with a dresser because he was scared we were trying to kill him, because he couldn't see our faces. When I had to give him his medication, I had to take my mask off prior to getting to him. And I had to get down on my knees and I had to say what

each pill was for him to trust me. Because he actually thought that I was going to try to kill him.

We had one resident that actually needed a psych consult because she was trying to commit— Like, she wasn't trying to commit suicide; she said she had no reason to live. And we were scared that she would hoard her pills because she was on lots of narcotics for pain. So we had to get her husband to come in to see her. And it's funny because once they saw their family, they spruced right up.

But we had to get that. And then, since we're in a small facility, it's not easy to get psych consults. Then we had to do FaceTime psych consults because the doctors couldn't see patients. I have in my notes that you will read that after the third or fourth vaccine, after I said I would no longer work these shifts anymore up to two weeks, it was also because after that, they didn't want us to submit anything about adverse reactions to the higher-ups. And I said, "Well, I'm charting it in their nursing notes because this is illegal. Because I am seeing heart rates of over 200 beats a minute, and I'm seeing blood pressures like I've never seen before on people that don't have blood pressure issues." You know, I've worked in the long-term care for seven years and I have never seen two strokes in 24 hours. And a few days later those two strokes had both died in 24 hours. I have never seen that in my seven years at that place.

Commissioner Drysdale
What were the staffing levels at your facility like prior to the COVID-19? Did you have shortages of staff? Did you have excess staff? Did you have exactly the right amount of staff prior to the COVID-19?

Angela Taylor
We are always short-staffed so it doesn't really matter—pre-COVID, during COVID, after COVID. But the thing is, people abused the whole sick pay. Because— I'm unionized, so I could say, "I was in contact with somebody, so I might get COVID." And I'd get 12 days paid COVID and I couldn't show up for work.

[00:25:00]

So it was crazy.

And then when we were in contact with somebody, they were down to two nurses so they had to get people from all walks of the SHA to come in and fill those positions. Which was funny, because we couldn't go work in any other facility because we couldn't bring bad germs back into our facility. But then people that were working in emerge., or in Estevan, or Saskatoon: they could come work in our facility because we didn't have the manpower, because we had to stay home for two weeks to make sure we didn't get COVID.

Commissioner Drysdale
What you've described through your testimony is horrific. You're talking about reactions—or alleged reactions—after vaccines. You're talking about people being locked up in their rooms. You're talking about people not having sufficient staff. You're talking about all kinds of things.

In your experience, in that facility, was there any additional government monitoring? Did they come directly to see what was going on in the facility at any time?

Angela Taylor
No. I asked Scott Moe and a few of the MLAs around our area to come and talk to our residents, to listen to what they needed to say. Because that was one of the things that they kept saying to me is, "Nobody asked me what I wanted." They said, "If I wanted to be locked down, I would have did it in my children's homes." Or they said that they would rather die than be locked away in a nursing home where they couldn't even see their family members. We had a husband and wife that could see each other outside of a window. They weren't allowed to touch, kiss, nothing. And yeah. It was illegal, because nobody should be telling them what they can and cannot do as a spouse.

Commissioner Drysdale
My last question is: How did the people administering the vaccinations to the residents ensure that there was informed consent?

Angela Taylor
Their families.

Commissioner Drysdale
And their families were informed of things that you've been hearing about potentials for adverse reactions and the risks and all so that they could actually form informed consent?

Angela Taylor
The first few vaccines everybody was just gung-ho because they thought that they could come in to see their loved ones. But that's not what was going to happen. It was never going to be opened. We just got rid of our masks two weeks ago. Yeah.

It was, say my grandparent left me in charge of their written or their verbal consent. I would say "Oh definitely, vaccinate them." Some of them don't even have contact with their loved ones and they were saying, "Vaccinate them."

And now— Well, there's not very many left from the start of this. But what I noticed also because I worked the first so many, by the second or third time, I said, "Oh, so-and-so will be next in 10 minutes, and so-and-so will be next 10 minutes after that." And they laughed at me. And I said, "No, I have figured this out." And sure enough, I would be running for the blood pressure machines, and I would be running for everything because just as it happened prior, it happened again.

Because it didn't go by alphabetical order, I'd figured that much out. But finally, I had enough and I said to my co-workers— Because we're the only nurses there; I'm the in-charge nurse, I look after 30 residents— I went and I got four charts out and I said, "Look. A-B-C-D: first vaccine. A-B-C-D: second vaccine." It always was the same people in the same sequence. It was crazy. And finally, I said to one family member after the third one: "Are you actually going to vaccinate them again for the next booster? Because look what has happened to them every time." I said, "you got to reconsider this."

Commissioner Drysdale
How many medical doctors were present during the vaccinations of these residents?

Angela Taylor
None. We have a doctor that comes out, maybe, Mondays and Fridays if we're lucky. And he doesn't really like elderly people, so it's not a big concern for him. But we've never had a doctor there. And when we have the adverse reactions, we never send them to a hospital. We just monitor them because it's end of life care.

[00:30:00]

Commissioner Drysdale
So, there were never reports to the CAEFISS [Canadian Adverse Events Following Immunization] System?

Angela Taylor
Well, we would report it to the doctor and he would come and look at them on Monday or Friday. But for myself I did the complete charting in the nurses' notes, plus I did it for the higher-ups, to be sent the reactions. But, like I said, after so many they quit taking any of the—

They didn't care that this was really happening, I don't think. That's my opinion, because I was just— That's when I said, "Do not schedule me for any shifts up to two weeks after." One time I went in as a care aide because all the staff got sick as well, because they were vaccinated the day before. So I went in to work as a care aide, and there was only two care aides and a nurse. And the nurse started getting sick and the other care aide that I was working with had to go home because she got sick.

I saw so many health issues from my colleagues as well and they won't put the thoughts together. Like, there's a cold and I've worked in that facility for the two years and I never did fit an N95 mask. So I was using the nice blue little medical masks. And I went into 13 rooms one time. We had 13 people that had COVID and I never got COVID. The whole time I have worked there, I've never had COVID. And I was wearing my little flimsy mask with my medical gloves and my medical PPE. I was the only nurse, so I had to go in and out of each of those rooms to give their medications and to do any dressings or to do anything, and I never got COVID. I washed my hands with hot water and soap. I did everything I was supposed to do. Everybody that I work with has basically got COVID a couple times.

Commissioner Drysdale
Were there ever any overall staff meetings where you discussed what was going on, and what the reactions you were seeing were, and what the care level was for the residents?

Angela Taylor
No. Because a lot of the people that I work with don't want to admit that the vaccines are wrong.

Commissioner Drysdale
Thank you very much.

Dellene Church
On behalf of National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Angela.

Angela Taylor
Okay, thank you.

[00:32:43]

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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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 4: Ann McCormack
Full Day 1 Timestamp: 06:59:05–07:28:25
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Shawn Buckley
Our next witness today is Ann McCormack. Ann, can you please state your full name for the record, spelling your first and last name.

Ann McCormack
My name is Ann McCormack, A-N-N M-C-C-O-R-M-A-C-K.

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

Ann McCormack
I do.

Shawn Buckley
Now, my understanding is you have a Bachelor's in Pharmacy and Pharmaceutical Science from the University of Alberta.

Ann McCormack
That's correct.

Shawn Buckley
And you practised as a pharmacist for seven years.

Ann McCormack
About seven years, yes.

Shawn Buckley
And then, for family reasons, you let your licence lapse.

Ann McCormack
Right.

Shawn Buckley
But you went back as a pharmacy assistant, unregulated, in May of 2020.

Can I ask you what happened to the previous employee?

Ann McCormack
Oh, sure. I had heard about this job. I was home on the farm and the lady that I had replaced was so afraid of catching COVID that she couldn't come to work anymore. She quit.

Shawn Buckley
Okay. And now, my understanding is that the pharmacy that you were working at was not selected initially to receive the vaccine. Can you explain to us, kind of what happened, and what happened with the pharmacy across the street?

Ann McCormack
Sure, I'll try to. I think it's a large picture where a competition atmosphere was set up so that the vaccines were promoted. But I think it started very early at a federal level, where the federal Conservatives under O'Toole sort of accused the federal Liberals under Trudeau of not being able to obtain any vaccines. And then the trickle down was that, when these doses were finally procured, provinces would then distribute them.

And so early doses of vaccine of all the brands were initially given to drugstores that could handle a high volume based on the previous year's flu vaccines that they were distributing and injecting into people. We were a smaller drugstore and the drugstore across the street had a larger volume. They had a larger square footage, more staff.

And so there became— The managers almost sort of had their nose out of joint that the government actually selected one business over another. As a patient, if you chose to get the vaccine, you couldn't necessarily just go to your regular druggist—especially if you had a date to get across the border, for instance, to Yuma. It really set up a competition and it took the individual's choice of who they went to for their health, I suppose you'd say. It took that choice away from the individual to some degree.

Shawn Buckley
Now, this is a smaller town, am I correct?

Ann McCormack
About 1,400 people. In Alberta too, by the way.

Shawn Buckley
Yes, so I presume that—I imagine it's the same in the city, but more so in a rural environment—the pharmacist gets to know the patient and is familiar with the patient's medical history.

Ann McCormack
Oh, absolutely. That's the best part. I left being a pharmacist for lots of reasons but the only thing that I really, really miss is seeing the same people every day, doing their blood pressure. You know, we call them the senators. All the old gentlemen would go and get their blood pressures done then they'd go for coffee and compare their numbers, right? It's a social thing. It's a wonderful, wonderful set-up. It is a really loving environment. Yes.

Shawn Buckley
Right. But the thing is, with this policy where people have to go to a different pharmacy, they would be going to a pharmacist that does not know their medical history and record. So that pharmacist wouldn't know if there's something contraindicated with taking the vaccine or whether there should be a specific concern.

Ann McCormack
That's true to some degree. To some degree, they're obligated to do some history on that person but you are sort of walking in cold, for sure. I mean, it is much nicer to know a medical history on somebody, yes.

Shawn Buckley
Now, was the incentive structure different for the COVID vaccines than other vaccines?

Ann McCormack
Speaking to Alberta again, I don't know what you'd call it, a traditional vaccine like Measles-Mumps-Rubella or a TWINRIX vaccine for travel,

[00:05:00]

the drug store would bill the provincial insurance company $13 per dose. That's your dispensing fee. And so for COVID, we billed Alberta Blue Cross $25 per dose. Nearly double.

Shawn Buckley
Now you were wanting to say some things about informed consent. So I'm hoping— And please take your time with this because as a pharmacist you actually would be the person, back when you were licensed, actually dispensing drugs. So pharmacists are highly trained in what informed consent is. And I think you were here earlier today when Dr. Christian was speaking about the Nuremberg Code and informed consent.

Can you explain to us what basically are the elements of informed consent and why they're important?

Ann McCormack
Well, I'll go back to what Dr. Christian said: It is the absolute bedrock of patient care. It ought to be the bedrock of banking, of every single way we serve one another as humans.

Informed consent in Alberta is: First of all, you must have the capacity to understand the information before you consent. If you are given every reason in the world to do something, to buy something, to inject something, to ingest something, and you still choose not to, that is your prerogative. That is your choice. However, first of all in Alberta, you must be able to have the capacity to form consent and then you may give your consent.

It's a little bit different in Saskatchewan, in that there is a duty to ensure that the information is understood, and also that a signature is not the same thing as informed understanding and consent.

Shawn Buckley
Right. Now, I don't know, what is the legal drinking age in Saskatchewan? Is it 18?

Ann McCormack
Is it 19 in Saskatchewan maybe?

We live near Lloydminster, so we're a border city that straddles Alberta and Saskatchewan. And many of the health mandates that came up, like the legal age to go into a liquor store or whatever, would be dictated by Saskatchewan. However, lottery and that kind of thing, the VLT that you'd play while you're drinking, was dictated by Alberta. So it was crazy, really.

Shawn Buckley
But it's around 18 or 19.

Ann McCormack
Eighteen or nineteen, whatever, yeah.

Shawn Buckley
Okay. It's just, we had some evidence earlier today about: How does a 13-year-old be able to consent? That it's just not possible. So that would speak to the capacity issue that you've raised.

Ann McCormack
Yes. Even the language that is used to explain side effects to a person, it's just being a nice person. It's just being a decent individual, a moral individual, regardless of whether you've taken an oath or not. Explain things in a way that people can understand and try and ensure that it is understood.

Shawn Buckley
Commissioners, I'll just let you know that Ms. McCormack has provided me with a screenshot of the Saskatchewan requirements. But I'm going to ask David if he can pull up my screen, which is the Alberta College of Pharmacy Requirements. And can you speak to us about a sentence there: "Generally, for a patient's consent to medical treatment to be acceptable—" And then there's three concepts.

Can you speak to those and explain those to us?

Ann McCormack
Well, it has to be voluntary. You know that saying about, "No jab, no job?" I mean, that is coercion. If you threaten someone's income or their ability to put food on the table for their children because you haven't taken an injection that either you're not aware of, or not sure of, or have a question about, that is coercion. That is not freely given informed consent.

We've talked a little bit about the capacity to form consent and that the patient must be properly informed. I don't know that even a lot of the health professionals have been properly informed. The way medications are promoted—and doctors are sometimes educated and pharmacists certainly are educated—is through drug reps.

A drug rep usually has a Bachelor of Commerce degree. They don't have medical training.

[00:10:00]

Our conferences and learning opportunities are often sponsored by the drug companies. Wings of hospitals in different countries are sponsored by drug companies.

Shawn Buckley
And as far as informed consent, my understanding is that a person has to understand both the risks—

Ann McCormack
Oh, the risks and the benefits, right.

Shawn Buckley
And the benefits. And then the ingredients.

Ann McCormack
Well, yes, the ingredients. I don't know that you need to learn how to spell "thimerosal" or some of the ingredients that are in a drug. But certainly, at the bare minimum, you must be able to—in some informal way in your mind at least—balance the risk-benefit ratio and make a decision for your very own body. Or that of your child. Or that even of your unborn child.

Shawn Buckley
Now you had some conversations with the pharmacist that was at your pharmacy because eventually, your pharmacy did get the COVID-19 vaccines.

Ann McCormack
Yes. I will say I wasn't employed at that pharmacy much after the first vaccine doses came in. But I would ask questions, "Well, what about informed consent?" Because keep in mind, I had let my licence go many years before and came back to work because I wanted to. And there would be questions— I would say, "Well, what about informed consent?" And from educated—to my mind, very good-hearted people—the answer was things like, "Well, that's the way we do things now." And you could knock me over with a feather. When I asked about things like blood clots for instance— Because it was in the popular press, people wanted to know; they were worried and they wanted to know the answer. "Well, what about blood clots? What do you tell them?" "Well, you can treat blood clots."

That was literally the answer: "You can treat them."

Shawn Buckley
What would the pharmacist do if asked about the long-term safety data by a patient?

Ann McCormack
That's another one that was brushed off. It was to the effect of, "Well, that is how we do things now." One of the pharmacists—again, licensed, experienced, you know, upstanding person in the community—would say, "Well, first of all, there are no long-term safety data. But am I worried about it? No." So you're inserting an opinion in that conversation which, to my mind, ought to be strictly the facts.

Your opinion— I don't know, you guys are the lawyers. If you try to influence somebody with your opinion on a health decision, I think you've overstepped the line as a professional.

Shawn Buckley
I appreciate that you weren't licensed at the time so that you did not give any injections. If you had been licensed, how do you think you would have dealt with this?

Ann McCormack
I would have quit. There is absolutely nothing— I can't think of a situation where I would have prepared a patient and given an injection, firstly, that I had concerns about. If I had concerns about something, I would have sought answers to satisfy my curiosity. And I couldn't have done it. I couldn't have done it.

Shawn Buckley
Now, as things went on—and you already told us that you weren't employed there for much longer after—can you explain for us what happened?

Ann McCormack
Yes. In 2012, we lost our toddler son in an accident on our farm. And so, I just felt when I was wearing masks, because they were mandated, I couldn't breathe. I got grief feelings: you know, a bit anxious and like I couldn't breathe. I did try wearing masks at work but I eventually just couldn't. And my doctor actually wrote me an exemption.

So, I tootled along. By then everybody's putting Plexiglass up and putting alcohol on ballpoint pens to keep the germs off everything. You know, all these crazy things.

Anyway, my husband is 60 years old. And about six months before I lost my job, our 14-year-old son took his own life the weekend before school started. So, we have lost two children and there was absolutely no way that I could wear a mask.

[00:15:00]

You know, just the feeling of claustrophobia and whatever. And I say that as if I'm putting a label of mental illness on myself. I don't think that that is, I think that that's a very normal reaction given our circumstances. I suspect that it would be mentally ill not to react to the deaths of your two sons and to be able to wear a mask and all this confining stuff.

Anyway, my husband is 60 years old. One day when I was not wearing a mask at the store, I went to help a customer who was his high school bus driver from 45 years ago. Who said, "Get your mask on," or whatever. And I said, 'Well, I can go back here or find somebody else to serve you." Jason Kenney, our premier in Alberta at the time, instituted a "snitch line" so you could phone and report people. And so she used Jason Kenney's snitch line to report me for not wearing a mask.

The health inspector contacted the pharmacy. On April 29, 2021, within 20 minutes—despite coming in early to cover the pharmacy so that my superior could have a private doctor's appointment for 20 minutes and then come back to the drug store—that was the end of my job. I had to go home.

Shawn Buckley
When we were in Winnipeg last week and playing government clips, when they were talking about snitch lines, they used a much more police-state term. They used the term "ambassador," that you would be an ambassador. I think at the NCI we're going to adopt that: "the ambassador." It just kind of has an Orwellian ring to it.

So you lost your job. My understanding is that you filed a complaint with the Alberta Human Rights Commission.

Ann McCormack
Yes. I did it on my own and then I thought, 'This is ridiculous. That's not going to get anywhere." For one thing, if you live in a town the size of ours— I knew who had made the complaint against me and I phoned her and asked her why on earth she did that. She said, **"Well, I'm sorry, but—" I mean, I don't even know if she's alive anymore. She's got to be close to 90, or over 90.**

And then I thought, well, I am going to fight this. This is wrong on so many levels. This makes no sense. And then I did get a lawyer, withdrew my complaint, and he submitted a complaint to the Alberta Human Rights Commission. And I'd also tried to reason with the College of Pharmacy. I said, 'I'm not even a regulated member. Why did I lose my job?' And of course, what they did was put pressure on all pharmacists so that even unregulated cashiers, everybody, would be wearing masks. I don't know what would have happened to my immediate superior if I hadn't worn a mask. So yes, that's been before the Alberta Human Rights Commission. It will be two years in just a few days.

We had a conciliation meeting to try and work things out—which was not successful at all—in which my lawyer had presence of mind to ask before the Zoom meeting started, because the other party was a little bit late joining, if there was a bias against people like me. "People like me." And this young fellow from the Human Rights Commission who was sort of mediating this negotiation, or was supposed to be, he admitted. He laughed, he said, "Yeah, well, I guess I have to admit that, yes, we do have a bias against you."

Shawn Buckley
Interesting. Now, my understanding is you filed almost two years ago and the importance of that is: You haven't had a decision yet, number one. And two, your two-year limitation to start court proceedings is just about to run out.

Ann McCormack
Yes, it is. And my lawyer has written two letters to the Human Rights Commission. I think it's probably about the same across the country but this is of course to the Alberta Human Rights Commission. One last October 28th, saying, you know, "I'm seeing other cases go by." He's got five of us within the province of Alberta who have expert testimony and legal representation. "Why aren't my cases being looked at? Why are tribunals not looking at my people, my specific people, at the Alberta Human Rights Commission?"

He just wrote another letter just a few days ago, six months later [Exhibit SA-6b].

Shawn Buckley
I think that was April 14th. Your lawyer is James Kitchen?

Ann McCormack
Yes.

Shawn Buckley
And he's coming tomorrow to speak. And we'll file—in fact, we've already filed—those letters that he wrote.

[00:20:00]

Just to substantiate, what you're saying is that they've basically been dragging it out for no reason.

Ann McCormack
Yeah. Well, I think the reason is in fact that it times me out, so that they've taken my choice to go through the courts away from me. You can't do it at the same time. If I failed at the Tribunal then maybe I would go through the court proceeding, which would be more expensive and I don't know if it would be successful or not.

And it doesn't matter. To me, the fact is that they've taken away my chance to advocate for myself, to make my case. It's so true that justice delayed truly is justice denied.

Shawn Buckley
Right. I have no further questions for you. I'll ask if the commissioners have any questions.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering if there was a formal public tendering process for the government choosing which pharmacies would meet the qualifications for giving vaccines to customers.

Ann McCormack
Oh, my! Well, I'm not an expert on that. However, in such an unusual situation to my mind in this country, politicians started naming Shoppers Drug Mart. "Go to Shoppers Drug Mart to get your—" It should be a private business. Why not Guardian Drugs? Why not Apple? And I guess I have seen some coincidences, where Shoppers Drug Mart was bought out by Superstore in about 2013. Owned by Westons. Westons and Trudeaus are pretty good friends. I don't know if that has anything to do with it. I don't know. I haven't read any contracts.

Commissioner Kaikkonen
And also, we heard earlier—I believe from Dr. Christian—that there is an assumption that 13-year-olds are able to understand the benefits and possible reactions to the vax. But presumably the adults dictating that children receive the vax would understand the risks. Did you hear or know of any health professionals that chose not to vax a young person on the basis that that youth might not have the capacity to give consent?

Ann McCormack
I did not witness that, no. However, as a mom of a 14-year-old son who took his own life, I would say that young people probably don't have the greatest judgment. This was absolutely shocking to us. We'd been at home, of course, without school, for months. My son said that this had been the best summer of his life. Okay, the cops are going to get me because we live on a farm and we were not too concerned about all these restrictions. He went boating with his cousins. He could sleep in. You know, he read books, went exploring all over our farm for acres and acres for hours every day, you know, rode his horse, had the dog. I mean, he didn't have to go to school, so he was having a great summer. So, there's an example of a 14-year-old who made a decision that he couldn't undo. And I would suspect that there are lots of teenagers that may make a decision to take a vaccination that you can't undo.

Commissioner Kaikkonen
I'd like to thank you for your testimony and I'm sincerely sorry for your loss. Thank you.

Ann McCormack
Thank you.

Shawn Buckley
And there's still more questions.

Commissioner Drysdale
Thank you for your testimony. Did you witness any of the vaccine injections that were going on in either your drugstore or any other drugstore in your community—like, first-hand witness them?

Ann McCormack
The needle going in the arm? No, I didn't. We have an injection room for privacy for people.

Commissioner Drysdale
Okay. You mentioned that when you questioned the pharmacist about long-term effects, he didn't seem to be concerned with that. Did the pharmacist and then the people around you understand the unique nature of the mRNA vaccines? In other words, this wasn't like a measles vaccine. This was something different. Did they know that?

Ann McCormack
I think so. I think it was in the press. And as I say, I think the political football that it became, like, "We've got to get it! We've got to get it!" Do you remember the competition? It was sort of watching this race to get this vax. There was even different language about it, to get the vaccine out there. Like it was an accelerated pace to get that technology developed, get it into needles, get it into your arm, right? It was a real race.

[00:25:00]

It was a sensationalized thing.

Yeah, so people did know that. As I say, if COVID sprang up in March of 2020— March 17th I think, was sort of the lockdowns in Alberta. School was done for the rest of the year, et cetera. If it was a new disease, surely, surely people must know that if the vaccine was a new technology and only around for six months; there could not possibly be any long-term safety data on it. And if you had that question and you asked it, surely it should have been answered honestly, that we just don't know.

Commissioner Drysdale
I just want to confirm what I thought I heard you say. Did you say that normally the pharmacy would get paid about $13 per dose for an ordinary vaccine, but that they were paid $25 a dose for the COVID-19 vaccine—that's almost double?

Ann McCormack
That's correct and that's Alberta. A pharmacist, like maybe Krista Moe— I believe Premier Scott Moe's wife is a pharmacist and they own a drugstore about an hour and a half from Saskatoon, licensed in Saskatchewan, could give you a better answer about Saskatchewan information.

Commissioner Drysdale
Well, Alberta's information is fine. I just want to make sure I understand this. Does that include the cost of the vaccine? In other words—

Ann McCormack
Oh, oh, oh. I'm sorry to interrupt you. Yes, that's a very good question. Sorry. And I believe the other commissioner was maybe trying to get at that.

The expenses around delivering the vaccine for the individual drugstores in Alberta would be the storage requirements in a fridge and whatever personal protective equipment you had to wear—gloves, a mask, whatever. So, I won't say that the vaccines were provided to the drugstores free, because they were provided from the federal government bought with tax dollars, right? So of course, they're not free. But the individual drugstores did not buy them themselves. They had to go to the expense of purchasing gloves and masks but they didn't buy the vaccines.

Commissioner Drysdale
I understand. So, the increased cost may have been somewhat related to them having to buy PPE that they didn't necessarily need to use for, like, a TWINRIX vax.

Ann McCormack
Well, maybe. I think most pharmacists would likely use gloves anyways. Maybe not a mask in the before-times, I guess you'd say, or before COVID. They may or may not wear a mask in close contact with people. I think it was for the extra counselling, maybe, that it took for mRNA injections, to talk to people about them. Probably took more time with this new technology.

Commissioner Drysdale
Extra counselling?

Ann McCormack
Well, pharmacists are required to counsel and make sure there is informed consent and answer questions around it.

In Alberta, I believe the pharmacists were also encouraged to consult their patient lists—so the database that you'd have per patient, which is confidential. And to my mind, that was not breached; I'm not saying that at all. But they were encouraged to contact people that would normally come to their drugstore and make appointments to give the mRNA injections. I don't think that's ever happened—not to my knowledge—in any other situation before.

Commissioner Drysdale
Lust so I'm clear, the pharmacists were cold-calling potential clients and they were using their patient list to do that?

Ann McCormack
Yes. And I believe they were encouraged to do that by the Alberta government.

Commissioner Drysdale
Hmm. Thank you very much.

Shawn Buckley
There being no further questions, Ann, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Ann McCormack
Thank you all. Thank you.

[00:29:20]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 5: Randolph Schiller
Full Day 1 Timestamp: 07:29:15–07:56:08
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Wayne Lenhardt
Could you give us your full name sir, and spell it for us. And then I'll do the oath with you.

Randolph Schiller
I go by the name of Randy Schiller, but my legal name is Randolph Schiller. R-A-N-D-O-L-P-H S-C-H-I-L-L-E-R.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Randolph Schiller
So help me God, I do.

Wayne Lenhardt
You live in the Weyburn area, is that correct?

Randolph Schiller
That is correct.

Wayne Lenhardt
Okay. Your saga began in what year?

Randolph Schiller
In 2020.

Wayne Lenhardt
Okay. At that point, COVID had come along. The vaccine was being used. You got suspicious. Could you tell us about that?

Randolph Schiller
Yeah. Right from day one in January 2020, when I was watching the news videos from China. When you're seeing some of the people fall dead over in the street, disinfecting the streets, building a hospital in seven days—which to me looked more like prison cells—I questioned the narrative coming out of China. To me, the validity of the virus was not there.

Wayne Lenhardt
So did you get the vaccination?

Randolph Schiller
No.

Wayne Lenhardt
Have you ever gotten it?

Randolph Schiller
No.

Wayne Lenhardt
So what happened next? Did you suffer any financial consequences relating to COVID?

Randolph Schiller
Yes. My employer, Canada Post, had masking mandates. I sought a mask exemption. I eventually got one. Immediately, I was put on short-term disability, which went to long-term disability. And then when Mr. Trudeau removed the masking mandates I could not work, because I was not vaccinated, for about three to four weeks.

Wayne Lenhardt
So at some point, you thought about doing freedom of information requests.

Randolph Schiller
Yes.

Wayne Lenhardt
And when did you do that and to whom?

Randolph Schiller
I first started off with the Holy Family School Board in Weyburn. That would have been in December 2021.

Wayne Lenhardt
Did you have children at that school?

Randolph Schiller
No. No, sir.

Wayne Lenhardt
Okay. I believe you told me that you'd been on the board of that school?

Randolph Schiller
Yes. Previously, back around 2010, I was a trustee for the Holy Family School Division.

Wayne Lenhardt
Okay. So, the Holy Family School Board in Weyburn. And who else did you make requests of?

Randolph Schiller
At the same time, I'd mirrored my FOIA request to the Holy Family—to the Ministry of Education and to the Ministry of Health.

Wayne Lenhardt
Okay. Do you remember generally what it was you asked for?

Randolph Schiller
Yes. I wanted communication between Holy Family School Board and the Ministry of Education. Also, the same thing between Holy Family School Board and the Ministry of Health, or the SHA [Saskatchewan Health Authority].

Wayne Lenhardt
Okay. And so what happened next?

Randolph Schiller
Immediately they took my request. A couple weeks later, I added another FOIA request to the Holy Family School Board. Shortly thereafter, I got a letter in the mail stating that the Holy Family was going with the Saskatchewan School Board Association: they were going to petition the [Saskatchewan Information and] Privacy Commissioner and disregard my request for vexatious statements.

Wayne Lenhardt
Okay. And so that sort of a refusal proceeded through its channels, and then what happened?

Randolph Schiller
I eventually won that case with the Privacy Commissioner. I was lucky enough to have a gentleman sitting with me while I recorded the conversation, proving that I did not utter any vexatious comments.

Wayne Lenhardt
Okay. Now, I gather there's a difference between asking for material from the Ministry of Health. And there is another agency that you can go through as well. So did you get what you wanted from the Ministry of Health and did you have to go elsewhere?

Randolph Schiller
The Ministry of Health came back with those records saying they did not communicate with Holy Family School Division. But I also changed my wording with the Holy Family to go through SHA. SHA did have communication with Holy Family and some of the requests, mostly through the channel of the Weyburn Public Health.

Wayne Lenhardt
Okay. Did you get what you wanted as far as the public health records went?

[00:05:00]

Or was there some other avenue you had to go through?

Randolph Schiller
No, I didn't get everything that I wanted from the health records, that channel. If you're regarding the freedom of information for the Holy Family.

Wayne Lenhardt
Okay. We talked about Panorama records—

Randolph Schiller
Oh, the Panorama record. Okay. I wasn't sure what you were getting at there. Sorry about that.

Late in the fall of 2021, because of the vaccination passports that were coming out, I wanted to block my eHealth records. During my blockage of my eHealth records, I found out that there's also an entity through Public Health called Panorama records. That is controlled by Public Health and it holds all your vaccination status and all those other records. During that time with the Panorama records, I asked for what was on my file. What I did find was some questionable entries regarding COVID. And I challenged the SHA. But in my opinion, those records were fraudulent.

Wayne Lenhardt
Okay. So in other words, you did get some records. You had to fight a bit. Have you gotten all of the records now that you've requested?

Randolph Schiller
No.

Wayne Lenhardt
Okay. And there's still some sort of a dispute going on at the moment. What's happening there?

Randolph Schiller
Well, between the Ministry of Education and the Holy Family, right now I have a request for review with the Privacy Commissioner because the Ministry of Education withheld or redacted much of the records that I sought.

Wayne Lenhardt
Okay.

Randolph Schiller
So I'm asking for a review to have everything unredacted.

Wayne Lenhardt
And you've provided us with all of the FOIP responses that you've gotten to date, which isn't all of it, and they're on this thumb drive.

Randolph Schiller
That is correct.

Wayne Lenhardt
Which is going to be submitted to the Commission to go into their records.

Okay. You haven't done any kind of an analysis of all this documentation, like we've heard from witnesses this morning. But could you give us your general overall view of what you've gotten so far and what you're still hoping to get?

Randolph Schiller
Well, number one is transparency and informed consent. That's always been my goal. That the government is not very transparent in providing records, just from my personal situation.

Wayne Lenhardt
Were the records that you got consistent with what the mandates were at the time?

Randolph Schiller
Could you rephrase that, please?

Wayne Lenhardt
Well, I think you were concerned— For example, we had a discussion previously about masking and whatnot. Did Public Health or the SHA or someone actually mandate the mask? Or was there just a suggestion? And did some other body go ahead and go a little further than, perhaps, the requirements indicated?

Randolph Schiller
I want to say yes, that the Holy Family School Board went above and beyond what I believe was required from the Ministry of Health.

Wayne Lenhardt
Okay. So, let me put it this way then. If you were in charge and you had seen these documents, would you have done the same restrictions and mandates as occurred? Or would you have done things differently?

Randolph Schiller
No, I would not have done all those restrictions. If I was on the Holy Family School Board, I definitely would have not implemented the policies that they did. But my understanding, all school boards were following those directions from the Ministry of Health and the SHA.

Wayne Lenhardt
Did you feel there was any necessity to do what was done that caused you financial harm?

Randolph Schiller
No.

Wayne Lenhardt
Okay. Is there anything else that you would have done differently?

Randolph Schiller
For me, no.

Wayne Lenhardt
At this point, I think I'm going to ask the commissioners if they would like more information.

Randolph Schiller
Would you mind if I give some of my back story? Because I've done 26 FOIPs. So, I was hoping to talk on a few critical ones, if you guys wouldn't mind.

Commissioner Kaikkonen
Go ahead.

Randolph Schiller
I want to enter in the record, as well,

[00:10:00]

I suffer from bad sinuses. Immediately, if I wear a mask, within three minutes my sinuses congest. This has been a chronic problem for ages, and it's been documented in my medical history.

So I started to seek for a mask exemption back when the directives were first coming out with my employer, Canada Post. And the first doctor I went to was in the Weyburn Health Centre, Dr. Erfani. Hopefully I can mention his name; it's too late now. But I asked him for a mask exemption, and this was his quote: My personal health did not matter. It was for the benefit of the public good. I thought that was a pretty profound statement.

During this time, there's a lot of doctors that weren't seeing new patients, so it took me a couple months to get to a second doctor to ask for a mask exemption. His reply—and I'm going to paraphrase—was, "I can give you an exemption for valid medical reasons but if I do, I can no longer practise medicine in Saskatchewan." I thought that was the nature of healthcare in Saskatchewan.

Back when Premier Moe implemented all the mandates in March, I immediately questioned what was happening. During that time, I sent my MLA and the Premier and also the Minister of Health 45 questions that I thought were questions that the media should have been asking but none did. I did not receive a response from any of those three. And at the time I considered my MLA, Dustin Duncan, a friend. I just thought his silence was very profound.

I sent questions to each one of those, three times. None would respond. I sent those same questions to the various departments of the SHA, Saskatchewan Health Authority. They didn't answer my questions either. So needless to say, that was the reason I started to create the FOIPs. I needed to start someplace so that was where I started, with the Holy Family.

But also, I want to discuss: At the same time I was dealing with the Holy Family issues for the disregard, I had sent out three other Freedom of Information requests. One was to the Premier's office, another was to the Ministry of Health, another one was to the Ministry of Education. I asked if they conducted a cost-benefit analysis before implementing COVID pandemic mandates.

Within a week, I had a call from the Premier's office. I had a 45-minute conversation with the woman on the other end, and she was seeking clarity to what I was seeking. After 45 minutes, she agreed she understood what I was asking for. Within a week of that phone call, I got an estimate in the mail. On that estimate—it was nearly $389,000 to provide the records, is what they had estimated. I looked at the estimate closely—$389,000. I looked at the estimate carefully. The records that they were going to provide at that cost were not the records I asked for. So I pressed them further, and they come back with "no records exist."

The Ministry of Health and the Ministry of Education did the same thing: No records existed. They did not conduct a cost-benefit analysis before implementing their mandates.

I just want to mention, too: It was clear my FOIP requests were going to be a battle, sending lots of reminder emails, because not one of the government institutions were following the 30-day regulations. I should also note that my requests were developed on my personal time and I bore the brunt of these costs. Meanwhile, our government institutions were using employees' time and taxpayer dollars to delay any responses for my questions.

When I was going over the Holy Family records, this is what I found interesting as well. The school boards and schools were agents of the SHA.

[00:15:00]

They were purposely sharing misinformation and promoting fear, from the documents that I was reading. During this time when I was reviewing those records, I was also reading clinical studies from the pharmaceutical companies, and I was going through the SHA website. And what I found was profound. The SHA website was saying that everything was—the vaccines were safe, especially for pregnant women. But the clinical studies weren't saying that.

What was interesting is that I found a site called BASE Learning for COVID-19 Immunization. On this website, it was an online course. And at the end of it you were legally able to give someone—well, I'm just going to say, "the jab" for COVID-19. What I found profound about it: the SHA website, like I said, everything was safe. This course laid out a few of the adverse events that could come from the COVID-19 mRNA drug. But they were still not as close to what the clinical studies were showing.

I just want to add again that the Ministry of Education is still withholding my information, and I've got a review for request within the Privacy Commissioner to have all that material unredacted.

Now back to mid to late June of 2022, after a six-month battle with the Ministry of Health, I finally received records where I asked the question: Could you please provide—I'm going to paraphrase here—all the adverse events for the year 2021 from the COVID vaccine? I asked a similar question to SHA. And I need to read this just so I don't get it wrong: "The SHA is not refusing to provide this information. We are not holders of this information." Which I thought was a profound statement. The SHA is our health authority and they were not documenting the adverse events occurring from the COVID drugs or immunization.

But anyways, back to the Ministry of Health. In late June, I finally received my adverse **events records, HE 123-22G. After a quick read, I knew that the document was damaging. It was 122 pages and it involved over 1,200 Saskatchewan people. I immediately sent this information off to SASK ALLIANCE because they had a team of well-known doctors, lab technicians, nurses, and university professors that could actually look at the data too, and hopefully interpret it the same as I did. About three weeks after they were given this material, it was released to the media, and they found the same thing that I found. Out of over 1,200 individuals, 7 people had died in Saskatchewan; 300 people had a severe adverse event and were told to get a second shot. The report didn't tell the entire story.**

I'll go on to a different point here, to save some time. That media release for those adverse events, for HE 123-22G, came at the same time as the Carol Pearce tragedy here in Saskatoon. Because of that information, along with the tragedy, it garnered international

attention. But right after that CKOM published an article that stated: according to the Ministry of Health, there was no adverse deaths from the vaccines, the COVID vaccines. I knew that to be a blatant lie. So I contacted CKOM. I provided them with my original FOIP along with the document that I got from the Ministry of Health. And I proved to them that there were seven deaths already in the year 2021. Sarah Mills from CKOM gave me a brush off. This is what she said:

[00:20:00]

"Thank you for the information. If you have autopsy results, we would certainly welcome them. Sarah." CKOM did alter their original article, but it did not go far enough to absolve the lies that came out of the Ministry of Health.

During this same time, I had sent off a Freedom of Information request to the SHA. This is where I asked for records of accuracy concerning PCR testing. This was a long battle. Every month I had to send every other government entity reminders that I was waiting for the material.

I also, at the same time, sent in a FOIP regarding chain of custody for DNA after a PCR testing. Because I was hearing rumours and reading material online that showed that DNA was being sold to other companies after they were tested for COVID. Unfortunately, because of my busy schedule, I let that one lapse. I wish I hadn't.

But finally, in the fall of 2022, the SHA finally provided the records for the PCR Freedom of Information request.

This is the response that I got for the PCR accuracy portion: "The information you are requesting above had not been provided as the SHA is not obligated to create a record in order to respond to access of information request. As you are requesting information, rather than records, this portion of your request has been denied as previous record was not created for a business purpose."

I thought that was a pretty convoluted statement. I pressured them more on that, and they've come back to me: "no records exist." SHA's "gold standard" has no records to prove the validity of their testing. I've also sent to the Privacy Commissioner a request for review for that one, because I've been looking for more records for that one as well.

To date, I've done 26 Freedom of Information requests. I've also helped write some for other individuals. Incidentally, one is a federal doctor. Some have been nurses; some have been teachers. And at the moment, I have won three decisions with the Office of the Privacy Commissioner. I've got two filings under review with the Privacy Commissioner with two **more being sent out this next weekend. And I'll be drafting two more as well to the Privacy Commissioner regarding my Freedom of Information request, just because the government and our local authorities are not providing the material.**

Thank you.

Wayne Lenhardt
Okay, are there any questions from the commissioners?

Commissioner Kaikkonen
Can you clarify that in Saskatchewan there is a response time, a legislative response time, for those requests to be returned to you with information?

Randolph Schiller
Thirty days. There is a flow chart that they go by, but it should be 30 days.

Commissioner Kaikkonen
But it is 30 days. Okay, thank you.

And then I just wanted to ask about— You made a comment, and I hope I got this right, that Holy Family School Board went above and beyond what was required by the Saskatchewan Health Authority. Can you provide us with an example?

And also, from all of your research, who do you think was responsible for going over and above the provincial mandates? Would that be the Minister of Education, the school board, the superintendents and director, or the school board trustees, or the principals—the administrators? I know the list is long, but I'm just wondering, is there anybody that you have been able to find that would be responsible for making those decisions that go above and beyond the provincial mandates?

Randolph Schiller
That I have not found out. But I can only say that, to me, would be the Director of Education. But it also falls down to the trustees. They are the ones that are directing.

Commissioner Kaikkonen
And you were a trustee, previously?

Randolph Schiller
No, I'm not a trustee currently.

Commissioner Kaikkonen
No, but previously? Did I get that right?

Randolph Schiller
Yeah, previously. Yep.

Commissioner Kaikkonen
So, when you were a trustee, have you ever seen an example of when the school board would make a decision that would go above and beyond some provincial-legislated matter?

Randolph Schiller
During my term, no.

Commissioner Kaikkonen
Thank you very much.

Wayne Lenhardt
Go ahead.

[00:25:00]

Commissioner DiGregorio
Thank you so much for coming today and sharing this with us. I'm hoping you can help me understand a little bit better about the process, particularly when you get a response to one of your Freedom of Information requests and you think that it either doesn't have sufficient records or, I think you mentioned, that sometimes they came back redacted.

What's the process you go through then to try and appeal that?

Randolph Schiller
Well, it depends on what you're looking for. If I see a person's name that's redacted, I'm fine with that. Or their physical address where they reside, I have no problem with that. Or their personal health information, I have no problem with that. That should be redacted. But when they withhold pages, that's where I have a problem.

Commissioner DiGregorio
Okay and so do you make an application, I think you said, to the Privacy Commissioner? How does that work?

Randolph Schiller
Yes, it depends on the battle that you want to fight. If you want to continue the battle, you go to the Privacy Commissioner to have a request for review. What I do is I lay out my arguments, why I want those records. Then you wait for the Privacy Commissioner to make their decision, and then they'll get back to you. And also, if you disagree with the Privacy Commissioner, you can actually take them to court. But that process I hopefully don't have to do. Hopefully, I continue to win.

Commissioner DiGregorio
Okay. And do you get a hearing from the Privacy Commissioner or just written submissions?

Randolph Schiller
No, it's all written.

Commissioner DiGregorio
Okay, thank you.

Wayne Lenhardt
Okay. And anything else from the commissioners? Okay, on behalf of the National Citizens Inquiry, thank you very much for your testimony today.

Randolph Schiller
Thank you very much for allowing me your time.

[0026:53]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 6: Mark Friesen
Full Day 1 Timestamp: 07:56:15–08:38:40
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Dellene Church
Our next witness will be Mark Friesen. Good afternoon, Mark.

Mark Friesen
Good afternoon.

Dellene Church
Can I get you to state your name and spell your first and last name for the record?

Mark Friesen
Mark Friesen, M-A-R-K F-R-I-E-S-E-N.

Dellene Church
Thank you. Mark Friesen, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Mark Friesen
I do.

Dellene Church
Thank you. Now Mark, from the start of the pandemic, you were active in protesting government mask and vaccine mandates and restrictions. As a result of that, you received several fines. You later contracted COVID and were hospitalized in Saskatchewan and eventually transferred out of province to a hospital in Ontario. You have serious concerns over the medical treatment you received in Saskatchewan and the reason behind your transfer out of province.

Can you tell us about your experiences with that hospitalization?

Mark Friesen
Yeah, so my story really starts in June of 2020 when we first started protesting what we knew was coming and that was mandates and restrictions and limitations on our Charter rights and freedoms. We initiated protests well in advance of Saskatchewan implementing those mandates and restrictions, in June of 2020. Because we knew that they were coming. There was indications from other parts of the world that showed that rights and freedoms that generally are taken for granted were being trampled on in other countries. We saw that that was probably going to come here as well, and to our province as well.

So, we initiated the protests. I sort of came to the forefront of this movement in Saskatchewan as an organizer, a promoter of these events across the province. I think I was viewed as quite a thorn in the side to our government. My whole life, I have defended the *Charter of Rights and Freedoms* and inalienable rights that I consider to be God-given. And that's how I approached this situation that was coming and being imposed upon us. That these rights that are enshrined in our *Charter of Rights and Freedoms* should be inalienable and should be recognized as such, because that's how I recognized them. And there's a lot of people in this province that also recognized their rights as inalienable. Unfortunately, our government didn't see that, as our rights being inalienable. And there's a reason for that.

In our system for 150-plus years, the supremacy and sovereignty is given to Parliament and to the provincial governments. Nowhere in our Constitution does it mention "we the people," or does it talk about inalienable God-given rights. And there's a reason they're able to subvert what we've taken for granted for so many years of our lives. Because again, that supremacy and that sovereignty rests in Parliament and to the provincial governments. So while we were gathering and while I was promoting these events and hoping for mass numbers to show up in protest and in opposition of what the government was doing in regard to our rights and freedoms, it was important for us to exercise those rights and those freedoms—like gathering, for example.

There was a mandate and a restriction put forward and a limitation to our Charter right to gather.

[00:05:00]

There was a limitation put on that in Saskatchewan, where we couldn't gather with more than 30 people. It was later reduced that we couldn't gather with more than 10 people outside. There's actually admitted by a prosecutor in this province— When they dismissed **three people's tickets, the prosecutor admitted to them that the province doesn't have any evidence to back up that limitation or that mandate. Now very clearly written— In section 1 of the *Charter of Rights and Freedoms*, it states very clearly that any government that wishes to limit our rights and freedoms must justify, demonstrably justify, those limitations. And to my knowledge, there isn't one government in this country that has demonstrably justified those limitations.**

So I thought it was important that we continue with this protest movement, this freedom movement, to exercise our inalienable rights. And in that, because I was seen as one of the mouthpieces in this province and one that has a shark-infested mouth, the focus was put on me—myself and other organizers in the province. In Regina, I got 11 tickets, each worth

$2,800. Because I was simply exercising my right under the Charter to gather and to associate and to express myself freely.

Dellene Church
And Mark, have those tickets been dealt with at this point or still in the courts?

Mark Friesen
Yeah, so they're still within the court process; they're under appeal. In a lot of cases, these tickets were increased from what was identified on the ticket. Most of them were worth $2,800. But there's been judges that have increased the fines to all of these tickets. In most cases, they were increased to five, six. There was a prosecutor that requested $14,000 for one of these tickets when I was simply exercising my right, clearly guaranteed, quote-unquote, under the *Charter of Rights and Freedoms*.

Dellene Church
Okay. So Mark, after this process where you've been very involved and public, you contract COVID.

Mark Friesen
Yes. So, I ran in the federal election under the banner of the PPC [People's Party of Canada] in September—third week of September 2021. After, we had an election evening here in Saskatoon with the federal party and with Maxime Bernier. At that event it was interesting because while the venue was filling up, we noticed that there was no air circulation in the venue. We thought that was a little bit strange, so we went and discussed this with the manager who was on that shift. And she had said, "Sorry, there's nothing we can do about this. There's no maintenance on staff. We can't turn the air on." I found that a little strange. And then as it turned out, a number of people got sick that evening, myself included.

So my story is a little interesting because after that evening, I did feel a little punky. But I really didn't have any symptoms. So I sort of dismissed a lot of what I was going through. I just chalked it up as, I just got off a campaign; I'm exhausted; I'm just going to sleep this week and get caught up on some rest. At the same time, my wife was showing symptoms. So she got quite sick, a lot sicker than I did. And then I woke up the morning of the seventh day after the election,

[00:10:00]

and I walked from my bedroom to the bathroom. It's about 10 feet. And I just about hit the floor. I couldn't breathe. So at that point, I basically told myself I'm going to be fine; everything's going to be no problem. I went downstairs. I got in my cave, and that's where I spent the remainder of the day. Now, at that time, we still had some ivermectin and some HCQ, which I tried to give myself, obviously too late. And then by 8 o'clock in the evening, I literally crawled upstairs, struggling to breathe, informed my wife that, "I can't breathe, I got to call an ambulance." So that's what I did.

The ambulance showed up, took my oxygen. It was at 70, which is quite low. And off to the hospital I went. When I got to the hospital, I don't remember too much of the first three days I was there; I was doing a lot of sleeping. But I was really struggling to breathe. I remember the doctor coming in every day and asking me when I would give them

permission to put me on a ventilator. And I kept telling him to get stuffed, "I'm not going on your ventilator because that seems to me to be a death sentence." So I refused that for the first three days. Then I woke up on the fourth day. I had two prongs on my nose, a mask on my face trying to drive some oxygen into my system.

The doctor came in on that fourth morning, about 11 o'clock, and asked me what we're doing. And I said, "Well, I'm either going to suffocate in this bed or I'm going to die on your ventilator. Those are my choices." So off to the ventilator I went. Immediately, after being put into a coma, my heart rate went to 260 beats per minute. They had to shut my heart off. It took them three times to get it going again. They just about lost me right off the hop.

Initially, those first three days that I spent, there was no treatment given. And I was aware at that time that ivermectin and HCQ were early effective treatments for this disease, this virus.

Dellene Church
So Mark, are you saying in the first three days before you were put on the ventilator, you were receiving no medical intervention? You were just in a hospital situation?

Mark Friesen
I was basically left there to suffocate. I found out later that while I was in the coma, they did start some antibiotic treatment for my lung infection. They also discovered on my lungs three orange-sized blood clots.

And the evidence behind what the world has gone through seems to suggest that this virus was manufactured and released on the masses. Somebody needs to be held accountable for that.

As I went through this first seven or eight days of being in a coma and just about dying and discovering these blood clots—

[00:15:00]

It was around the eighth day. My wife would get notified by health care staff as to my condition, regular sort of daily updates. But on this occasion, she was contacted by a doctor, the doctor who was in charge of my care. And the doctor was very truthful with my wife. And he said to my wife that somebody way above his pay grade "has decided to put your husband on a transfer list to Ontario." And in his words, "Your husband is in no condition to transfer across the hall, never mind in a plane at 30,000 feet." So my wife then asked him, "Doctor, why would they do this?"

I get a little emotional at this point, trying to understand what my wife is going through at that moment. Because she's also very sick and wondering if this is the treatment she's going to receive.

Dellene Church
And were they asking for her consent to this transfer?

Mark Friesen
No. He simply stated, "This has nothing to do with his health," and in his opinion, "everything to do with his politics." So my wife took that to mean that the Government of Saskatchewan is trying to kill her husband. How else is she supposed to take that? When the doctor says, "This has nothing to do with his health. Transferring him is the last thing they should be doing."

Dellene Church
So despite all of that, your transfer goes ahead.

Mark Friesen
Yeah, my transfer does go ahead. I survived the flight, obviously, through the grace of God. Got to Mount Sinai Hospital. I was put under the care of a world-renowned lung doctor who immediately put me on the strongest antibiotic they have, called meropenem. I had my advocate with me, a gentleman by the name of Sean Taylor, who was an emergency nurse in the B.C. healthcare system, who was fired because he was telling too much truth through his political campaign. So they fired him; so he had some time on his hands. And luckily for me, he was in my corner. His mouth is just as shark-infested as mine. I had the right guy with me. He ensured that all the care that I should have been receiving was happening. And it was. I have to hand it to the doctors and the health care staff at Mount Sinai Hospital in Toronto. As Sean puts it, the attitude was 180 degrees different than it was in Saskatoon.

Dellene Church
Was there any comments made at that hospital as to why you weren't receiving that treatment right away in Saskatchewan?

Mark Friesen
Not that I'm aware of. I don't know if those discussions had happened; I would have to check with Sean. I don't know, I can only assume, and I'm only left to assume. But that was basically the starting point to my recovery. I ended up being in a coma for five weeks. At the end of my time in Toronto, they struggled to wake me up because I kept fighting with the ventilator. And I wouldn't agree with my breathing. So they tried five times to wake me up,

[00:20:00]

and it wasn't working. And then the fifth time, it finally worked to the point where they were able to transfer me back to Saskatoon. And I also want to say this, that the health care staff at St. Paul's Hospital, once I arrived and was awake and conscious and remembered things, they were fantastic. They were phenomenal. There was no judgment. Because I was obviously unvaxxed: I decided that I wasn't going to take this experiment because there wasn't enough research to back up taking this experiment. And I'm quite happy that I made that decision, even though I went through this experience. I don't think the vax would have prevented this from happening in any way.

Dellene Church
And so when you were in the Ontario hospital, did you have family members that were vaccinated that could come and see you?

Mark Friesen
Yeah. My daughter actually was able to fly out and spend a couple of days with me.

Dellene Church
But your wife was unable because she was unvaccinated.

Mark Friesen
That's right. That's correct. Yeah.

Dellene Church
Okay.

Mark Friesen
Yep. And Sean Taylor was also unvaxxed as well. But he managed to talk his way in. So I'm pretty thankful that he did.

Dellene Church
And are you still suffering consequences from being ill?

Mark Friesen
Yeah. So the recovery process has been long. The initial recovery process coming out of a five-week coma is extensive. I couldn't walk. I could barely talk. In fact, there was probably about 10 days where my wife was doing some reality therapy with me because I was on some pretty heavy drugs, ketamine and fentanyl and a number of others. So it takes a little while for you to break away from fantasy land into reality. And my wife did a phenomenal job of easing me out of that state and into the state of reality.

Now of course, I spent another month in the hospital. I was released on December 9th. The doctor had said I was probably going to be in there 'til well after the New Year's. But I told him, "You want to bet? I'm getting out of here as soon as I can." So I worked as hard as I could to start walking, so I could function properly at home while still under some care from my wife. I still have issues stemming from this. Significant scar tissue of my lungs. I feel like I'm somewhere at around 65 to 70 per cent of my normal lung capacity. I can't do things that I used to be able to do simply because I don't have breath. I don't have lung capacity. The blood clots that were on my lungs left serious scar tissue and fibrosis. And that's something that doctors are telling me I'll never get back.

Dellene Church
And what do you feel could have or should have been done differently in your treatment to lessen the seriousness of your illness?

Mark Friesen
Well again, as I said, I was well aware, and I think I even asked the hospital staff the first three days I was in a hospital, "Why aren't you giving me ivermectin or HCQ? It seems to be effective and early treatment, so we can avoid some of these consequences." Of course,

their position was the same as what the Government told them. The Government said, "We're not going to be issuing any of that horse medicine." So I really believe that there's thousands, if not more, Canadians around this country that died because the governments across this country decided not to use early effective treatment like ivermectin and HCQ.

Dellene Church
And also, your transfer at the time most definitely would have exacerbated your illness.

Mark Friesen
Yeah, 100 per cent. Absolutely. Yeah, for sure. It probably extended my coma time, I'm assuming. I'm not a doctor, so I don't know.

[00:25:00]

But it seems all of the things that should have been done and the treatment I should have been given was not given. And mistakes were made. I can't say if it was on purpose. But it seems to me it was when the doctor says, "This is above my pay grade," and somebody above his pay grade has made this decision to stick me on a transfer flight to Ontario. When it was not in my best interest medically.

Dellene Church
Okay, I think we'll turn it to the commissioners to see if they have any questions.

Mark Friesen
Sure.

Commissioner Massie
Thank you very much for your testimony. I have a couple of questions. First is, you said that while you were at home and you started to feel the symptoms of what was likely COVID, you started to self-medicate. Did you have any specific information about the kind of amount or dosage of these molecules you should have taken?

Mark Friesen
No. And that's an interesting question because we had ivermectin in pill form, and we had HCQ. The ivermectin in pill form was 12 milligrams, which— I took one, which was woefully inadequate for the size of the human being I am. Only because I didn't know. I was unaware of dosage and what I should have been taking to effectively treat my symptoms. It was far too late in the process. And I have to take responsibility in that for the first seven days that I wasn't feeling quite right, I sort of dismissed it as just being tired and exhausted coming off a campaign. So, I really— I dismissed a lot of what I was feeling, even though I'm watching my wife with her symptoms. She self-medicated as well and ended up not having to go to the hospital.

Commissioner Massie
So did she use a different regimen in her case or you don't know?

Mark Friesen
She's quite a bit smaller than me. So, I think she just used the ivermectin in the pill form and the HCQ and rode it out by herself. And it worked for her.

Commissioner Massie
So, from what you understood from the conversation—I know that some of it was probably after the fact or with your wife—what was the medical reason that was provided for your transfer to Toronto? Was it because they thought that your condition was beyond what they were able to manage and you would get more specialized or more expert care over there?

Mark Friesen
No. Again, the doctor had said that this decision had nothing to do with my health and that I shouldn't, in his opinion, probably shouldn't be transferred. So this decision was, again, above his pay grade. Somebody at SHA had made the decision to put me on this transfer list, and according to the doctor, who was in charge of my care, didn't believe that it was in my best interest to transfer. So it doesn't sound like it was a decision with my health in mind or my best interest in mind. It didn't seem that way.

Commissioner Massie
So from what you understood, in Toronto you receive antibiotic treatment because one of your conditions had to do with the bacterial infection. Was this antibiotic also available back in the hospital you were in in Saskatoon?

Mark Friesen
It would have been. I assume it would have been available to the doctors. I mean, if it's available in Toronto, it should be available at RUH [Royal University Hospital] in Saskatoon. I'm not sure why I wasn't put on that. There was some doctors in charge of my care, I'm sure, that could have prescribed meropenem. And there's another one that I ended up—when I got home, I had a PICC [Peripherally Inserted Central Catheter] line—that I would give to myself called ertapenem. And that was just one step lower than the meropenem but still a very strong antibiotic, just to kill that infection that I had in my lungs. So it seems to me that they probably could have initiated that treatment here in Saskatoon, but for whatever reason, they didn't.

Commissioner Massie
Are you aware of any other combinational drug that you would have received with the antibiotic in Toronto?

Mark Friesen
Blood thinner, that I remember,

[00:30:00]

being told that I was on some blood thinners to help with the clotting issues from the spike protein and whatever that did to my system. Other than that, I can't recall any other medications that I was on. There probably are some, but I don't recall what they are.

Commissioner Massie
And was the blood thinner medication provided also back in Saskatoon before you moved to Toronto, or is it only in Toronto that they started the blood thinner?

Mark Friesen
I don't know, actually I don't know the answer to that. I would have to look at my medical records to see if they did initiate blood clot medicine. I'm not sure.

Commissioner Massie
You also mentioned—if I'm coming back before you got COVID—that you think it happened during this meeting inside where there was a lot of people and the ventilation was not properly functioning. Are you aware of the number of other people that would have got the infection in addition to yourself and your wife? Or was it just a few people, just only you?

Mark Friesen
Yeah, from what I understand, there was at least upwards of 20 people that had gotten sick from that evening. Again, I think we can attribute that to the lack of air circulation in that environment. It definitely was not an environment conducive to healthy existence. And again, I'm not sure why they didn't have air circulation on. It's very curious.

Commissioner Massie
Thank you.

Mark Friesen
Yep.

Commissioner Kaikkonen
I'm from Ontario. And I often wondered when I heard that we were flying patients in from other provinces, what we were doing with the patients that were in our over-capacity hospitals in our own area?

But I'd like to take you back to the Charter for a minute. The Charter writes— In the preamble of the Charter, we know that we're under "the supremacy of God" in this country and "the rule of law." So, to me, the freedom in society means being subject to laws enacted in a legislature that applied to everyone equally, including the premise that persons are free from both government and private restrictions.

So, do you believe the government and the judiciary acted, or are acting, under that premise that they too are subject to the same laws as the citizenry, particularly when you think of the increase in the fines that was suggested by the prosecutor?

Mark Friesen
It seems to me that they're not being held to account. As I said, under Section 1, it's very clear that they have to demonstrably justify any limitations to our Charter rights. To my awareness, there isn't one government that's actually done that: demonstrably justified the limitations of the Charter in this country. I've yet to hear of any government that's provided

evidence that backs up what they did to us, in limiting these Charter rights. I mean, it's gotten so bad even in Saskatchewan, that the Court of King's Bench made a ruling, because it was an emergency that they don't have to live up to demonstrably justifying these limitations. It just seems to me and it sort of proves to me that the supremacy and sovereignty lie within Parliament and the provincial government. What is our Charter for, if it doesn't represent these rights that I consider to be inalienable?

Commissioner Kaikkonen
So in terms of our democracy, do you think we're moving towards an oligarchy where we're ruled by the few, when you think of how you just explain sovereignty and supremacy?

Mark Friesen
Yeah. This leads us into authoritarianism, totalitarianism, where the government reigns supreme. Again, nowhere in our Constitution, nowhere in our Charter does it refer to that act being derived by the will of the people. Nowhere in it does it represent "the people." It only refers to the Parliament and the provincial governments that they have the supremacy and the sovereignty to limit our inalienable rights. Rights that I consider to be God-given inalienable rights.

[00:35:00]

Nowhere in our Charter, nowhere in our Constitution, does it recognize the will of the people. And so this is why they're able to do what they're doing. I think this pushes us in the direction of fundamental change in this country and recognize that it seems to me our Charter rights and freedoms aren't worth the paper they're written on.

Commissioner Kaikkonen
I'm going to read something that's a little bit long, so I'm going to try to make it brief. George Bernard Shaw, in his 1905 play, *Major Barbara,* made a statement, and he was referring to the intellectual oligarchy that acts against the common people.

And one of the lines in that play is, "I now want to give the common man weapons against the intellectual man. I want to aim them against the lawyer, the doctor, the priest, the literary man, the professor, the artist, and the politicians, who once in authority is the most dangerous, disastrous, and tyrannical of all fools, rascals, and impostors."

So when we think of this statement through the lens of the last three years and what you **have had to deal with, do you believe the interests of the common people were protected or that the populace had the tools to legitimately present a dissenting voice, and maybe the freedom as well?**

Mark Friesen
No. This has been a concern for the three years that I've been active: there is a large number of Canadian citizens across this country that had zero representation. They had nobody in provincial parliaments or legislatures, in the federal parliament, representing us, representing our freedoms. We are a very large segment of the population that has gone unrepresented because there was never an entity elected in this country, provincially or federally, that stood for the people. Not one. And that's an incredibly sad state of affairs

when you have a very large segment of our population that has no representation. There's something wrong, I think, when all of these people— And the convoy showed how many people there are that felt this way. And what the convoy represented that if they're not represented, then we have to represent ourselves. And we're going to gather and we're going to express our opposition to their decisions peacefully, publicly. And that is our right.

But as we saw with the convoy apparently, it's not our right. Apparently, a peaceful protest can be bludgeoned with horses and soldiers and beatings. That's hard to swallow when so many of us have relatives that gave the ultimate sacrifice for our freedoms. And to have them trampled like they have been over the last three years is disgusting.

Commissioner Kaikkonen
You've given a number of recommendations throughout your testimony. Is there anything specific that you haven't said that you would like to say in terms of changing the climate or the mindset of governments and the judiciary specifically?

Mark Friesen
So I believe there is a mechanism for change in this country, and it's called the Amending Formula. We have to take advantage of what former premier from Newfoundland—I forget his name off the top, Peckford, thank you—created in '82.

[00:40:00]

When they created the *Charter of Rights and Freedoms*, there was also an Amending Formula that was created. I think we have to take advantage of that Formula. I think we have to move forward to amend our Constitution, to amend the preamble of the Constitution, to include, "derived by the will of the people."

I think our Constitution has to recognize the people. I think what we've seen in the last three years has proven to so many of us that our inalienable rights can be abridged at any time the government decides they need to do that. We need a rock-solid Constitution that recognizes the people and our inalienable rights.

So, there's a document that's created by a fellow by the name of Brenton Froelich, and it's called the True North Declaration. And I encourage people to read it. It is, I believe, the mechanism to move forward, to amend our Constitution, to reflect the will of the people, and then also to amend and to repeal section 1 and section 33 of our *Charter of Rights and Freedoms*, which gives the supremacy to Parliament and the provincial governments to do exactly what they've done to us over the last three years. We need to repeal that legislation, so our inalienable rights are just that. So we never have to go through this again.

Commissioner Kaikkonen
Thank you very much.

Mark Friesen
You're welcome.

Dellene Church
On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Mark.

Mark Friesen
My pleasure.

[00:42:25]

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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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 7: Joseph Bourgault
Full Day 1 Timestamp: 9:02:45–10:10:00
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Shawn Buckley
So our next witness is Joseph Bourgault. Joseph, let's start. Can you please state your full name for the record, spelling your first and last name?

Joseph Bourgault
Joseph Bourgault, Joseph J-O-S-E-P-H, Bourgault B-O-U-R-G-A-U-L-T.

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

Joseph Bourgault
I do.

Shawn Buckley
Now, you have a presentation for us. But before we get to that, my understanding is that you had a serious health crisis some time back caused by mercury poisoning.

Joseph Bourgault
That is correct.

Shawn Buckley
And because of that, you were literally disabled for approximately eight years.

Joseph Bourgault
I was disabled for, probably— '92, '93. For sure two years, I was mostly bedridden.

Shawn Buckley
And this experience led you to learn how to heal yourself because you had not been able to find the answers in the medical community.

Joseph Bourgault
Correct.

Shawn Buckley
And you literally became passionate about learning about the body and health.

Joseph Bourgault
Correct.

Shawn Buckley
This has now become a lifetime passion for you.

Joseph Bourgault
One of my hobbies.

Shawn Buckley
Okay. You're going to speak in your presentation about your business experience. But one thing I wanted to emphasize is that, my understanding is you have learned through that experience about how to get people to work together.

Joseph Bourgault
That is correct. I've been in management since I was 20 years old and executive leadership positions since 1986.

Shawn Buckley
I just bring that up because, although you're not speaking about it today— Except that I'm going to ask you a couple of questions. You went to Ottawa. You arrived there on January 29th, as the Trucker Convoy was just really arriving and getting organized, and you left on February 16th, two days after the *Emergencies Act* was invoked. For that time, you worked with the truckers to basically ensure that they worked as a team and that the protest remained lawful. So that's why I was bringing up that you basically had gained this experience and you just used that to assist the truckers.

Joseph Bourgault
That is correct.

Shawn Buckley
I did want to ask you if you could comment on whether the trucker protest was peaceful and lawful.

Joseph Bourgault
Well, I'm not sure I'm the right guy to ask that. You might ask the 10 lawyers that were there supervising it, Shawn. But everything— You know, I've been involved in legal matters in our business—

Shawn Buckley
I'll just stop you, Joe. I'm really not asking for legal opinions. Just, you were there; you lived it. I'm asking you. The government and media told us they're misogynists and racist and it's all violence and we're seeing pictures of a Nazi flag and I'm just— You were there. What really was it like? Not a legal opinion.

Joseph Bourgault
As a citizen, it was 100 per cent a legal, peaceful protest. I heard nothing from anyone, including the lawyers. As a matter of fact, there were two rulings by Ontario court judges that said they could continue with the protest as long as they maintained a legal, peaceful protest. And there were two decisions. One related to the horns: A judge had ruled that the horns had to stop. So there's legal precedent that it was a legal, peaceful protest.

Everything I observed—and I was in many of the meetings as an advisor, basically, to the truckers—there was never any discussion that was illegal or unreasonable. The people that were there leading, trying to organize a legal, peaceful protest: they're the most intelligent, rational, reasonable, people. At least those that were in the meetings. Those that were more, let's say, unable to work as a team, to maintain a legal, peaceful protest, we encouraged them not to be in the meetings.

Shawn Buckley
Thank you for sharing that. I just thought it was important for people to appreciate that you had basically contributed in a very meaningful way for really the entire protest, and that you were involved.

I know that's not why you're here to speak today. You're here to give us a presentation and I'll just ask you to begin with that.

Joseph Bourgault
Okay. Thank you, Shawn. So first,

[00:05:00]

I would like to start by thanking all the leaders, organizers, and volunteers for the National Citizens Inquiry. I think it's essential that we get to the truth of the matter of the many governments—all the provincial, territorial, and federal governments that have been involved, and the medical agencies involved—in the handling of the, I'll say, "man-made" COVID-19 crisis situation over the last three years. From the get-go—when I heard this was being organized, I had met with Preston Manning at our Calgary offices at Canadians for

Truth—I'm 100 per cent supportive of what you folks are doing. This is fantastic. It's in the Canadian tradition here. I see the National Citizens Inquiry as a 2.0 to the Ottawa Trucker Freedom Convoy. We're all citizens that deeply value the principles of freedom and truth and justice. And so I'm very grateful to all of you for what you're doing here.

Introducing myself, I think it's really important for me to say this: I'm a father of two adult children and I'm also a father-in-law. I'm a grandfather of three, born and raised in St. Bruce, Saskatchewan. I'm president and CEO of F.P. Bourgault Tillage Tools. I'm president and co-founder of Canadians for Truth, Freedom and Justice.

I want to give you very briefly a bit about my background, because I have a lot of decades of experience in research, in discerning truth. I started working with my father. I was 13. I worked with my dad for 20 years. My dad was a brilliant mechanic and really a self-taught technician or engineer, who invented the Bourgault multi-purpose cultivator. And I was working with dad through that time. I recall working with dad. Dad would always tell us that— I have three other siblings—at least he told me that if you want to solve a problem, you have to get at the truth of the matter. And I feel like I had the greatest parents in the world. They were both always honest with us, loving, kind, respectful parents. So I deeply admired and valued my parents, as well as my siblings.

I took two years of university in commerce. And with that, I set up all the accounting systems in F.P. Bourgault Industries, which was founded in 1973, and set up all the accounting systems. I could see Dad needed help in other areas, so I ended up working in service and dealing with the problems that we were having with the earliest models of our equipment. There was a lot of demand for them, but they weren't without challenges. So I ended up working quite a bit in problem solving, and so I ended up inventing—using my creative skills and my problem-solving skills to invent solutions and to develop new products.

My first invention was in 1979. I became the facilities manager and one of the project leaders, the main project leader, for cultivator research in 1980. I designed and developed the Bourgault Fibro Series cultivators in sizes from 24 to 60 feet. And then in '84, '85, a really major invention was the Bourgault Floating Hitch cultivator, which really helped facilitate air-seeding. My father was the co-inventor. He assisted me with it. In 1985, I was appointed to my first executive leadership position. Dad asked me to become the general manager of one of the Bourgault divisions, the Bourgault cultivator division. I was 29 at the time.

Shawn Buckley
And Joseph, I am going to try and kind of speed you up. Just because I want you to spend time on the things that you would say would be a little more important.

Joseph Bourgault
A hundred per cent. So that speaks to my executive leadership skill. I have been in executive leader positions since then. In 1991, we founded another division of the cultivator division, and that is F.P. Bourgault Tillage Tools, and I was president and CEO of that company. In 2011, jumping ahead 30 years—

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In 2011, I was nominated and awarded the Saskatchewan Order of Merit. That's what the S.O.M. behind my name stands for—I use it on occasion, I'll kid about it sometimes, "South of Melfort." For job creation and improving the quality of lives of Canadians. So that speaks to my management executive leadership.

A 2.0 in my life was, in 1984, I had developed serious chronic fatigue, and over an eight-year period, that continued to worsen. My health continued to worsen. I worked with it until 1991. In '91, I had to take a leave of absence for my health because I was so ill. But in that eight-year period, I spent those eight years in the conventional medical care system in Canada and in North America. For example, I was three times to the Mayo Clinic over a five-year period. Each time you go to the Mayo Clinic, you go through three days of testing. In those eight years, I never found any clues. Doctors could give me no clues or answers as to what was causing my health problems. So in '92, I knew that I was dying, and I made a conscious decision. I remember that moment where I was going to apply my research skills to try to figure out what was causing what had become severe chronic fatigue, severe chronic headaches, and with that, severe chronic depression.

By the grace of God, I say, I was searching. And in a health food store, I picked up an *Alive* magazine that had an article about a lady who had recovered from mercury poisoning after having her amalgam dental fillings removed. The light went on at the end of the tunnel. For the first time in eight years, I saw light at the end of the tunnel. And I continued researching mercury poisoning, and I had all the symptoms of it. I found a doctor who I felt was the world's leading researcher, Dr. Hal Huggins in Colorado Springs. I went to his clinic in '93, July, August of '93. He safely removed and replaced all of my amalgams, and I began to recover immediately.

One of the significant events in my recovery was: in '92, my wife, children, and I, from my research, began eating 100 per cent organic food diet, and we saw dramatic improvements in everyone's health. Mine, in '92. I didn't have the amalgams out, so I continued to struggle, but I noticed my capacity to think and reason dramatically improved. It took me eight years or seven years to regain my excellent health, but I continued to study natural health and healing, and that's what led me to understanding how to treat viral infections.

In '95, my wife and I had opened a health food store in St. Brieux, which I was a participant in for 20 years. And we shared what we were learning with people to empower people, and one of the things that we became good at was treating viral infections. Dr. David Williams, who I consider one of the world's leading researchers, had in his research found two herbal products—ImmunoPhase and BronchoPhase—which were used to prevent and treat the H1N1 virus. The H1N1 virus was actually deadlier in my mind than the COVID-19, because it would kill young healthy people. They would have cytokine storms in their lungs. And within a matter of days, their lungs would fill with fluid and it would kill them. Healthy people. That was not the case for COVID.

So we had that in our health food store, and we helped people recover from H1N1 and from other influenzas. These were great products.

In 2020, when COVID-19 hit, I knew that we had products available that may work to prevent and treat COVID-19. And then again, in April, another world's leading research doctor, Dr. Joseph Mercola, published information on quercetin. What he had published was that quercetin acted similar to hydroxychloroquine,

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as an ionophore to shuttle zinc into our cells. And it's the zinc that actually inhibits our polymerase enzyme, which a virus requires in order to be able to replicate.

When that came out—because I'm not a doctor and I've never pretended to be one—I began to share that information. We published a brochure with a protocol, because even though anybody can take these products, you have to know how to take them. For example, zinc: If you take zinc, and I ran into cases where people were taking very high levels of zinc, that can actually depress your immune system and cause other problems. So I knew the RDA on zinc. And I published a protocol that I knew would be safe and began sharing that. As well, Dr. Mercola published a lot of articles on vitamin D3. And vitamin D3 also acted to prevent and treat COVID. It coats our ACE2 receptors, preventing these spike proteins from being able to dock on our cells, on our ACE2 receptors. So I was publishing that information about vitamin D.

So I understood therapeutics and how to prevent and treat. And over the course of the last three years, anyone who asked me for information, I would share information on nutrition, how they could prevent and treat COVID-19. I assisted over two dozen people to recover from COVID-19, including people who were in hospital who called me.

You can see on that slide, the herbal and nutritional supplements that I recommended to people: ImmunoPhase and BronchoPhase, quercetin with zinc, vitamin D—and there are many other excellent supplements, too numerous to mention here. The drug therapeutics I was following as well, because I felt I knew right away that doctors should be allowed to prescribe hydroxychloroquine, ivermectin, azithromycin. And you can go to that website, www.c19early.com, where it has over 2,600 studies and the majority of them are peer-reviewed studies that show the therapeutics that work.

So when COVID emerged in January 2020, I knew that we had solutions, and I was also following the science. I was following the Government of Canada COVID-19 Daily Update Website Statistics, because we had to deal with some panic situation. We knew that the mainstream media was panicking Canadians, the opposite of what you should do. From 30-plus years of executive leadership experience, what you've got to be doing in a crisis situation is you have to remain calm and cool and then focus on the pursuit of truth to understand the root causes of the problem. You don't panic people, that's like yelling "fire" in a crowded theatre.

And that's what the government was doing to Canadians: they were yelling "fire" in a crowded theatre. It just irked me to no end what was going on, and it was affecting our manufacturing company. We have 80 employees and there was a panic going on in early April. What we began to do, late March, was providing a daily update newsletter to all of our employees telling the truth: the good, the bad, and the ugly. Because that's what you do in a crisis situation. We started providing statistics, plus what they could do to prevent and treat COVID-19, and within a matter of a couple weeks, everybody settled down.

The other thing that was happening: By March/April 2020, Laura Ingram, a lawyer and journalist with Fox News, was interviewing many people who had COVID-19 in the US. And hydroxychloroquine at that time was the drug being used with azithromycin. The way, again, hydroxychloroquine works is as an ionophore that shuttles zinc into the cell, and it's the zinc that shuts down viral replication. Azithromycin, the doctors were prescribing in cases like Mark Friesen, where they had a lung bacterial infection. And they had excellent results.

[00:20:00]

The peer-reviewed science that was coming out— Dr. Didier Raoult, is a great example. He's a top-rated European virologist from Marseille, France. He had conducted numerous peer-reviewed studies. I was following him, and his largest one was with 1,061 people, and he had a 98.6 per cent recovery with it. Another doctor in the United States, Dr. Vladimir Zelenko, another honest, what I call "honest truth-seeking doctor" from Monroe, New York: he conducted a trial with 1,000 people, and he had similar results. As I recall, all 1,000 had recovered.

We could see that there was a suppression of the therapeutics. The mainstream media was suppressing the truth about therapeutics. And you could tell already by then, in March/ April, there was a centrally controlled narrative. That's all. I didn't have any factual evidence until Rodney Palmer, at a recent National Citizens Inquiry hearing in Toronto, explained what was going on behind the scenes. But it was evident: The mainstream media was instructed to suppress all information about the therapeutics.

With that in mind, by the fall of 2020, a group of friends of mine and like-minded Saskatchewan citizens were fed up with what we're seeing. Because we could see that they were going to kill people, that thousands of people could die if the therapeutics were not released. So we gathered. In November of 2020, we founded and incorporated Canadians for Truth, Freedom and Justice as a non-profit organization to gather truth and share that information with Canadians—to empower and enable Canadians to take preventative therapeutics from the brochure that we had published, how to take quercetin, zinc, and vitamin D.

Dr. Peter McCullough, who needs no introduction, I watched many hours of video with him. And I recall one of his statements that if therapeutics had been allowed, if doctors had been allowed to prescribe therapeutics, over 85 per cent of the people who died with COVID-19 would be alive today. So in Canada, we had, I believe, just under 50,000 people that died with COVID-19. Over 47,000 of those people would be alive today—

Shawn Buckley
I'll just interject. You're meaning alive if the doctors had been able to use early treatment.

Joseph Bourgault
Correct.

Shawn Buckley
Not to wait until they're so sick they're attending at the Emergency Department. I don't know if you're aware, but apparently in the province—I'm from Alberta—the College of Physicians and Surgeons literally directed doctors not to give early treatment for COVID, but rather only treat them when they arrived in emergency wards. And I assume that you would frown on that as a very reckless policy.

Joseph Bourgault
Yeah. I would like to know who is behind making those decisions. I believe they came right from the top. And when I say the top, people outside of this country who were controlling the COVID-19 narrative. I believe the World Health Organization was involved in that. I had seen evidence of Bill Gates funding studies to discredit hydroxychloroquine by giving crazy

amounts so that it would not work. So there were people behind the scenes who were suppressing the truth.

Shawn Buckley
I didn't mean to get you off on a segue.

Joseph Bourgault
So there were doctors in the country, Canadian doctors: Dr. Francis Christian, Dr. Daniel Nagase, Dr. Charles Hoffe, Dr. Mark Trozzi, Dr. Byram Bridle, Dr. Patrick Phillips, and many others who risked their careers. And many lost their careers doing the right thing, speaking out publicly to protect the health of Canadians. Like me, they were just incensed that the truth was being suppressed. And so all Canadians: These people are heroes. They're Canadian heroes.

As I see it, and many of us, I think: We're living in a twilight zone.

[00:25:00]

I grew up, and many of us here grew up, in an era where honesty and integrity mattered. And that if somebody ever lied to us—a friend or anybody that was a perpetual liar—those people were marginalized immediately. Because people who are liars are a risk to society. So I would ask Canadians: How many lies do our governments have to tell us before we stop voting to elect these people?

To me, the therapeutics was the elephant in the room. Again, with what Dr. Peter McCullough said: If doctors could have prescribed therapeutics, 85 per cent of the people who died with COVID-19 would have been alive today. I talked to doctors who attended our meetings of Canadians for Truth. They were frustrated to no end. They knew these medications worked, yet they couldn't prescribe them because they would have had their licenses revoked.

So over 40,000 Canadians would still be alive today. Our hospitals would not have been any busier than normal, and normal, life-saving hospital visits could have taken place. Face masks that did not work would have been completely unnecessary. Lockdowns that did not work would have been completely unnecessary. There would have been no excuses for the reckless spending of 500 billion Canadian tax dollars. There would have been no need for an emergency use authorization for an experimental gene therapy injection. There would have been no experimental injections. That alone would have saved, for sure, thousands of injuries, and we don't know how many deaths would have been prevented. We would not have created all the trauma, division among families, bankruptcies, mental health problems, the suicides that occurred, the deaths due from lack of medical care.

What's happened here has fuelled— For me, I have zero trust in any of these politicians. If they speak truth, fine, but I know that many of them are not truth-tellers.

As I see it, there was massive, gross incompetence, if not criminal negligence, murder, and genocide taking place. Everybody in Canada understands that we cannot just go out and kill someone without going to jail for life for doing so. According to the rule of law, if someone kills someone, unless it's in self-defence, in order to get rid of somebody— If somebody is killed, an investigation is conducted. Factual evidence is gathered and if the factual evidence proves beyond a reasonable doubt—

Shawn Buckley
Joseph, I know you've prepared some slides on criminal liability but we've got a couple of lawyers coming. And I think your point is that you think there should be criminal liability for what happened.

Joseph Bourgault
The point is: Canadians have to understand that, because there are people in positions of authority, if it was not gross incompetence, there was criminal negligence. And the factual evidence, to me, that we have gathered shows there was criminal negligence. So I guess I hope that in light of what happened with the therapeutics, Canadians will see that there was an orchestrated effort to suppress that. Whoever was suppressing that, to me, there should be criminal liability.

Shawn Buckley
Okay. Just so that people listening understand: The point you're making, and I think you've made it very clear, is we had early treatment available and somebody was making policy decisions not to use those early treatments. Flowing from that, there has been a large number of deaths. I think your slide was estimating 40,000 Canadian deaths.
When you nod your head, we're being recorded.

Joseph Bourgault
Yes.

Shawn Buckley
Yeah. Then, if I recall your slide correctly, also we wouldn't have needed the lockdowns and the vaccine and all the things that flowed from that. Your point is: There has been so much harm—

[00:30:00]

Joseph Bourgault
Correct.

Shawn Buckley
—caused, flowing from this decision, that someone should be held criminally liable for that. Just so that we understand what you're suggesting.

Joseph Bourgault
So you'll see there's three parts to my presentation. And what I want to demonstrate is that in all three parts, there was lying and deception taking place.

The next one here is the truth in science. You can see, if you could show the video here, I think this guy wearing a face mask definitely proves that you would have never stopped a virus that's 0.1 micron from getting past that mask. So that's the physiological aspect of it. As an employer, as president and CEO of my company, I have a responsibility to make sure that all of my employees are kept in a safe work environment. One of our first mottos—

When you walk into our manufacturing facilities at Bourgault Tillage Tools, our motto is: Safety, Quality, Productivity, in that order.

Know your facts. In Saskatchewan, Canada, we have occupational health and safety laws. So for carbon dioxide levels, under OH&S regulations, normal atmospheric carbon dioxide is 400 parts per million. Carbon dioxide in a work environment cannot exceed a thousand parts per million. Over that is considered unsafe. Over 5,000 parts per million is considered hazardous. These are the Occupational Health and Safety Regulations that we have to follow. The CO2 levels, if they rise over 40,000 parts per million, it's considered immediately dangerous to life and health.

We hired an Occupational Health and Safety expert that is a CSA [Canadian Standards Association] certified trainer to train doctors, nurses, firefighters with respirators and face masks and how to use them. He came in and he measured, behind four different masks and a respirator, the level of oxygen and carbon dioxide. With oxygen, the normal atmospheric oxygen is about 21 per cent, 20.9 per cent at sea level. In our Saskatchewan Occupational Health and Safety Regulations, the minimum oxygen that any of our employees can be exposed to is 19.5 per cent. Below that is immediately dangerous to life and health. And yet we measured the level of oxygen behind these four different masks, averaging between 17 and 17.5 per cent.

Shawn Buckley
Joseph, can I have you back up a slide?

Joseph Bourgault
Yep.

Shawn Buckley
So when it shows there: carbon dioxide levels cannot exceed 1,000 ppm [parts per million] in the workplace, am I correct that if it was measuring at that, you would have to clear out the building?

Joseph Bourgault
No, you would have to take corrective measures.

Shawn Buckley
At what point do you have to vacate a building?

Joseph Bourgault
Well, for sure, 40,000 parts per million would be dangerous. You hear of people going into caves and dying of suffocation in caves because carbon dioxide is heavier than oxygen. I'll make that point about how dangerous high carbon dioxide is with low oxygen.

Shawn Buckley
Right, but you're basically describing that you had an expert come and measure the carbon dioxide in masks. And just unequivocally, they were at dangerous levels. And these are the types of masks the government was mandating that we would wear.

Joseph Bourgault
The government really didn't have any specific mandates, they just wanted people to virtue-signal that they were putting a mask on. But the four different ones— We had an N95, we had a respirator— With a respirator, you can exhaust the carbon dioxide, and it still restricts oxygen but it's much safer. Carbon dioxide is one and a half times heavier than oxygen. When you fill your lungs with carbon dioxide with a mask on, you can't get oxygen. And that's where it can kill you. So we measured.

[00:35:00]

Within two minutes of putting a mask on, you are breathing carbon dioxide between 25 and 43,000 parts per million. The 43 would occur if you would talk, if someone would just talk behind the mask. If someone had exerted themselves behind a mask, it would go way higher. And then with the oxygen, we measured between 17—it went as low as 16, but the average would have been—I took a high average of 17.4, which is dangerous.

Shawn Buckley
When someone was exerting themselves. So what do you think based on what you saw? Because I saw children running around in play yards or school grounds with masks on, so they would be exerting themselves.

Joseph Bourgault
Correct. It was very dangerous and I'm aware of cases. We had one case in our company where someone collapsed with a mask on. There's evidence that it wasn't only the mask. He had exerted himself and there were other factors involved in his case. His heart stopped, and our first responders in our company revived him, and he ended up three weeks in a coma in hospital. And he survived it. We can't discern factually accurately how much of a role the mask played in that because he had other co-factors. He was a young person, though, so they're dangerous. And I was aware of other cases. A woman who was standing in a line at a Walmart with a mask on. She fainted, fell backwards, hit her head on a cart, and then on the floor. She suffers brain damage. She's from Alberta. I've spoken with her.

In Saskatchewan, we have what's called workers' rights. This is posted all over our **facilities. You have a right to know about workplace hazards. You have the right to participate in a safety program. You have the right to refuse work if it's not safe and you have the right for protection against discrimination. So we live this stuff. Our company is certified under SASM [Safety Association of Saskatchewan Manufacturers]. We have a bronze certification. We're a company of 80 people. We have a full-time person that's been working at this. We hired him full time in 2016. We take safety seriously. So when the government is telling me I got to put my workers in an unsafe work environment, I'm pissed.**

I let the government know about this. They have this information. I feel our federal governments and provincial governments forcing Canadians to wear face masks, they violated the truth in science governing human respiratory health and safety. They risked

the life of every Canadian citizen. Many were injured due to fainting, hitting their heads, and that sort of thing. They violated their own regulations, which we support a hundred per cent, because they're based in science. They violated the Charter of Rights and Freedoms and they impaired every child's ability to learn while wearing face masks. There's a lot of lying going on here. A lot of lying and deception. Ignoring the truth in science. Ignoring the laws that govern our existence here.

One of the things that we're doing at Canadians for Truth, we published brochures on this. We have a brochure that we are handing out to people with what's in this presentation, so that people could see. We still see people wearing face masks! Like, alone in a vehicle. You know, we have to educate our citizens, because the truth matters. It can kill you! You pass out in driving a vehicle, a semi, you could kill a lot of people. It's literally insane that our governments are going along, are not educating our citizens.

So at Canadians for Truth Media, because our media is not doing this, this is what we're doing. We're creating educational and entertaining programs to inform Canadians and to teach critical thinking skills: how to discern truth on important issues such as face masks and therapeutics because this can save lives. We need an educated, enlightened population. And we need Canadians to understand their legal rights. So we're bringing lawyers in as well in our shows, to help educate Canadians.

[00:40:00]

We need Canadians to vote to elect honest truth-seeking, moral, ethical, and highly competent politicians who would be willing to take an oath to always seek truth, to uphold the rule of law, to serve the Canadian people who elected to serve them.

In this next, the third part, I'm going to overlap a little wee bit here with my good friend Dr. Francis Christian to support what he did and to reinforce. We had submitted a document to the provincial government on May 31st at Canadians for Truth. This was before Dr. Francis Christian had gone public. He was discerning the statistics as well. He went public on June 17th; I believe that's the first that I was aware when Dr. Christian had gone public. The group of us in Canadians for Truth, we went to the Government of Canada website.

Statistics Canada generally does a very good job of providing statistics and so they have that daily COVID-19 update website. It was with 100 per cent disbelief and alarm when the federal and provincial chief medical officers, in early 2021, began promoting experimental gene therapy injections for Canadian children under 19 years of age. The infection death rate statistics were near zero out of 265,000 cases and there were many more. There's a peer-reviewed study that shows over 90 per cent of Canadians had COVID-19. The vast majority were asymptomatic. Eleven kids, had they given them therapeutics, those kids **would likely be alive—or at least 85 per cent of them according to Dr. Peter McCullough.**

Even if this experimental injection worked, the idea of giving it to our kids was insanity, pure insanity. We worked long, hard days—21 straight days—to produce a report. The title of it is "Risk Analysis: Assessing the Risks and Harms of the Covid-19 mRNA Injections VERSUS Using Zero Risk Therapeutic Drugs and Natural Supplements: Making Informed Decisions Based on the Facts." We were expressing our serious concerns with experimental COVID-19 mRNA injections that were developed at light speed and never tested on animals. Now they were going to be using our children as guinea pigs. We knew that these injections were going to kill, seriously injure, and potentially sterilize because that's one of the side effects. The mRNA goes to the prostate and to the ovaries and the immune system will attack and destroy those body parts. They were going to potentially sterilize our

Saskatchewan Canadian children. We wanted to warn Premier Scott Moe. We sent that report to Premier Scott Moe and all of the Saskatchewan Party MLAs. So they were warned.

That's why I wanted to do this part of the presentation, Dr. Christian. I felt that they needed to be warned. The survival statistics showed: for kids that were infected, 11 out of 265,011 died with COVID. That was 1:23,000—99.956 per cent who were diagnosed with COVID had a full recovery, and that's without therapeutics. The statistics also showed that the previous three years, 2.5 times more children died from influenza than they were dying from COVID.

Shawn Buckley
Can I just stop you there so that people understand what you're saying? When you're talking about influenza, you're just talking about the regular seasonal flu that comes through. If we were to back up for the three years before COVID hit, we had actually 2.5 more children dying from the average flu than from COVID.

Now, am I right—and I'm just guessing here—that for the year where they're attributing deaths to COVID for children, there were no influenza deaths? So actually, there would be fewer children's deaths if we would just call COVID a flu season.

[00:45:00]

Because every year we lose children to the flu season. So for the COVID year, even though we're getting all panicked about it in the media, there were fewer child deaths that year.

Joseph Bourgault
Yeah. Very good point, Shawn.

Shawn Buckley
Okay. When you're talking about influenza, I just wanted the people listening to understand what you're saying.

Joseph Bourgault
There are a group of Canadian doctors—and I won't, well, is it safe to say? There are a group of Canadian doctors and nurses that worked hard to warn parents, to tell parents to make an informed consent decision. At Canadians for Truth, we worked with these doctors and nurses to publish. They created a website we helped fund and these brochures, "COVID Kid Facts," you could go to that website. I think the website is down, but if anybody wanted to read, they had put together very good information to warn parents to make an informed consent decision before injecting their children.

This is stuff that's coming out now. The American Heart Association published a study that 98 per cent of all cases of myocarditis among children are due to the mRNA COVID-19 injection. Dr. Michael Yeadon—that quote that's on the bottom there—said "children are 50 times more likely to die from the COVID-19 vaccine than from the virus." This is Dr. Michael Yeadon, who was a former vice-president of Pfizer, that has stood up loudly against this.

Had the therapeutics been there, we would have saved the children who died. And parents would have had nothing to worry about had they used therapeutics like quercetin, zinc,

vitamin D, at whatever their body weight levels, to prevent and treat COVID. What you see here is one of the protocols that we had published on our website. And we posted this also on Facebook at Canadians for Truth to warn Canadians and to help keep people out of hospitals.

As a Canadian citizen, it's completely unconscionable— I don't know how Canadians can remain silent while they're killing our children. All I can do is encourage as we've been doing, encouraging people to share the truth. Because we can't force people to wake up, but we need to keep sharing the truth as you folks are doing here.

Dr. William Makis, an honest, truth-seeking Canadian doctor from Alberta, has done more to track deaths and injuries from the experimental injections that have been killing and injuring our kids than any of the governments. And the numbers are pretty alarming, the number of kids that have died. Way more, no comparison.

So again, our governments ignored the statistical, factual evidence on their own website. Our governments ignored the death and injury statistics from VAERS [Vaccine Adverse Event Reporting System] in the United States. They could have looked over the border. All the information was there. This is, again, criminal, as I see it.

On a final note, I want to say we have much more work to do. But I remain optimistic that with God's help and guidance as Canadian citizens, if we work together and pursue the truth and continue to do as all the truth-seeking Canadians have been doing, to organize and stand up with the science. Do it in a respectful way as much as possible, because obviously our challenge is to awaken the Canadians that are still asleep.

As I see it, one of the ways that we're going to win this is if Canadians that are educated to understand what has taken place here over the last three and a half years vote to elect the most honest, truth-seeking people.

[00:50:00]

I'd also encourage people that are honest truth-seekers to get into office at every level: federal, provincial, municipal. Run for office, those who have been standing up. One of the ways that we're going to regain control over our country is if we can get principled leaders back in positions of authority in our country. I ran for the leadership of the Conservative Party in March, April of 2022, because I'm fed up with electing politicians who value power over the principles.

Any good leader understands that number one, we have to do God's will. And God's will is for us to love, to be respectful, kind, to help one another, to pursue truth, to solve problems. **When we seek the truth, the truth sets us free. And to recognize that every Canadian has a God-given free will, and we can't force anything on Canadians. We can only pray and do the best we can to educate people with the truth. And also, to stand up for justice and freedom. When I ran for the leadership of the Conservative Party, I told the truth like I'm doing here, and I thought, if they throw me out of the race, that's fine, I have done God's will. That's what God wants us to do, is to do His will by being loving, kind, respectful, and always telling the truth, as respectfully as we can. And if we do that, I believe that, as Canadians, we will succeed in defeating the dark agenda that has been taking place the last three and a half years. If we continue to work together.**

With God's help and guidance, we will not fail. So God bless Canada, and we will stand on guard for thee.

Shawn Buckley
Joseph, before I hand you over to the commissioners, there's actually one thing that I've just been waiting and waiting to ask you. You were talking about how, as an employer—and you guys have some significant-sized companies—you have provincial legal obligations to make sure that you're ensuring your workplace is safe. Under the Criminal Code Section 217.1, an employer can also be criminally liable for criminal negligence if how the direct work is done causes a harm or death. Did you guys have any discussions about whether or not to impose a vaccine mandate and what types of things kind of came into play as an employer when you guys were being faced with that?

Joseph Bourgault
I won't speak for my brothers, who also own manufacturing companies in St. Brieux. Between my brothers' companies and mine, we employ approximately 800 people in St. Brieux. But I know my brothers are truth-seekers like myself. My understanding was in our company—and I believe Jerry and Claude handled it the same way in their companies—we respect freedom of choice. And we did not want to discriminate against anyone, whichever way they wanted to go. We respected everybody's freedom of choice. There were no mandates in our community for anybody to take any experimental injections.

Shawn Buckley
Okay. So you're an example of a workplace, collectively, as a family, that didn't impose mandates, that just honoured people's right to decide how they were going to treat their bodies.

Joseph Bourgault
Correct.

Shawn Buckley
And compared to other companies, what types of outcomes did your companies experience?

Joseph Bourgault
To my awareness, I am not aware of anybody dying of COVID. We were aware, we were keeping track of people at one time that were injured or died from taking the injection. It was creating a bit of division in our companies. But I've learned from experience. If you handle things in a principled way, you have to respect one of the principles: God gave **everybody free will. It's not for me to tell you, or anybody, what they should do. If they're open— We shared with people the statistics that showed all the people in our company under 70, and most everybody is under 70, were at zero risk from COVID-19 plus the therapeutic information.**

Shawn Buckley
I'm just going to focus you because we're running late. We've got a couple of other witnesses, but were you aware of any other companies that had worse outcomes?

[00:55:00]

I have the impression your companies actually had really good outcomes through this experience.

Joseph Bourgault
Yeah, we did. I'm aware of companies that were forcing their employees to take injections. And they lost many good employees as a result because those people refused to take it.

Shawn Buckley
Okay. I'm going to hand you over to the commissioners to see if they have any questions.

Commissioner Massie
Well, thank you very much, Mr. Bourgault, for this very interesting presentation. You mentioned some of the natural products that play a role in preventing COVID. Quercetin was one of them. You mentioned the work that was published by Dr. McCullough. Are you aware of the study that was done in Montreal by Michel Chrétien?

Joseph Bourgault
No.

Commissioner Massie
This was in the mainstream media in Quebec.

Joseph Bourgault
And this is on quercetin?

Commissioner Massie
Yeah. He was all excited about it. He's a real scientist and he was very excited. I've seen it for maybe two to three weeks and then it vanished completely from the horizon. Again, to me, that's an example of— I will speak about what's going on in Canada. I'm very happy to learn about what you've done. But we have a team of people also in Quebec that has done similar work and, I think that as I go across Canada, people are not very aware because of the language barrier, which is unfortunate.

Another example of a clinical trial very successfully done in Montreal in the Institut de Cardiologie by Dr. Tardif on colchicine. This was actually praised by Dr. McCullough as one of the very promising treatments for some indications in Covid. Have you heard of that?

Joseph Bourgault
No, I have not. I'm sorry. I do believe that if we would have wanted to save tens of thousands of Canadians, it would have had to have been the doctors given the authority to prescribe these, whether it was ivermectin or hydroxychloroquine with azithromycin. Natural supplements play a really critical role. Millions of Canadians are aware of this as well. I would be one of probably millions that are aware of this.

Commissioner Massie
I thought your studies—the work you've done on masks and potential side effects for health—are very interesting. Because this is something people have hypothesized, that wearing this device could actually lead to all kinds of issues with the build-up of CO_2, for example, which is really bad for your health.

When you started those studies, were you aware of the science that would actually support that kind of warning about wearing the mask?

Joseph Bourgault
We knew the Occupational Health and Safety signs, that we could not put an employee in an environment where the level of carbon dioxide would be above 1,000 parts per million. And we knew that we couldn't put an employee in it. That's all in our Occupational Health and Safety Regulations. So we understood that. What I didn't know, so I hired a guy, an expert with a CO_2 oxygen monitor, to come and measure. And we recorded this. This is all on video. We are actually planning on launching a lawsuit on it.

Commissioner Massie
So to the best of your knowledge, the health authorities, whether in Saskatchewan or in Canada, are not aware of this potential health hazard?

Joseph Bourgault
Well, just a short story. In our company, the way people were wearing masks, we told them that if you are alone in your office or six feet away from others in workstations in the manufacturing facilities, that you wouldn't have to wear a mask. Somebody possibly reported—it doesn't matter—somebody possibly reported us. So three government officials came in unannounced and met with myself and our general manager and our human resources manager and I explained this to them. And they made a lot of notes because they didn't know any of this.

Commissioner Massie
Is it acknowledged today with the new data that is coming from the work you've done or other people,

[01:00:00]

that wearing masks on a constant basis could actually be a serious health hazard? Is it acknowledged by health authorities?

Joseph Bourgault
I would gladly work with any government official on this information to get it out. No government agencies have reached out to us to get this information out there.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
You mentioned that it makes no rational or logical sense to be experimenting with our children. When we think of universities and colleges and the K-12 system, and now our pre-school, where all those educators who have the credentials behind their name were responsible or facilitators of their programs, what would you say to them now, knowing what they have done to our children and understanding what masking is doing?

Joseph Bourgault
Well, what I would love to see happen in our country is that we return to teaching the basics of reading, writing, arithmetic, teach computers, accounting. But critical thinking skills, what I observed here in our country, I believe that what we saw: 70 to 80 per cent of Canadians, including professionals, have no critical thinking skills. To discern the truth is easy. You set the goal of truth. You keep an open mind. You listen to what anybody with any expertise has to say. You do your research and gather the facts as you would in a criminal trial. You gather the factual evidence and, based on the facts, using deductive reasoning and logic, you can discern the truth. That's so simple. Why are we not teaching our children and university students how to solve problems?

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good afternoon, Mr. Bourgault. You talked extensively about the government and what they've done. But I would like you to comment briefly about the role of the media in this, the role of the colleges of physicians and surgeons. The government couldn't impose this on their own without assistance, so can you talk a little bit about the role of the media and the colleges?

Joseph Bourgault
Well, agreed. Obviously, government, like a premier— Unless you're a doctor or you've had life experience like myself, your government officials are going to have some difficulty in discerning truth on medical issues. So they rely on doctors and scientists for this information. But surely in Saskatchewan, in a province with 1.2 million people, or in Canada, there would be medical— And we have them, medical professionals like Dr. Francis Christian. There are many of them that were speaking up and they were silenced. To me, silencing the honest, truth-seeking doctors in our country: to me, that's criminal, what they did. Because those doctors, around the world, could have saved millions of lives. But in Canada, they could have saved over 40,000 lives.

The media— I can't encourage people enough to listen to Rodney Palmer on his presentation of what was taking place behind the scenes. Obviously, the Liberal-NDP government, using hundreds of millions of dollars to buy our media, to shut down journalism— In the words of Rodney Palmer, truth-seeking journalism had gone out the window. It became a propaganda arm of our governments with this narrative. And so there's criminal activity in the media.

I believe there's criminal activity in our medical agencies. I believe they're controlled. Health Canada, I believe, is controlled. The pharmaceutical industry is there, and I think the World Health Organization. Dr. Astrid Stuckelberger, a World Health Organization scientist,

explains really well what's going on at the World Health Organization and how it has been corrupted by Bill Gates and his organization, GAVI. So there's corruption right from the top.

Commissioner Drysdale
One last question, sir.

[01:05:00]

Considering your extensive background in industry, I'm sure you're somewhat aware of the anti-combine laws in Canada. And could you comment on how the current state of the media, the fact that we have so many mergers—and they just announced a big merger in Canada with the media organizations—how would this be allowed to have happened in Canada, considering the anti-combine laws that you were subject to? And do you think what has happened is a benefit or a negative to Canadians?

Joseph Bourgault
Thank you for that question. Diversity to me is nature. God is diversity and I never had trouble with competition in our industry. It's essential to have competition. I don't see anything that's going to correct this monopolization, this centralization that is taking place in our society. And at CanadiansForTruth.ca I really encourage people to go there and read the principles that we espouse. The foundation of a just society and an enlightened society, I believe, flows from these basic principles. Recognizing God as our creator and all the principles and laws that He created to govern our existence. And so I think we need that type of political leadership, principled leaders that are not going to put up with bullshit and corruption. We need incorruptible people in positions of leadership in our country.

Shawn Buckley
Joseph, we've got a couple of more witnesses and we're going to be sitting past six and you kind of segued off the question. Sorry about that.

No further questions. Joseph, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving us this testimony today.

Joseph Bourgault
Right. Thank you.

[01:07:15]

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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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Moderator Statement: Shawn Buckley
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Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. It was brought to my attention that this morning when I did a call out for lawyers—because we are short of lawyers—I had said we need some bilingual lawyers for Montreal. And my mistake was we definitely need bilingual lawyers, but our hearings are going to be in Quebec City. So, we are looking for a team of bilingual lawyers that can assist us, basically doing what Dellene and I and Wayne are doing here today, but in Montreal with largely French speaking witnesses. And then we're also short of counsel for Vancouver, which starts in two weeks. So if there are any lawyers that want to assist us with that, please contact us immediately. And I think we're, you know, a couple short in Red Deer too, but what the heck.

So we're going to start with a video presentation just to bring us back, to remind us, some of what we'd experienced before. So, I'll just ask David if you can run that for us.

[Video] Teresa Tam, Chief Public Health Officer of Canada
I think the public has to know this is one of the worst-case scenarios in terms of an infectious disease outbreak and that their cooperation is sought. If there are people who are non-compliant, there are definitely laws and public health powers that can quarantine people in mandatory settings. It's potential, you could track people, put bracelets on their arms, have police and other setups to ensure quarantine is undertaken. It's better to be pre-emptive and precautionary and take the heat of people thinking you might be over reactionary, get ahead of the curve and then think about whether you've overreacted later. But it's such a serious situation that, I think, decisive early action is the key.

[Video] Saqib Sahab, Saskatchewan Chief Medical Health Officer
Whenever an election is called, whenever. If after the election is called, there's evidence of increasing transmission, rapidly increasing transmission—like Italy—I think serious consideration will have to be given to what steps can be taken to minimize further transmission. So yes, you can put very restrictive measures in place, either locally or more broadly, depending on what's happening at any time. We have announced something that we were expecting for a while now: that we have our first confirmed case of COVID-19 in Saskatchewan. It was a person who had traveled from Egypt. Egypt is one of the several

countries listed on the WHO website that is showing COVID transmission. The individual is comfortable isolating at home, like the majority of cases in Canada. Public health is diligently following up with the individual, their movements while in Canada and in Saskatchewan, to see if there's any contacts that need to be informed to self-monitor themselves. We were expecting to see a case at some point. We will expect to see more cases in the future, primarily linked to travel. Anyone, irrespective of travel, if they have a cough or fever, stay home. Anyone who is outside, practice good social distancing. Avoid shaking hands, cough in your sleeve, wash your hands frequently, or use a hand sanitizer. And at the first sign of fever or cough, self-isolate, and don't go to school, university, or work.

[Video] Saskatchewan Premier Scott Moe
So today the government of Saskatchewan is announcing a number of aggressive new measures to prevent the spread of COVID-19 in our province. The Chief Medical Health Officer of Saskatchewan has made the following order pursuant to section 45 of the Public Health Act and it will be effective Monday March the 16th. The Chief Medical Health Officer orders that no public gathering of over 250 people in any one room should take place. The Chief Medical Health Officer's orders that no events with over 50 people with speakers or attendees who have traveled internationally in the last 14 days should take place.

So effective immediately, international travel, including travel to the United States of America for government employees on government business, has been prohibited. The Chief Medical Health Officer strongly recommends that all employers and individuals across the province follow these practices. This will help us limit the spread of COVID-19 in Saskatchewan. It will help to protect residents from exposure to the virus and it will reduce the impact of COVID-19 on our health care system, essentially flattening the curve.

[00:05:00]

Most important is the responsibility that we all have to ensure that we do what we can to reduce the risk to ourselves, reduce the risk to our families, and reduce the risk to our communities. And the best way that we can do this is to practice social distancing, to wash our hands and wash our hands often, to avoid close personal contact like handshakes or hugs and to self-isolate if we feel any of the symptoms, any symptoms of illness.

[Video] Saskatchewan Premier Scott Moe
Today, the government of Saskatchewan has declared a provincial state of emergency giving the government broad powers to address the COVID-19 pandemic. The declaration of a provincial state of emergency provides our government with powers that include the ability to limit travel to or from a community or a region of the province. The decision to declare this provincial state of emergency comes following confirmation from the Chief Medical Officer that Saskatchewan has eight new presumptive cases of COVID-19 and this decision comes on Dr. Shahab's advice.

Public gatherings larger than 50 people are prohibited. All restaurants, bars, and event venues must limit their seating to 50 per cent of their capacity or up to a maximum of 50 people, whichever is less. And I would also note that this is phase one with regards to bars and restaurants and we may implement phase two in the coming days, which would be closing them completely. All gyms, fitness centers, casinos, bingo halls are all ordered to close until further notice. And all government of Saskatchewan ministries, agencies, and crown corporations will implement a phased-in work-from-home policy that will become effective on Monday, March the 23rd. The Saskatchewan Health Authority will be discontinuing all non-urgent elective surgeries and procedures and diagnostics as of March

23rd. Parents with children in daycare should also be preparing for the potential for further restrictions in the days ahead.

And I want to conclude by saying this to the people of this great province. We will get through this, and we will get through this together. But we all have a responsibility. And we all have to take that personal responsibility seriously. And I would say that most of us are doing that. But I have heard some anecdotal reports of people that have returned home from abroad and who are out in the community the very next day. And we just simply can't do that. We need to self-isolate. And I know you may say that you're feeling just fine but you might be endangering the health and the lives of others. Your neighbor possibly, or even an elderly family member.

And I know this is completely counterintuitive, especially here in our province. In times of crisis, we are a community, and we pull together as one. We've shown that so many times. But today, pulling together means we need to stay apart. Helping each other out during this pandemic, it means listening to Dr. Shahab and his advice that he provides, as well as his counterparts, public health officials from across Canada. And this means each and every one of us should adhere to the advice that they provide us. It's important for us to understand that these measures will not completely prevent the spread of COVID-19. But they will flatten the curve. We will get through this. And we will get through this together.

[Video] Teresa Tam, Chief Public Health Officer of Canada
I think the public has to know this is one of the worst-case scenarios in terms of. . . .

Shawn Buckley
Sorry, that video just loops.

[00:08:50]

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Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 8: Bryan Baraniski
Full Day 1 Timestamp: 10:10:45–10:34:11
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Wayne Lenhardt
I think this is going to be an interesting sequel, which wasn't really planned. But we may be able to call this Exhibit 1 or a supplement to Mr. Bourgault's presentation.

Bryan, could you give us your full name and then spell it for us, and then I'll swear your oath.

Bryan Baraniski
Bryan Baraniski. B-R-Y-A-N, Baraniski, B-A-R-A-N-I-S-K-I.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth so help you God?

Bryan Baraniski
I do.

Wayne Lenhardt
You own a hotel that includes a bar and the usual accoutrements in Tobin Lake. Is that correct?

Bryan Baraniski
Yes, I do. We have a resort there. It's the hotel with a restaurant, a bar, conference facilities, cabins, campground. We do guided fishing.

Wayne Lenhardt
And it runs year-round, correct?

Bryan Baraniski
Three hundred sixty-five days a year, yeah.

Wayne Lenhardt
Okay. At a certain point, you contracted COVID, correct?

Bryan Baraniski
I did on March the 6th, 2021.

Wayne Lenhardt
Okay. Could you tell us about that?

Bryan Baraniski
Well, I went to work in the morning. I show up to the hotel usually at 8 o'clock in the morning. And I showed up and went to my office. I wasn't feeling good when I woke up. I decided, well, I'm just going to hide out in my office for the day, so I don't give anybody the flu, or whatever I think I have. As the day progressed, I was getting a little bit worse. I had the shakes a little bit, so I decided, well, I better go home. So I went home. I have a house four blocks away from there and drove home. Went in my house and decided I'll just lay down and maybe it'll get better.

My son shows up at about six o'clock, and he hears that I'm not at work, so he comes to check on me. He comes to the door and I answer the door. He goes, "Dad, your lips are blue." I said, "Oh, okay." I said, "Well, I'm trying to sleep this off, get better in the morning." So he takes off. In the meantime, he had phoned my ex-wife, which is his mother, and tells her the situation. Well, he comes back, and he says, "Dad, I'm taking you to the hospital." I said, "No, no I don't think so." I said, "I'm going to sleep this off." And he goes, "No, get in the truck or I'm going to throw you in the truck." And of course, me and him are always confrontational, but I was too weak and stuff to argue with him. So I jumped in the truck and, okay, I'm going to the hospital.

I get to the hospital, and they admit me. They do some tests on me and they tell me I've got pneumonia. After the doctor had told me that, another nurse comes in. She takes a swab and sticks it up my nose, and it's painful as hell, and she runs out of my room. I'm sitting there, and I end up spending the night. The next morning, I was having a little tough time breathing; it was getting a little worse. And then the doctor comes in and says, "You have COVID." Okay, that's new. They were monitoring me fairly close. Then about noon or so, my breathing was getting a little tough—shorter, shorter breaths. And the doctor says, "We got to load you up and take you to Saskatoon."

Wayne Lenhardt
Your oxygen levels were a bit down, were they?

Bryan Baraniski
Yeah, I was short of breath and it was tougher to breathe. Yeah. I knew I had something, maybe it was pneumonia. I've never had pneumonia before, so I didn't know what it entailed. So yeah, so the ambulance shows up, and they're concerned whether I have enough oxygen to make it to the city or not because it's a three-hour drive. So they put an extra tank in just to make sure I'm going to make it there.

They loaded me up and hit the sirens and away we went, flying. It was fast. I was looking out the back window, and we were passing the vehicles and siren on pretty much all the way there. Get into Saskatoon University Hospital. They admit me. About half an hour in the waiting room—or not in the waiting room, just waiting to get a bed, I guess. Then, finally, they admit me into a room and they're monitoring me. My breathing is getting worse; they got me on a mask. The next day, I was getting worse and worse and worse. The next day, I'm off to ICU,

[00:05:00]

into the ward they had for all the COVID patients. I think there was 10 rooms, all separately isolated and behind glass. So, on oxygen, of course. It was getting worse and worse; pretty soon I was on 90 per cent required oxygen. So the doc goes, "We're going to have to put you on the ventilator if it gets any worse than this." And, of course, they put a tube down my nose, a feeding tube. And yeah, like I don't know if you've seen the picture. It was on CBC News, anyway, because I was the anti-lockdown guy. So they had to beat me up.

So then that night or the second day in, the doc comes in. He says, "You better get a hold of your family and tell them to prepare for the worst." Because as I'm there for my two days, I see them taking body bags out as people dying, right? That are dying of COVID. So, I'm down to short breaths—"aha-aha-aha-aha"—like that's how I'm breathing all day long because I've got no lung capacity. So then, when the doc tells that, I figure, "Well, I'm not going to call my kids and worry them." I'll just start writing letters, right? So I figured this is it for me, right? You know, he's telling me to prepare for the worst. I know what that meant. And so I'm writing letters to people that I figure should hear from me.

The third day in, I was still holding at 90 per cent. Then I woke up one morning, and I had the feeding tube out of my nose. I figured, "Oh Jesus, now they're going to fight to put that back in." It was painful as hell. And the doc goes, "Oh, no, maybe not." He says, "You're down to 85 per cent oxygen." He says, "Maybe we don't have to put that back in." So they monitored me for a few more days and I hovered around that 85 per cent, not over 90. So I wasn't on the ventilator.

The staff treated me really good. One nurse brought me chicken noodle soup because I said, **"Hey, if I'm going to die, can I die with chicken noodle soup in me because I don't get none in here, right?" So, she went home and made homemade chicken noodle soup and brought it to me. She said she wasn't supposed to do that, but she brought it to me anyways, which I was thankful for.**

Finally, I get out of ICU 10 days later, and they put me in recovery. I'm down to 65 per cent required oxygen, and it won't get any better, and it's staying the same. They tried to get me down to 55, and I struggled to breathe, and they put me back up. So I had several doctors that would come throughout the time I was there, probably three or four different doctors. And one doc says, "You know, you could be here for a couple of months. We've seen it where it takes a while to get you to recover, to get your lung capacity back." And I figured geez, I'm not sticking around here for a couple months.

In the meantime, the CBC had done a story on me while I was in ICU, with the tubes and everything in me. They posted it on social media and on the CBC News. And, of course, all the people beat me up there. They were on social media. They were commenting about how bad of a guy I was and wasn't following the rules, and I was the anti-lockdown guy. Then, Joseph Bourgault, the previous guy that was just on here, he seen me on CBC News. He phoned up the hotel my son was running at that time. In the meantime, they had shut my hotel down; they had shut it down for two weeks. Kicked everybody out of the rooms. Told everybody that they had to leave. My son wasn't even allowed to go there. I was peeved off because it was on autopilot. It was on autopilot for three days in the entire hotel—12,600 square feet. Mechanical systems running, everything. Nobody's allowed in that hotel for three days. Not my son. He's told to be isolated.

I was furious—wild at the government. I couldn't believe that they're handling it like this. This thing could blow up; there could be a water leak. But nobody was allowed in the hotel for three days because we had a COVID outbreak, they said, at the hotel. So that was fine. I was arguing with my son to get back there. And of course, his mom, my ex-wife, was saying, "No. Listen to public health. Don't get in any more trouble. Your dad's in enough trouble already." Right? So that's how that went down. We ended up opening up two weeks later. We had to get an independent cleaner to come clean the entire hotel because they wouldn't let any of our staff do it because they might have COVID.

So anyway, I'm back in the hospital trying to recover here. My ex-wife, of course,

[00:10:00]

she's bringing me grapes and chocolate bars and stuff up to the ward, not allowed to see me because I'm isolated. This is probably day 20-some that I'm already there, and she's brought grapes and stuff several times. In the meantime, Joseph had called me, and said, "Hey, I seen you on CBC News." Of course, he got the number from my son because I have my cell phone right by my bedside. He said, "I like the fight in you." He introduced himself. We had a lot in common. I used to farm, and he had Bourgault Industries. We actually owned some of his cultivators and so had a good introduction there for about half an hour.

Then Joseph says to me, "You go get some quercetin and some zinc, and you're going to walk out of that hospital in five days." And I figured, "Oh, well, I'm going to try that for sure." He said, "I run a health food store, and I've helped lots of people with COVID. And they've all recovered with quercetin and zinc." So, I phoned up one of my wait staff. I have 25 employees in the summer but about 12 to 13 in the winter. One of my waitresses in the city that I'm fairly good friends with, I phoned her up said, "Go down to the health food store, get some quercetin and some zinc. Bring it up to this ward, up here at the University Hospital, and I'll e-transfer you whatever it is." So she did that. I e-transferred the amount.

So the next day, I still hadn't got my stuff. So I said to the nurse, "I'm supposed to get a package delivered up here." And she goes, "Yeah, it was delivered up here. But I showed it to the doctor and the doctor says you can't have it." I said, "Oh, okay." She said, "No, it's not prescribed by us, by the doctor, and whatever's prescribed by him that's all you can have. You can't bring any other medicine in from outside." So I figured, okay, I got to think this one out. So I phoned up my ex-wife and said, "Go down to this health food store, go buy some quercetin and zinc." I said, "Open up the bottle, throw the pills in the bottom of the grapes and bring it up here." So she does that, does what I tell her and brings it up there.

Of course, she told me not to mention her name. She goes, "I'll get in trouble. Don't mention my name." Yeah, okay well, I'm not going to mention her name, but you guys all figured out who she is already.

So then the nurse sees grapes and chocolate bars and brings it through. That was on a Tuesday. So Tuesday, Joe said to take it during your supper and dinner meals. This was Tuesday afternoon when I got this package. I took a quercetin and zinc at supper that night, and then the next morning for breakfast, I took two more. I figured another zinc, another quercetin and— Heck, I'm just about dead, anyway. What the heck are you losing doing three? He said it was maybe hard on the liver and stuff. But I figured that's the least of my worries and so I took it three times. I took it at breakfast the next day, lunch, and supper. By supper, I had improved quite a bit. The doctor noticed. He says, "Yeah, your oxygen requirement is down a bit. You're down to— " I think, it was 45 or 50 per cent. Of course, I never said nothing to him.

The next morning, on Thursday morning, took the same routine, three more times during that day. By supper or just after supper, when the doctor comes through, he goes, "You've improved quite a bit." He said, "If you carry this on, you get under 30 per cent, we can ship you back to Nipawin." He says, "You can go to the hospital there."

So the next day I was down to less than 30 per cent. So then the doctor goes, "Yeah, we can transfer you over to Nipawin." He said, "I'll line up an ambulance." And the ambulance was like 1500 bucks or something like that. I said "Well, can I just catch a ride with my ex-wife? She has a house back in Tobin. She's going back Friday nights, anyway, because she has a business in Saskatoon. She comes up Monday morning, comes back Friday night." So anyway, after being convincing to the doctor, he said, "Oh, okay. We'll just give you an extra oxygen tank to take with you. But she's got to take you straight to Nipawin." And I said "Yep, fair enough."

So anyway, as I'm getting my clothes on and signing out the release forms and everything, as you're getting out of the hospital, I said, "Doc, I got to tell you something." I said—this is tough here but—I said, "You've got to give this quercetin and zinc to everybody that comes in here." I said, "Because I smuggled it in here." So he looks at me, and he goes,

[00:15:00]

"How do you spell it?" I said, "quercetin," and I spelled it. So he goes and researches it, and he says, "Well, we can't. It's in Health Canada trials, and we're not allowed to prescribe it yet." And I said, "Let me guess. It's going to be in Health Canada trials till everybody gets a vaccine, right?" And he smiled and walked away. And then, I went to Nipawin.

So I get to Nipawin. I'm in the hospital for three days there and, finally, they release me. They get the oxygen set up in my house. So I got oxygen. They give me five tanks of oxygen—these little portable ones that I can move around. So three days, I get checked out of Nipawin hospital. I head back to my place. Of course, I got to get back to work. The first thing I do as soon as I get home, I grab an oxygen tank and head down to the hotel, right? Dragging this oxygen tank, away I go. A few hours later, it's all used up. So I got to go back and get another one. And next thing you know, my five tanks are used up. Over each day, I was reducing it a bit, anyway, but I didn't have enough to get through for the remainder.

But my mom, who's in her 80s, she's in a senior's home. So I sent my son. I said, "Brady, take these five empty oxygen tanks, go to see Grandma, and bring her full ones back here." So he took the five empty ones there to her place and brought the five full ones back.

Because I was only getting oxygen— Once a month is when the person showed up there, right? So used up a few of those tanks and then, pretty soon, about five days after being out of the hospital, I was off oxygen. I was back to normal. And I have not been sick since.

Wayne Lenhardt
So I'm going to move you along a little bit. I think you're sitting here hale and healthy at the moment. So I think you obviously recovered. What was it, 30 days you went through this ordeal?

Bryan Baraniski
Yeah, I was admitted in the hospital March 6th, and I got released from Nipawin April 3rd.

Wayne Lenhardt
Okay. Tell me about the financial consequences of what you were doing on COVID.

Bryan Baraniski
Part of the reason CBC was beating me up is because I got two $14,000 fines. And then we got five $2,800 fines, some of my staff members got for failing to wear a mask.

Wayne Lenhardt
And they shut you down for a certain period, right?

Bryan Baraniski
Two weeks. Probably lost $50,000, we figured.

Wayne Lenhardt
And how many staff did you have that you had to send home?

Bryan Baraniski
Thirteen staff all got sent home.

Wayne Lenhardt
Okay.

Bryan Baraniski
So one of the staff, she had an exemption for a mask, which was fine. The public health supervisor, who had been to the hotel several times had said that she was okay, at first. And then, finally, he came out there. He goes, "No. We're not accepting these exemptions anymore." He said, "You have to fire her or else make her wear a mask." I said, "No, I'm not." I said, "You can go tell her that." So he went up to her, he says, "You either put a mask on or you have to go home or I'm going to give you a $2,800 fine." She goes, "Fine, I'll go home then." So she went home.

Some of the fines they give me— Of course, the supervisor from public health, he'd phone me up pretty much every second day, right? He always had a complaint, like what we were doing. We had our feet stuck in where we were anti-lockdowns for sure, right? Wherever there was a loophole, we'd try and figure out how to work around it. One of the times, I'll give you an example, is that they lowered it to 10 people, private party, right? That's all you could have at a household. So we had the bar that was closed, locked up, but we'd have 10 people in there every night because people wanted to come there. And we carried on like normal, except the doors were locked.

One time the RCMP showed up. Of course, we were getting complaints and they're at the door, and "No, you can't come in. Sorry, we already got our 10 people in here." So of course, away they went. We wouldn't let them in. There was nothing they could do about it. We had the doors locked, and we weren't open to the public. It was a private party, right? So that's some of the things how we carried through.

What else did we have going on? When they give us the $14,000 fines, the one was failing to keep track of all the customers who was there. We had a book. We had a desk at the front of the restaurant that you signed in. So anyway, they had come there one time, and they give us the fine because three of the names were unreadable.

[00:20:00]

And then some of them were a little bit vulgar, like, there was Daffy Duck, Phil McCrotch. And then, they'd write a number—seven, six, eight f-you, writing stuff like that down. Some of the people just were not following the rules. I couldn't have an extra staff to monitor sitting at the table. So of course, they come in there, and we got a $14,000 fine for that.

The other fine we got was failing to ask for a vaccine passport. So that was controversial, too. Because I was working the morning in the restaurant, and then there was a public health girl, which I knew that she worked for public health. She was sitting at one of the tables and I'd taken her order and everything. Sorry, I hadn't taken her order yet. I brought her water and everything. Then my son Brady showed up, and I said, "Table two." I said, "I haven't taken her order or anything yet, you can go grab it." So he goes over there with a mask and everything. He puts a mask on because I say, "Hey, that's a public health girl over there. Make sure you get your mask on right." So we're trying to hide it, right?

He goes over there, mask on and everything. Then he gets fined for failing to ask for a vaccine passport. And of course, Brady goes, "Well, I didn't know if my dad asked for it. I just assumed that he asked for it." And no, it didn't matter. So we got nailed a $14,000 fine because she never got asked for the vaccine passport. So you've kind of set us up there, we thought. It was kind of dirty. So of course, same thing: Three cop cars show up, and the public health people, and they get out. You'd swear to God it was the biggest drug bust that ever happened. And they come out and give us a $14,000 fine, right? Middle of the afternoon. Cause a big scene, so all the customers can see it.

So we fought them all. Of course, we lost. The judge, he wasn't on my side, for sure, I didn't think. He just thought that the government had the right to invoke those policies. And I didn't follow them and that's just too bad, right? He did reduce the fine down to $12,000. So we got two of those fines. Then I got a $2,800 fine. My son got a $2,800 fine. Three of the staff got $2,800 fines. The RCMP officer that gave those tickets out also stated to the three girls, "You put your mask on and the next time we come in here, and you have your mask on, we'll just get rid of those three tickets." Of course, went to court, and we tell that story,

and the judge goes, "The RCMP don't have the authority to release your tickets on a public health order." So, they all got nailed $2800 too.

Wayne Lenhardt
Okay, due to the late hour, I'm going to ask the commissioners if they have any questions. I think that's a no. So on behalf of the National Citizens Inquiry, thank you so much for giving us your evidence.

Bryan Baraniski
Thanks.

[00:23:26]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 9: Cindy Stevenson
Full Day 1 Timestamp: 10:34:50–10:56:48
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Dellene Church
Our next witness is Cindy Stevenson. Cindy, can you state your name for the record and spell your first and last name?

Okay, you need to unmute. Not yet, no. Can you see your mute button? Just make sure that's off.

Cindy Stevenson
How about now?

Dellene Church
There you go.

Cindy Stevenson
Okay, I just had my headphones on. I'm sorry about that. My name is Cindy Stevenson, C-I-N-D-Y S-T-E-V-E-N-S-O-N.

Dellene Church
Thank you. Cindy Stevenson, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Cindy Stevenson
I do.

Dellene Church
Thank you. Cindy, you refused a COVID vaccination and as a result, you were fired from your job of nine years with CN Rail.

Cindy Stevenson
That is correct.

Dellene Church
Can you tell us about that experience, how that came about for you?

Cindy Stevenson
Well, I could see kind of what was coming with all the talk about vaccinations and all the political push for, certainly, passports and mandates. And I had sent an email request to my union looking for representation, because I did not consent to the trials, the medical trials and the therapeutic of what they were calling a COVID vaccine. I had stated that there was so much risk. I put on there the VAERS [Vaccine Adverse Event Reporting System] reporting, which had indicated that there were more than all the vaccines combined in 30 years of adverse events. There was risks that I did not want to take. And also, that I was COVID-recovered: I had just had COVID in August of 2021 and they were demanding that I get a vaccine prior to October 29th or I would not be working after that.

The union responded to that email with a positive message, saying that they understood and that the information in the email would be forwarded to the national and the local chairperson of my union. I never heard anything from the union again until November 10th of 2021. I was held out of service on November 15th, 2021.

Dellene Church
Okay. And through your union, was there contact yourself with your employer, or contact with the employer through the union as well?

Cindy Stevenson
I had contacted the employer multiple times. Stated that I was COVID recovered, that there were higher instances of injury for people who had recovered from COVID, especially such a close proximity to having the virus. And then obviously them demanding that I get a vaccine right away, that it exacerbates and causes extreme inflammatory results. I had done quite a bit of research. I sent a lot of information to the union and my employer in regards to vaccine injuries, risks. Natural immunity was very, very widely acceptable and it was also acknowledged in the National Institutes of Health. There was an article January 26th of 2021 stating that natural immunity was long-lasting with COVID-recovered people.

Everything that I had sent in, all the concerns I had with the risks, with it being stated as a medical trial, it was in trial phases, nobody responded with anything. Except for the union stated to get vaccinated to avoid consequences.

[00:05:00]

And also, the employer said that I was privileged to continue working if I was vaccinated. Natural immunity and positive proof of natural immunity being positive is not acceptable.

Dellene Church
Did they offer you any options for testing in order to continue your work?

Cindy Stevenson
No.

Dellene Church
So after you had tried all of these options and avenues, what happened then for you to be let go? How did that proceed?

Cindy Stevenson
My last shift was November 14th, and the next day people who refused to either give out their personal medical information and/or that refused were just held out of service. And there was really nothing that we could do. The union did respond to me November the 10th. A representative asking me four questions, which were quite odd: If I informed the company that I had COVID; did I get a PCR test, which I did not. And just, you know, asking what the company said about my COVID. But nothing to do with any of the concerns that I had forwarded, multiple concerns. I did end up putting in a complaint with the CIRB, the Canada Industrial Relations Board. November 28th, 2021, it was submitted. I prepared it myself, which is not really recommended. They did close the complaint down. It's a Section 37 complaint in regards to unfair treatment and discriminatory treatment or arbitrary treatment by a union. They had stated that there just wasn't enough evidence there to go forward.

Since then, I filed a human rights complaint with the Canadian Human Rights Commission, which was never addressed. I did ask for multiple — I sent emails and I called trying to get an update. They have not responded. I did apply for Service Canada Employment Insurance in November 2021, which was declined. And the reason being was due to my misconduct. So I was left without a whole lot of options. I did retain a lawyer to prepare a reconsideration for a Canada Industrial Relations Board [CIRB] review, which— They're not really wanting to give any updates, so I can't update where that is. That was filed on September 29th, 2022, so I'm still waiting on that. I've had multiple emails sent to members of Parliament, my Member of Parliament, MLA, in regards to other issues with the natural immunity.

I did get my job back June 20th, 2022. There was a motion brought forward by a couple of gentlemen in Toronto. A lawyer had brought forward a challenge to the ministerial order. That was June 14th, I believe. The government suspended the mandates and we were called back to work. Three days later I got a call from CN stating that we were good to come back to work. And I had 72 hours' notice to give them my return-to-work plans, which I did. At that point, I had contacted my union and asked what the protocol was going to be, if we were going to be held out again, or what was going to happen. And there was no positive response, just non-answers.

I did give them my return-to-work plan. I did go back to work on June 20th. Only later, the 28th— I got a letter from CN dated the 28th of June stating that they could reinstate the vaccine mandate if the government said that health and if the science said so, which— There was no response from the union.

[00:10:00]

I did go back to work. I managed to kind of pick myself up and return to work. No response for any of the questions that I had forwarded by email to the union. They basically just told me to leave it alone. That my CIRB filing was frivolous, the one that I put in in November.

There was no support from the union whatsoever. And it became quite difficult to continue working because of the stories of coworkers who were vaccine-injured. It started to kind of get quite resentful, and being in a safety critical position that I worked, I just— I was really not doing very well in that situation simply because— With the natural immunity, it finally being recognized and it's on the mainstream news, nobody acknowledged anything that they had done.

I couldn't continue working and I did resign March 3rd of this year, unfortunately. I just couldn't keep working with the situation that happened, and in a company where I thought that if you bring safety concerns forward with mounds of evidence, they ignored. I just couldn't risk and keep working there. And just knowing that at any time they could just say, "Well, we're going to do this again," it just got to be too much.

Dellene Church
And so, what were the economic losses you suffered over this time?

Cindy Stevenson
I was out of work for seven months. I've spent quite a bit of money on my lawyer, which is worth every penny. I didn't ask for any renumeration. I would have liked my seven months of pay back because I feel that I was wrongly disciplined. The union, in our little handbook, states that: "Employees have the right to be informed of known or foreseeable hazards in the workplace, and be provided with information, instruction, training and supervision necessary to protect their health and safety." It also states that I have the right to participate: "Employees have the right and the responsibility to participate in identifying and correcting job-related health and safety concerns." And also, that I have the right to refuse to perform in an activity that "constitutes a danger to the employee or to other employees." They did not live up to that expectation. I really had no recourse there, but I would have liked my seven months back.

With all the information that came out— Obviously, we were held out of service or terminated, some of us. People need to have the ability to be able to make an informed decision and not be forced into any sort of dangerous or hazardous work. I would ask for that as well, and to have my disciplinary record removed for obviously being held out of service for being non-compliant to a vaccine policy.

Yeah, it's monetarily — I think more so, it was just emotionally damaging. Because every avenue that is available to people to keep them safe at work, to be able to participate in safety discussions, that needs to be addressed. Every avenue—political leaders or members of Parliament or the Premier's office; I tried to reach out to institutions, Service Canada, the Canadian Industrial Relations Board—they all just ignored everything that happened.

Dellene Church
You also mentioned in your questionnaire the effect not only on yourself, but on your family and especially your children, for having trust in our country and government and health system. Can you talk a little bit about that?

Cindy Stevenson
Well, all young adults,

[00:15:00]

my children, four of them. And this lack of trust, there is no trust and there is no recovery for my entire family, just seeing what happened to me. They all worked through everything. We've remained kind of not affected by the pandemic, thankfully; we're a very close family. But every institution, everything that we believed in—the healthcare system, the political system, all of the systems set in place for Canadians—never in a million years would you ever dream that you would be discriminated against because you didn't want to participate in a medical trial, and/or possibly being put in harm's way.

We're all changed. Every single one of us and there is— At this point, for myself, I don't even know if having justice for all the wrongs that have been committed will— It won't change me, anyway. My kids, definitely. They're younger, they're more affected because of their young age. But yeah, the lack of trust is— It's not healthy.

Dellene Church
Is there anything else you'd like to add today?

Cindy Stevenson
Well, I did want to add in that I did ask for — I had my natural antibody test done at a Saskatchewan private business. When I went back to work, the media was hyping up all of the boosters, and you got to get your shots, and they were thinking about mandating shots. I ended up contacting the place where I got my natural immunity test the first time in August 2021, and looking to get another test just to see if it still registered the natural immunity. I did email. And I got a response back that they were no longer able to perform those tests. The Saskatchewan Health Authority had told them they weren't allowed.

So I did contact an MLA, Nadine Wilson. She seems to be the only person in Saskatchewan that is speaking out against the narrative. And I did let her know what is going on. Because when I asked, even just to get my natural immunity test back in August 2021, I called my healthcare provider and was told that, if the test was ordered by that healthcare provider, that they would be called immediately and reprimanded. And then I called another, just a random health clinic, just to see if I could get this test done, because I could see that they were going to start mandating these vaccines. And really, I did not want to be having to put myself in any harm's way. And they told me the same thing: they could not order that test.

So, there is something very nefarious going on. The letter that I received back from the Saskatchewan Health was just to get vaccinated and they need the resources and they can't be offering these tests. But why I paid for that test, and the only way that I was led to the **facility that offered it, was through the first healthcare provider that I had contacted. They said the only place that will do it is this location. And I have all that in writing as well.**

I did actually send information as well to the Premier's office in regards to why naturally immune people have to be subject to this vaccine. When you have measles or you have the flu, you don't go get a shot afterward. But nobody listened. I emailed the Saskatchewan Health Authority. They never responded. My MLA— Even when there were questions of when they were trying to mask the kids and have vaccine clinics in the schools, there were documents that were on the SHA website. There was an article actually from March, 2021, which alluded to all the trials for the kids. They weren't going to be doing anything at this point just because they were trials and they didn't know.

[00:20:00]

And that article, I sent it to my MLA and he did not respond. I sent it to my MP. But that article went missing off the SHA website. Now I did copy it and I did give that to Nadine Wilson, MLA in Saskatchewan, as well. Because whatever is going on, they are trying to just lure people or lead people into— The only thing to do is just get a vaccine and that's it.

Dellene Church
Okay, I think we'll turn it over to the commissioners if they have any questions for you.

Commissioner Kaikkonen
Thank you. I just wanted to ask: Do you know if CN is still receiving funding from government?

Cindy Stevenson
I don't know if they're receiving anything from the government in regards to incentives. I do know that our union, it was part of the— They're actually on a website, it's called Faster Together and it is a program, a website where there's participants, a lot of unions, where they promote vaccines. I did ask my union representative if they were receiving any monetary incentive. The answer I got back was not that he was aware of.

Commissioner Kaikkonen
Okay, so my second question, if they did receive or if they are receiving from the public purse, is simply: Do you believe that CN was neutral in their decision-making regarding the government mandates at any point?

Cindy Stevenson
No.

Commissioner Kaikkonen
Thank you.

Dellene Church
Okay, thank you very much for your testimony today.

Cindy Stevenson
Thank you.

[00:21:57]

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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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Witness 10: Marjaleena Repo
Full Day 1 Timestamp: 10:56:49–11:28:38
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Dellene Church
Next witness today is Marjaleena Repo. Marjaleena, can you please state your name and spell your first and last name for the record?

Marjaleena Repo
My name is Marjaleena Repo, and it's M-A-R-J-A-L-E-E-N-A. And last name is Repo, R-E-P-O, Repo.

Dellene Church
Thank you. Marjaleena Repo, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Marjaleena Repo
I do.

Dellene Church
Thank you. Marjaleena, you found out very early in the pandemic that wearing a mask posed a serious risk to your health.

Marjaleena Repo
Excuse me, I can barely hear you. If you could be a little bit louder.

Dellene Church
Okay. Marjaleena, you found out early on in the pandemic that wearing a mask posed a serious risk to your health and you were given a medical exemption by your doctor.

Marjaleena Repo
Actually, yes, that happened. I first became aware that there was a plan by the City [of Saskatoon] to introduce masking, particularly in buses. Of course, I was very concerned about that. I travel on buses. And when I found out that they were going to do that, I knew that I was going to be involved personally because of my health issues.

So I protested to the City. I made a presentation to the City in a hurry, where I documented what I knew already about the health hazards of masks. I wasn't presenting anything about the effectiveness of masks or anything like that, but the health hazards that are already known. Because I know that I was going to be hit with it in a big way. And that presentation I did it in good faith, and I appealed to them to pay attention to all the populations that would be affected by these masks. People with bronchial problems, what I have. COPD [chronic obstructive pulmonary disease] of course. People who had difficulties hearing. Anybody who was deaf would be incapacitated.

And I especially spoke about children. How children's lives would be affected in a long-term way. And damage their capacities to learn and to relate and so on—all the things that happened. So I presented that in good faith. And I didn't get even one question, and they passed the masking order unanimously.

While doing that presentation, preparing for it, I found out that they had no information. They had no data. They had nothing that would justify doing something so drastic. They had no idea of a precautionary principle. Nobody who had prepared that material, the go-ahead, had any knowledge. They didn't introduce it as an issue—no consideration—and suddenly we were in a situation. And I was in a situation that I had to think twice before I go on a bus, what to do. I couldn't wear a mask for long, any kind of length really. I knew that.

And so my protest hadn't worked and I decided, okay, well, I have to cope with this. Try to do the best of it. Try to avoid hospitals. Try to avoid any situation where they make me wear a mask. And try not to go on the bus. At that time, it was September 1st, I could still bicycle, so I could get around. And I could go to a neighbourhood store that didn't have any masks. So I thought I have a certain freedoms left.

And then, you know, the one thing that I couldn't do— My partner and I had to go shopping once in a while. And of course, I couldn't go into a big store. He hated to go in it and he hated shopping too. But I had to send him in. I would sit in the car, and the weather was cold; it was winter, getting to be winter. And he would go in and hate every moment of it. Because he would be told, "Move this way!" "You're walking the wrong way!" "Where's your mask?" "Your mask is not done right!" And that was done by customers and staff.

So consequently, our shopping trips were quite short. I couldn't really do anything. So my life shrank, just about overnight. But I thought, okay, this is going to war. And I'm some kind of a soldier—reluctant, but I'm going to kind of hang out.

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But I couldn't do it very long because I started to suffer from serious pain towards the end of October. And I thought, this is not good because I might have to go to a doctor. And I was in severe pain. I had leg pains, I had back pains. I couldn't even sit I was in so much pain.

So I went back to visit my clinic that I had been a member there since the early 80s. A very nice, lovely clinic—the Saskatoon Community Clinic—that I had really liked and supported.

And I made an appointment to go and see a doctor there. I had just gotten a new doctor I was told, because my previous one had retired.

And when I came to the clinic, I didn't recognize anything. It was like an alien world because it was just masks with people. Masked people, masked patients, masked staff. I could barely hear anybody. I still have big difficulty hearing. I have a hearing aid—a top-notch hearing aid—but I can't hear people behind masks. That becomes immediately a communication problem because I have to repeat myself. I keep asking them, "What did you say? Can you say it again? I can't hear you!"

And so that became the whole clinic experience. I mean, it was absolutely disastrous for me. I cannot possibly cope with these people because I was harassed there. You know, my mask wasn't right on. I was leaking air. I was actually hanging onto air every second.

And finally, in my doctor's office, just before she came, I was given a blood pressure measurement by a very anxious nurse who was correcting me and pulling me and telling me to put the mask on. And my blood pressure was 208. It went up very quickly, it didn't come down for a long time. And when my doctor came in, she saw that. And she heard I was sweating, I was puffing, I thought I was going to fall. And she said at one point, "You're in stroke territory." And this is what I felt: I could easily die on the spot. It became that kind of experience for me.

And the new doctor that I had was conscientious and compassionate, and she confessed that she couldn't stand the masks herself. And she tried to help me get out of the place by giving me her shawl so I can kind of just hide behind it so nobody would attack me, I think. And she said, "The next time when you come, just come straight to my office and sit there."

Of course, the next time I couldn't really come. But she did send me for tests. So now I had to go to three hospitals to get tests. And they were both—all—nightmares in terms of getting in and being treated like a human being. Because already the corruption had set in. And the thing that they should have gone by, which is "first, do no harm," had evaporated. There was no sign of it. So everywhere I felt I was being harmed personally. I was attacked personally. I became an enemy in no time.

Even having the test was so stressful that I stressed about it the day before. I stressed during it happening and I was stressed the following day. You know, I'd been captured by the enemy aliens. And I couldn't shake them because I needed those services.

So anyway, I did get my tests done. And on October 23rd I got the results. I went to City Hospital to see the breast cancer doctor.

And he came to his office and he sounded sad, but he had his mask on. And I asked him, "Whatever you're going to say to me, I want you to take the mask off because I cannot hear you." And he did take it off. And he was momentarily a human being because he also felt sad for me.

[00:10:00]

And he told me that my breast tumor had spread to my bones, and I was not operable. I had stage four. And he comforted me. He touched me. He hugged me. He probably had to worry about somebody walking in and seeing him without the mask. And he invited me to come back any time to talk. So he had what was left of the humanity. He still had it.

And I walked out of the City Hospital and I didn't know what to do. Where should I go and cry? I thought, I can't go on a bus, so I'm going to go to the nearby coffee shop. City Perks, it's a nice place. I could go there and get a cup of coffee. I could have a scone and I would go in a corner and I would cry.

I went in. And the two women who were working there— It was very early in the morning. I was the first customer. And before they said, "good morning," "hello," or something to that effect, they said, one of them, "Where's your mask?"

I said, "Well actually, I can't wear a mask."

"Well, here we have to mask. Didn't you see the notice outside?"

And I said "I actually didn't."

And she said, "Well, if you can't wear a mask, then you at least have to sign this. You have to sign your name and the address."

And I said, "Well, that's not mandated yet. That's been talked about. It's not happening."

She said, "Well, these are our rules. This is a private business. And these are our rules."

And that was the end of that, except I left very distraught. Maybe I had hoped that I would tell them my story and then cry some more and they would comfort me. They would be human beings.

I left and wrote a post on my Facebook, telling about my experience. I didn't mention why I had gone there and why I wanted to cry. But I just told about the treatment and said that I felt I was bullied. And I would never go to such a place. And that was on the 23rd of October 2020.

The next day, I woke up, I had hundreds of hostile messages on my Facebook. I was totally flooded. There were people that hated me so much they wanted me to go into a— They wanted me to get COVID and die. They wanted me to go to a hospital where they wouldn't treat me. They just wished that I would disappear. And, you know, incredible phenomenon.

It turned out that there was a radio station in the city that had discovered my posting and considered it an attack on the little café. But more than that, an attack on public health measures and therefore I had to be punished. And this radio station—which I've never heard of called Bull 92.9—had decided to mobilize these people to go after me with incredible insults.

It took me a while to even be able to cope. I couldn't talk to my family about what had happened to me health-wise because I had to basically fend off hostile elements. Names of people I've never heard of, they were not anybody I ever knew anything about.

And with this event—having a terminal prognosis, devastating prognosis—then being attacked at the same time by fellow citizens.

[00:15:00]

I mean, they're supposed to be fellow human beings. They didn't know me and they had decided to undergo a full attack on my person, personhood. I had to worry about whether

they would come to my house. I mean, would they come and throw stones through my window? What else would they do?

The next part of that is that I had decided I have to do something about it. I found out what this man had written in his Facebook, on his program. He mentioned my name; he had my posting there. He wrote, "She has also been a regular on the radio page of this station before we banned her for spamming misinformation and causing a general ruckus."

So what he was doing there, he was describing somebody else. He put my name on it and attached this description. Then sent it off to his fanbase, who then decided that they had to do something. They were also told that there was going to be a protest—also anti-vaxxers and anti-maskers would be surrounding the café—and therefore everybody has to get busy to do something. And everybody got busy to do something which was directed at my person.

The only thing I could do with that—after recovering from it—was to say, "I have to get a lawyer to do something about this. I will get a lawyer."

And I found a lawyer. I said, "You have to clear my name. I don't know how long I'll live. I have been smeared. My name has been scandalized. I want that cleared."

And he took that on. I wanted him to write a tough letter and demand that Pat Dubois—was the name of the fellow, and he is part of the broadcasting family—that he would be made accountable for his actions. The lawyer wasn't very confident that we could get anything. I was very convinced that we would win this case and we went ahead—at least the first letter, which produced results. He agreed to take off the description, but he did not give an apology. I wanted a full apology. I wanted that done so that he would have maybe paid some compensation also for what he had done to me.

At that point—just when I thought that we were now moving to the next phase, which is making more demands—my lawyer quit on me without talking to me. And he said "I don't want to continue. And I don't think you're going to get anyway anything." He basically withdrew without consulting me, saying "You wouldn't be able to prove anyway that you weren't that woman who caused the ruckus." So he basically ceased to be a professional lawyer right in front of me.

So that case— The reason why I have been bringing it up is because it's been festering me ever since. I've had so many other things to deal with and confront with and take on that it's festered. But I've finally decided to find out if I can still put in a complaint about him. I did find out just yesterday: I can. Because you can go after with a complaint about the lawyer as long as they practice. So that's in the works, so that I at least get some satisfaction along the lines that I have planned to do. Some satisfaction.

Anyway, that was a little bit long story, but I needed to have it out because it has been like the poison in my system. It was created by the same mentality that the clinic had and the hospitals had: that you are an alien, you don't belong to humanity, you can be abused, you can be controlled, you can be not listened to, not respected, et cetera. It has been the full story.

The next serious humiliation that I had, after I had received my medical exemption—

[00:20:00]

I received that from the same doctor that had been very good with me. At the end of November, I got a medical exemption and I started to use it wherever I could. And it was never—about 95 per cent, 99 per cent time it wasn't accepted—but I carried it with me on buses particularly, because I went back on bus travel.

And I had it, and sometimes the driver would ask for it or say, "Why don't you have a mask?" And I would say, "I have a medical condition, I can't." And they would accept it. It was uncomfortable, because there could anytime be a driver who would be gruff, who would insult you, and you never knew what you would get. Maybe a customer would come to you and say, "Put the mask on," or throw a mask at you. So it was ongoing. And I knew that I wasn't alone. Because luckily, I connected with protests in the city and I would go there. And at least we could commiserate and exchange experiences and horror stories. And they were all horror—similar things.

Dellene Church
And it affected every area of your life.

Marjaleena Repo
Pardon me?

Dellene Church
It affected every area of your life. That exemption did not protect you.

Marjaleena Repo
It didn't! It was, it was like nothing. I still have it somewhere here too. I also carried with me what the public health regulations said: that if you have a particular medical condition and you are signed in by your health professional, you don't have to wear a mask. Basically, it was there. I had both that and all of it was swept aside by people who became the judges and juries of my existence.

After my prognosis, I had to actually attend the Cancer Center here in the city. That was a nightmare of the nightmares. Because I have to now deal with masked and gowned and gloved people, who basically only wanted to know where my mask is. Or why. Mask was the only topic! I didn't get a kind word there; I, in fact, got threats. Threats like when I was measured for radiation treatment and the technician that measured me, when I said to him "I can't"— I was telling them— All the professionals, I was telling them "I can't breathe. It makes me feel panicky. I think I might faint if my blood pressure goes up." And I said "I can't wear a mask to this!" He said, "Then you're not going to get radiation."

And he meant it! It was it was that kind of control. It's life and death, you know? It could be trivial, and it could be life and death. That all had to do with the mask becoming the king. And no basis for it. Absolutely no basis for making it that, and no—

Dellene Church
Marjaleena, we're running close to the end of our time, so I'd like to ask the commissioners if they have any questions for you.

Commissioner Kaikkonen
Thank you for your testimony. When you said you the people around you only wanted to know where your mask is, do you ever remember society—a place in society—where our greeting to one another would have been honed in to just one simple question, "Where is your mask?" Do you ever remember a time where society would be that abusive to one another?

Marjaleena Repo
I had a hard time hearing you. I mean, it's very blurry. Can somebody repeat that? I'd like to hear it.

Commissioner Kaikkonen
I don't know if I could repeat it all. You made a comment, "only want to know where my mask is." That other people who were speaking to you would normally greet you and say "How are you?" or "Good morning," or something to that effect prior to COVID.

What happened to our society? Or maybe that's not the right question. Have you ever seen a part of society where the only thing that mattered to people around you was: Where is your mask?

[00:25:00]

Marjaleena Repo
I didn't quite completely hear you. I wish I could. But that's almost like an example of my experience when people had masks. You don't have a mask, but you're at a distance there and the sound distorts.

But getting back, just the essence of my story is the dehumanization— Medicine disappeared as a human practice. And it did it so quickly. And then the masking just became a method to punish you in every which way. It was just incredibly fast! And my head was constantly, "How can this be? How can it happen? Who are these people? What happened to them? Did they all get processed somewhere that they came out this way, that they can't— They don't hang on to their humanity?"

And I'm talking now about health professionals. They absconded. I didn't see any resistance. They didn't have kindness. You're in a cancer clinic and you feel abused by everybody. Because they didn't want to know of you. They didn't want to know you! They wanted to know your mask. They wanted to make personal contact with your mask. And **that was the horror of it.**

It's kind of a whole, total distortion very quickly of the whole society. And I don't see how it can get back, how these people can get back to that. How can they find their previous selves—if they had them—and become human beings again and treat others with essential respect? And this is what I've lost systematically, a sense of feeling that I'm respected. I'm respected. Because any time, I can be questioned by total strangers.

And then the nameless strangers, you know, hundreds. There was maybe 300 abusive emails orchestrated by a disc jockey who had nothing better to do. And he actually praised the event, what they had done: "We kicked ass." Well, the only ass that they kicked was me. And he got away with it because my lawyer gave up on his own profession. Everything is,

like, giving up on humanity and knowledge that we've accumulated over a hundred years and become totally primitive people. You know, with the mask, that is exactly being at the receiving—at that end. It's like you're back into a primitive society.

We still are there, and it might be around the corner. It's not going away because the same people who are in power, they haven't been pushed away yet. And they pine for this power. Actually, during that period, anybody— Powerless people become powerful. Because they can exercise power over me, just like the bus driver did that banned me from a bus. I was actually banned from a City of Saskatoon bus that wouldn't open the door. Just waved a mask in front of me and took off and left me.

And I complained about it to the Human Rights Commission because it was rank discrimination. And the Human Rights Commission basically didn't want to touch it. And complained to the Ombudsman—complained about the Human Rights Commission to the Ombudsman—and the Ombudsman said "Well, they have their own rules." So these institutions, one afternoon, collapsed internally and became enemies too.

So that has been our collective experience. And I think that I've lived it. I've lived it with others and for others.

Commissioner Kaikkonen
Thank you for your testimony. And do know that, after today, I'm quite sure there's a lot of people in Canada praying for your healing.

Commissioner Massie
Thank you very much for your very touching testimony. I was wondering:

[00:30:00]

How is your health right now?

Marjaleena Repo
How is what?

Commissioner Massie
Your health.

Marjaleena Repo
It's not very good. The only thing I'm getting right now, I've been getting one pill a day, chemotherapy. So I'm hoping to continue. I'm hoping that I can last. And I hope that I can live long enough— I've lost three years now. All the different things that I had wanted to be and do, I can't get them back. But I'm hoping that other people can make the changes that I would have wanted to make. I wasn't able to because we have an immense thing to deal with. My prognosis health-wise is still the same. I'm inoperable. I rely on the pill and I'm just hoping I last.

Commissioner Massie
Thank you very much. Take care.

Marjaleena Repo
Okay.

Dellene Church
Marjaleena, I'd like to thank you very much for your courage through the last three years as well as your testimony here today.

Marjaleena Repo
You're welcome.

[00:31:49]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 1**

April 20, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 1 Timestamp: 11:28:38–11:29:26
Source URL: https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html

[00:00:00]

Shawn Buckley
That's the last witness that we have scheduled today. And I think that everyone that just listened to Marjaleena will understand why we're doing this. If there's any doubt in anyone's mind that we need to hear stories, I think that that's put to rest. And Marjaleena, I thank you for your bravery. And I thank you for sharing with us. And I think that every Canadian that sees your testimony will share with me the shame that we feel.

So we're adjourned.

[00:00:48]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
SASKATOON HEARINGS

Saskatoon, Saskatchewan, Canada
April 20 to 22, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 01:04:29–01:37:37
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Shawn Buckley
Welcome to the second of three days of the National Citizen Inquiry hearings in Saskatoon. I have been asked to remind people to go to our website, nationalcitizenshearing.ca, and to sign the petition, and also to donate. Every time we do one of these sets of hearings in a city, it costs us about $35,000, and we hope to recover our costs as we go along.

Commissioners, this morning I am attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to speak a little bit about masks, because that seemed to be a theme yesterday from various witnesses. It got snuck in one way or another. As I was thinking about masks, I was asking myself the question: Surely our governments knew? Surely the health authorities knew that masking was not a good idea? The CAPR's meta-study has come out. We had Steve Kirsch yesterday at one of his slides indicating the media and the public health authorities were relying on this Bangladeshi study, which apparently anyone reading it can understand that it's not there. We had Joe Bourgault here yesterday who, just as a businessman with employees, they brought in an expert to actually measure CO2 levels and oxygen levels within masks and were able to determine very quickly that they were not dangerous. So when I am a little along in my presentation this morning, I want you to keep that question in the back of your mind: Did they know?

I didn't have time to research, but I think one of the main advisers to Trump has admitted on TV that no, they just kind of made it up: "Well, let's do something, let's mask." And we've heard about all of this harm, about kids, literally their IQs being stunted because they are wired, hardwired; their brains learn how to speak and to learn emotion and appropriate behaviour by seeing our faces. So, an immeasurable amount of harm has been done. And the question I want you to keep in the back of your mind is: Did they know?

Now, I spoke last week in one of my openings about fear and how it is the main weapon used against us because we are so afraid of being shamed. We are herd animals. We are community people. We need to be part of the tribe. And we are so afraid of being shamed that our greatest fear is being excluded. In fact, police states have learned that, rather than

just torture and torture and torture people, just put them in isolated confinement for a long period of time and they'll break.

Now the enemy uses this fear that we have of being shamed by the herd and being excluded. It's the primary weapon. And the war is for your mind. This is where the war is being fought. And your enemy wants your mind closed so that you don't think. The enemy will give you messages, will give you a belief, and then will use this tactic of fear against you to close your mind. Understand, what I'm saying is: You will be given messages. You will be given beliefs. Then once you've accepted them, once they've been hammered in—although it's going to be constant repetition, I mean, read Hitler's *Mein Kampf*: repetition, just keep repeating the lie over and over and over and over again, and it becomes truth. Once you've accepted the message, then the next tactic—and it's playing on your fear of being shamed, it plays on your fear of being excluded from the tribe—is what I call "labels of shame." And labels of shame are terms that are deliberately made up so that we will close our mind if somebody presents to us a message that is different than that that we've been force-fed. Labels of shame would include "conspiracy theorist." What do you do if you're having a conversation with somebody, "Oh yeah, well, then there's this 'conspiracy theorist—'?"

[00:05:00]

All of a sudden you don't even want to go there because if you do, that label will be attached to you. And now you will be an object of derision and shame: "climate denier," "anti-vaxxer," "disinformation."

Wasn't Dr. Francis Christian refreshing yesterday? I found it interesting, I didn't know that the words "disinformation" and "misinformation"—that those words were first used in the Soviet Union as labels of shame. But understand that these terms are actually weapons that close your mind. Because if I have accepted the mainstream narrative that the vaccine is safe and effective, and then I've come to believe that if I personally go against that narrative I will be labeled as an anti-vaxxer—and I understand that that is a term of derision—now my fear of being excluded from the tribe is going to kick in. I'm actually going to have an emotional reaction to that type of information and I will close my mind as a defence mechanism. And I will close my mind because the last thing I want is to be shamed. The last thing I want is to be excluded from the tribe. So I hope you can see how effective these labels are. You're fed a belief and then you're placed in this context where, if you challenge that belief, if you even entertain ideas that go against that belief, you will be labelled with a derisive label and you will no longer be part of the herd or the tribe.

Now the danger about that is it means that we're only allowed to have one belief, and that's a belief that's given to us. It's not a belief that we've arrived at with our own thinking and without critical thought. So we've got to defuse those terms. We've got to start calling them **out. I think we need to be proud of them. We need to call ourselves "anti-vaxxers" and "conspiracy theorists" and "disinformation spreaders" and "climate deniers" even if those labels actually don't even apply to us. But we have to take the power away from them.**

And as soon as somebody starts doing that, I think we have to start explaining to them, "Do you understand that actually is a weapon being used against you? It means your mind is captured because when you use that label, it means that you are looking at any other counter-argument or information basically with disdain and with derision. And because you have that view, you can't even consider it. So your mind is closed. It's not about changing your mind. I mean, if you're so right, why are you threatened by information?" I think we need to be explaining to people that these weapons exist. Because if they can't see the weapon, they can't defend against the weapon.

When you hear a journalist use terms like "misinformation" or "anti-vaxx" or "climate denier" or "conspiracy theorists," in that context it's being used as a weapon. When you hear your family members or friends using that term, I hope that you can appreciate that they are a victim. So the weapon has been used against them and the weapon's been effective, but that's not a person to get angry about. That's a person to have this conversation, about how they actually have a closed mind.

We have probably had the biggest fraud in history perpetrated on us. I mean, anyone watching these proceedings, it's like: We have had these vaccines mandated. I mean, this can't be a surprise to anyone. There were vaccine mandates. We all experienced it. For the first time, we've been basically told we can't work, we can't fly, we can't travel, we can't go to a hockey game unless we take a treatment, which by all definition is experimental. And we're learning just how misguided that was—and that's being a very generous term. I think that historians will look at what has happened in the last couple of years and describe this as the biggest fraud perpetrated in human history connected to a vaccine.

[00:10:00]

And a lot of people listening to these words will go, "Yeah, I agree with that."

Now, pay attention then to what happened yesterday. I was fascinated how witness after witness who would agree with me, "That vaccine was bad news and we've been gamed." Witness after witness said the magic words: "I'm not an anti-vaxxer," "I'm not an anti-vaxxer," I'm not an anti-vaxxer." We heard that time and time and time again by a various number of witnesses that were outraged about what the government did. And yet here they are at the National Citizens Inquiry almost instinctively saying, "I'm not an anti-vaxxer." And you know why they're saying that? Because they don't want that label on them. So even in the context of these proceedings, witnesses that are saying things that definitely go against the government narrative are saying, "I'm not an anti-vaxxer," "I'm not an anti-vaxxer," I'm not an anti-vaxxer." They're saying this because their minds are captured on that point.

I can almost guarantee you that every single witness that said that has not looked into the science behind the vaccines to determine for themselves whether any given one is safe or effective. I can almost guarantee that. But they don't want to be shamed. And instinctively, like robots, they do that. Do you see how scary it is in a context like this? Like, literally, this is an inquiry into what happened, into what likely is the biggest fraud in history connected to a vaccine. And we have witnesses instinctively saying while they're testifying, "I'm not an anti-vaxxer. I'm not an anti-vaxxer. I'm not an anti-vaxxer." It's evidence to us of just how deep this conditioning goes.

As I say, the only way to break the power of these labels is to embrace them proudly and to let people know. Let's stop being ashamed. Somebody wants to throw any label at us, let's stop being ashamed. Because that's where the power is. If you understand it's just a weapon, the label is actually a weapon, and if you allow yourself to be shamed then the weapon has power over you: once you realize that, it stops. And these labels are dehumanizing. "Climate denier?" What the heck? You mean we can't have an honest discussion about that? "Anti-vaxxer?" Like, really? If there's strong science on anything, and Steve Kirsch made this point, then you'd think we'd want to actually look at the science and we could just shame anyone that disagreed with objective truth, couldn't we? And wouldn't that be what happens? Human beings are not stupid. We have the ability of critical thought. We have just had weapons used against us so that our minds are closed and that we don't think critically. But these terms are dehumanizing and they're meant to be.

And our actions have been dehumanizing. You know, our last witness, Marjaleena Repo, really struck me yesterday. If you haven't seen her evidence, you must see it. She was an elderly lady who could not wear a mask. She had COPD [chronic obstructive pulmonary disease]. When she was on the stand at the beginning you could hear her breathing. And I see some people nodding in the crowd, "Yeah, I know, I heard her breathing problems." She's got a letter from her doctor. There's no question that this old lady cannot wear masks. She can't. Medical reasons. Full stop. She shared with us how she went to her oncologist and got the news that she had stage four breast cancer. So basically, a death sentence. She's shocked. She's grieving. She's anxious. She decides to go to a café to just kind of get some comfort. And they ask her to wear a mask. And she says, "No, I'm medically exempt." And then they want her to sign her name and write down her address. Just like it was the East German Stasi: "What's your name? What's your address?"

[00:15:00]

And she quite rightly said, "Well, actually, that's not a requirement." And they have this little confrontation and she leaves. She posts on Facebook what happened. Remember, what was it—the next morning when she saw? Like a hundred people led by this radio newsperson had shamed her publicly. This little old lady, who had just learned that she had stage four breast cancer, who was just looking for a place where she could settle down, who can't wear a mask for medical reasons, was being publicly shamed by what I describe as mob violence. This public shaming, where we shame others online: that is mob violence. And let's call it for what it is: It's evil and it's wrong. I'll explain that a little further.

Do you remember how she said she got no kindness at the cancer clinic because she wouldn't wear a mask? It's almost like she was a leper. She's basically repeating things we've heard throughout these proceedings from patients and medical people that testified. She was banned by the bus driver. That's her way of getting around! Listen to a couple of things I wrote down that she said— I'm not a transcriber, I might have gotten this wrong but the meaning is going to shine through. Just listen: "Masking became a method to punish you in every such way." This is her experience. "Masking became a method to punish you in every such way." She said, "The horror of it, the horror of it, this total distortion, and very quickly—" She couldn't believe how we just turned as a society on her. And she described it as dehumanizing.

The treatment that she received can only be described as utterly shameful. I was ashamed listening. I was ashamed as a Canadian to hear how she had been treated. And she said, "I didn't see any resistance." I think that's the biggest thing of all. I think that's more shaming than anything else. We had a witness in Winnipeg [sic] [Toronto] that had a mental disability and a physical disability—and told the police before she was violently taken **down at Walmart and handcuffed and dragged out in front of a whole line of people. But what shocked her most was nobody helped. Nobody said anything. There was no resistance.**

The questions we need to ask ourselves today is: How do we get there? How do we as a society get to the point where we're bullying old ladies who can't wear a mask? And there's no resistance. How do we get to the place where we're going to wrestle a disabled person to the ground in front of a crowd and there's no resistance? Nobody says anything. And that was over a mask too. It can't be fear. It can't be fear from the virus that you have to wear a mask to protect yourselves. Because if people were really afraid that they were going to get to COVID if they didn't wear a mask, then they wouldn't have even gone to restaurants. Because sure, you had to wear it going in, but as soon as you sat down at your

table you could take your mask off. And yeah, you're six feet away from the next table, but give me a break: If you were afraid that you were going to catch the COVID virus and get hurt or die because somebody wasn't wearing a mask, you would not go to a restaurant. And my favourite is the fact that the people that buy the mainstream narrative don't see the problem with this one: One day we're wearing a mask. One day we're wearing a mask, we're shaming old ladies in cafés, we're wrestling disabled people to the ground in Walmart. And the next day the government says, "You don't have to wear a mask."

[00:20:00]

And all of a sudden, we're all okay! We're 100 per cent okay. We can not wear a mask. We can smile at each other. Everyone's in a better mood. And that's not possible. That the government can all of a sudden understand that a virus is no longer going to go near somebody because they've taken a mask off. Was there some agreement with COVID-19 that was binding that was signed with the government?

It's not fear, it's compliance. It's compliance. Because the government then just says all of a sudden, "You have to wear a mask again," and then we're shaming old ladies again, and we're wrestling disabled ladies to the ground in Walmart. This is cult-like behavior. Listen to that. This is cult-like behavior. This became an excuse for Canadians to become vicious. And we were vicious. And we were encouraged to be vicious.

We had one witness, the pharmacist, telling us how in Saskatchewan they set up a snitch line. We watched some video clips in Winnipeg and it wasn't called a snitch line. It's like, "Be an ambassador. Be an ambassador." If that isn't a scary term. George Orwell would be very proud of that term, "ambassador." Now understand that when this is compliance, and understand how we were led to be in bad behavior: as I asked earlier understand, ask the question, "Didn't the government know that masks would make no difference?" Because if you conclude that the government knew, or should have known, that masks truly were a farce, and yet led us into these acts of violence and viciousness as a society, then some much more troubling questions come up in your mind.

The question I have for all of us who shamed people online, who were unkind to old ladies who weren't wearing masks, who stood and watched a disabled person get wrestled to the ground by the police—and I could go on and on—my question is: "Is this what we really are?" Because the problem is, we can say, "That's not who we are." We can say, "No, we're Canadians and we're kind to each other and we respect." But I have a saying: You don't look at what somebody's saying. If you want to know who a person is, who they truly are, you look at what they do. It's our actions that tell us who we have chosen to be. It's our actions. And I am ashamed of our actions. Masks are absolutely dehumanizing and the way we've treated each other is shameful. And understand that masks, like the passports: they're a sign of obedience.

If you conclude, "Wait a second, the government should have known. Why are we having to do this?" And I've spoken about the passports being a police state ritual; I might go back to that tomorrow, I haven't decided. But understand that the masks are a visual sign of your obedience to the state. Putting on a mask before you go into a store or a restaurant has become a new police state ritual.

Back to, "the government knew the masks didn't work." I wear a cloth mask that some lady was just selling online, that there's no way it's sealed against my face. And there was no specific requirement. If this was real, then we would have had to wear real masks. People actually would have been wearing respirators and the whole like. So, I'm hoping we can

accept that you're not really being honest with yourself if you truly believe that this worked.

But let's say the government knew this didn't work.

[00:25:00]

What happened subconsciously to a person who— Before, we were free. So before the mask mandate, you could do anything. You could go to the grocery store. You could go to kid's hockey game. You could do anything. Essential service, non-essential. You didn't have to put on a mask, you're absolutely free. Nobody was going to kick you out of the store. Police weren't going to come and wrestle you to the ground. You weren't going to be treated with unkindness. But as soon as there's this mask requirement now you actually have to go through the ritual of putting the mask on. And if you believe it doesn't work and is a farce, understand this is now just a total ritual of submission. And subconsciously the message is that, "You have to go through this action."

You used to be free to go to the grocery store but now you're not free to go to the grocery store. You are granted the privilege "if" you do what the police state is asking you to do and put on a mask. We need to start understanding that there's a real programming-in-our-mind problem. There's a real subconscious thing that occurs when we participate in things like masking. Let's say we were in a situation where we truly were in a scary, dangerous pandemic and masks could be helpful. There's still a cost. There's still a cost to the government saying, "You must wear them," instead of saying, "Here's the danger, you choose." Right? Because a lot of people—if we were being fed truthful information, we would choose to do things. Most of us probably would. Not all. The government makes it mandatory to force compliance. We're told. But understand, it also conditions us to be sheep. Because it tells us we're not free to do something we were free to do before unless we go through this ritual. So there's more going on here.

I've already said those that were attacking Marjaleena Repo are themselves victims. It means that they have accepted the conditioning, they've accepted the fear. And they're actually enforcing the ritual. So many people would not have worn masks but for it was the social pressure. It was the businesses, it was the citizens, it really wasn't the police. So we embraced this unaware.

I think that the second commandment is our only way back as a nation. And for those of you who don't know what the second commandment is, it's just when Jesus said that we are to treat every other person like ourselves. So basically, we're supposed to treat people the way we want to be treated. That's the second commandment.

I don't want to live in East Germany when it was under communist rule and their secret police, the Stasi, had every neighbour and family member snitching on everyone else. And I don't want to live in the Canada of 2020. I don't want to live in the Canada of 2021. And I don't want to live in the Canada of 2022. I don't want to ever live there again: Where we have governments telling Canadians to be good ambassadors. Where we have Canadians basically enforcing police state rituals. Where we have Canadians not treating others like they themselves would want to be treated. And I think our moral compass, our basically societal norms of right and wrong have been broken.

I was very interested when Dr. Francis Christian was on the stand yesterday, and he was talking about post-modernism. Where something might be true to you, but now we're in this milieu where, "Yeah, well, that's your truth, but I have my own truth." So there's really

no anchor of truth. There's no moral standard. And that has been deliberately imposed upon us through the education system, through the media. It's been deliberate. And it's been imposed on us to separate us, and to divide us, and to conquer us.

[00:30:00]

Because we have a civilization that was based on Christian principles, and you can't deny it. For those of you who are lawyers, one of our great jurists was Lord Denning. And he had great influence in our civil law, and our civil law dictates our responsibilities to each other. "Hey, you can't trespass on my property," for example. There was this one famous case where he just asked the question, "Who then is my neighbour?" Because we were entering an industrial age and we could now be affected by things more broadly than when we were just in an agrarian society. And he asked, "Who then is my neighbour?" That was the touchstone. The second commandment was the touchstone for determining what our civil obligations to each other are. So we had a society, and we still have a legal system, based on the second commandment, that we are to treat others as we would like to be treated ourselves. But that is being undermined, and this culture is being undermined.

I think our only way back is to understand that there are moral truths. And that the second commandment is a moral truth. It is true. You can't say it's not your truth. I'm telling you: "It is true that you are to treat others like you would like to be treated." And that needs to become the bedrock of the new Canada. If we all believe that we have to treat others like we want to be treated then there will be no bullying of old women online. And there won't be unkindness in cancer clinics. And there won't be this viciousness and this dehumanization of others. And so we have to get back to our anchor, our moral compass.

So that's how I wanted to open today. It's important because, what we're seeing here is, we're seeing witness after witness after witness affected. Experts concerned about how we basically haven't followed the law and how all our institutions have changed. And lay witness after lay witness basically testifying about the effects of this. And the problem is that we have gone into this postmodernism, this moral relevance. And we no longer hold it as a core value that we need to treat others like we'd want to treat ourselves. And if we did hold onto that, we would treat each other with kindness and respect. And none of this could happen. I think that we need to understand and start thinking at a philosophical level.

[00:33:08]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 1: James Kitchen
Full Day 2 Timestamp: 01:37:38–02:55:50
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Shawn Buckley
Our first witness will probably help us with that. David, do we have James Kitchen yet? So, James, can you hear me?

James Kitchen
I can.

Shawn Buckley
Okay, so first of all I'll ask if you would state your full name for the record, spelling your first and last name.

James Kitchen
Sure. James Kitchen. That's J-A-M-E-S. Kitchen is K-I-T-C-H-E-N.

Shawn Buckley
And James, do you promise to tell the truth, the whole truth, and nothing but the truth today?

James Kitchen
I certainly do.

Shawn Buckley
Now, for those of you who don't know you, you are a lawyer. You practice in the area of Charter rights, you practice administrative law, you practice criminal law, and you've been involved in many constitutional challenges at the Justice Center concerning COVID issues.

James Kitchen
That's right.

Shawn Buckley
You're here to speak to us about a number of things, and I'm just going to let you launch in.

James Kitchen
That's great, thank you.

Hello everyone. I appreciate this opportunity to do this. I hope that I'll have a lot of information that's maybe not quite been heard the way I'm going to say it—from a person who's in my situation, because most lawyers are quite scared to speak as candidly as I have and as you've just heard.

What I want to cover today briefly is my analysis on why the courts failed to uphold and protect your rights. Not so much how—we know that, I think—but why. And then I also want to talk briefly about what I call the regulatory capture of the health professional regulatory boards, but really all professional regulatory boards.

So let's launch in. Why did the courts do what they did?

First you need to understand at a basic level that our system is set up intentionally to divide power, not to have it coalesced around one person or one small body. Inevitably, we know from history, as soon as you do that you get tyranny. You no longer have freedom, you don't have respect for individual rights, you don't have the rule of law. You have arbitrary despotism.

We have generally the legislative, executive, and the judicial. The courts, our judiciary, are the third branch of government; that's by design. These three powers are separated.

Usually, the executive is limited by what the legislative will allow them to do. Of course, if they step out of bounds, the people can say, "This is wrong, this is not lawful. Courts, please tell them it's not lawful and protect our rights." For a long time, that functioned pretty well in Canada compared to the rest of the world historically.

But what you had in March 2020 is of course: the legislative and the judicial shut down. So you have all the power that are normally spread across these three coalesced into one: the executive. So you have all these cabinet orders, and of course they delegate a lot of their authority to the health ministers and the regional health authority leaders like Deena Hinshaw, et cetera, all across the country.

Now you have health ministers and the small groups of people in their office and the Deena Hinshaws of the country running around basically ruling as petty tyrants. And you don't really have any accountability and oversight. So whether these people had good intentions to begin with or not—of course that may be doubted—naturally, power corrupts. So what happens is you have these people going around and they're just tyrannizing everybody who doesn't agree with them.

Okay, so the judicial branch is supposed to do something about that.

Well, first of all, they shut down for the first two or three months. I don't know how many people remember that but that was immediately concerning for me and, as cynical as I tend to be, really quite shocking. They literally shut down, were no longer ruling on cases. But when they fired back up around June of 2020, it quickly became obvious that they did not see their role as holding government accountable and upholding rights. They saw their role as enabling government to continue to act in this arbitrary, repressive way because: "for the greater good," "we're all in this together," et cetera, et cetera.

So why?

Well, the first thing I want to try to explain to you to help regular Canadians understand— I've been doing this for years all through COVID and even before: you have to understand who judges are and how they get to their position. They're just regular people, insofar as lawyers are regular people, if you can believe that. We tend to be mostly regular people. Judges are just promoted lawyers. They're regular people who care about their professional reputations, their social reputations, and their physical safety.

What I observed— At least for me in the cases that I had in front of the judges that I was in front of,

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and also, my colleagues and what they told me about the judges that they were in front of, I saw these very human realities really coming through. I saw judges who were scared, who were afraid. For their personal safety. And, I perceived at least, for their reputation, professionally and socially as well. There's obviously some speculation on my part there, but that I think played a role.

But specifically, the personal fear, the personal safety issues, perhaps surprised me a little bit because I would have thought and hoped that, as a judge in this country, you would recognize that there might be some sacrifice and some risk. There might actually be some difficult things you have to do to uphold this duty that you have. You're not merely enjoying a job that you can't be fired from, and that you're going to earn north of $300,000 at every year no matter what. You do actually have a duty to serve the country. And that may actually involve occasionally some risk and some sacrifice on your part to do that.

It really seems like judges in our country do not have that perspective. They do not see themselves in that role. I think that played in, because I saw judges really quite concerned about their own personal safety. Just the fear and the way that they looked at me, and the comments that they made, and the comments they made to my colleagues in court. And just the way they wore their masks and the way they got really upset if anybody in the **courtroom didn't.**

If anybody even knows about me, I've of course never worn a mask and never will. I decided in July 2020 I'd rather give up my law licence than wear a mask. I deliberated about that decision. That took a lot of consideration. My wife and I sat down and thought about that beforehand, so I wouldn't just succumb later on.

And I was challenged every time I went into court, which wasn't very often. Physically, I got challenged. I was publicly challenged at the Coates trial. I was challenged at a trial for some pastors in Edmonton that were charged $80,000 for not letting a health inspector in. "Why aren't you wearing a mask?" I'm sure you've heard this over and over again: It was almost as if the judges didn't know about the law, or weren't aware of the human rights

protections, or couldn't fathom that somebody's not wearing a mask because of their religious beliefs, which is my reason.

There seemed to be a real, real reluctance, a real hesitancy to respect that. I don't think it was just rooted in the normal typical political reasons for not liking it, but actual personal fear. Of course, that raises the question: Why are the judges so afraid personally? Well, obviously, a lot of them are older. You can understand that. No matter what you believe about this, they are the more at-risk population. So there is that factor. We have to keep that in mind.

I think it also goes to show that judges are generally consumers of mainstream information, which is part of the reason why they seem to be so impervious to inconvenient or minority facts and information and opinions and perspectives. Because they have been inoculated by mainstream information, because these are the worlds they live in. Do judges get up and read the *Western Standard* in the morning? No. Unfortunately, I'd be very surprised if any of them did. They probably get up and read CBC, and that's just part of the problem.

That goes into my second point about who the courts are and why they did what they did. You have to understand: There's a lack of a conversation in this nation, I think, about this issue. You have to understand that judges are appointed. Why are they appointed and who are they appointed by? Well, they're appointed by politicians, and it's a political process. Do judges have to meet a test for merit? Well, of course they do. And certainly, from my perspective, most judges I get in front of—they're pretty competent. They might have prejudices and biases and political views and ideologies, but they're pretty competent. I don't usually encounter incompetent judges.

So it's not that people are being appointed to the bench merely because of their political views. But there are lots of meritorious lawyers you can pick from to go on the bench, to go on the courts. Who are you going to pick as a politician? Well inevitably, whether you mean to or not, you're going to lean towards the judges who you know or you suspect share your political views and ideologies. I don't just mean donating to the political party. Obviously, we've heard about the judges that have donated tens of thousands of dollars to the Liberal party. That's a very partisan allegiance. I'm talking about a deeper, more philosophical ideological allegiance.

If you're a lawyer who has supported the People's Party or maybe the Conservative Party or whatever—

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pick your alternative freedom, right-leaning party—you support that party probably **because you hold conservative views about individual liberty, limited government, that market forces are good, socialism and Marxism are bad. These are your underlying political views.**

You don't need to talk to me very long to understand that I'm a libertarian and that I think government is bad and individual rights are good and that human flourishing only happens in a context of maximum human individual rights and freedoms. So if you put me on the bench, do you think I'm going to walk around and throw around section 1 justifying what the government's going to do? Obviously not. You don't need to be a brain surgeon to figure that out. Is Trudeau ever going to appoint me to the bench? Well, of course not. Maxime Bernier might consider me, but Trudeau's not. Right? Of course not. It's not so much about

whether or not I'm a partisan Conservative and I'm at Poilievre's rallies. It's about the ideology.

You have to understand that most lawyers in this country—for a couple of decades now, and I'm a younger one but from what I've seen from older people—it's been now 10, 15, 20, 25 years that the legal profession as a whole in Canada has shifted to the left. People who view the world the way I do and the way Mr. Buckley does and the way some of the other lawyers you've heard from do, we're in a very small minority.

That plays out in a number of different ways. But one of them is that we are the pool of people that judges are chosen from. If a lot of judges, generally, are more left-wing than the general population of the country that they're representing then they're going to rule in a way that the rest of the country sometimes finds confusing. That's what we get.

Obviously, we've had conservative governments. But even they are limited in who they can choose to put on the bench, because most lawyers tend to lean left. And by "left," I just mean that they tend to take a lower view of individual rights and freedoms. They take a higher view of government intervention. They take a lower view of market forces. They generally don't believe that people are really good at governing themselves. They generally believe that government intervention is required, it's good, that government is benevolent. They believe in the rights of the collective and that individual rights are just sort of a nuisance that we tolerate when we can.

That's just their worldview. That's their ideology. So of course, they're going to impose that. They're invited to through section 1 of the Charter. Section 1 of the Charter takes rights away from the people, gives them to the judiciary, and says: "You can remake the country in your image and we trust you to do a good job of it."

This was the Charter's self-destruct button and it only took 40 years for it to be pushed. This is part of the reason why you have constitutions that don't have those self-destruct buttons that are still sort of hanging on for dear life, as in our southern neighbours, who for a quarter-millennia have had a pretty decently free society, historically speaking. Whereas, after 40 years, our major constitutional instrument for defending rights and freedoms has already been essentially destroyed. "Freedom of expression," 2(b) is maybe the last part of the Charter that has any meaning beyond words on a page. And that's because of the fact that we've given all this authority to mould the Charter over to these promoted lawyers.

So you have to understand the role of ideology in judges and the fact that a lot of them subscribe to a general left-wing ideology. It's been going that way for many decades now. If you were to go back to the '50s, '60s, '70s, '80s, you could find rulings from justices like Iacobucci and Major and go back to *Boucher v. the King*, which is a famous pre-Charter case, **and you can see all these wonderful ideas about individualism and freedom and the rule of law and rights and limited government.**

But that has died out and been replaced by the new decisions that we've had from the new Supreme Court justices and appellate court justices that have used section 1 to strike down our rights. And that's what happened over the course of COVID. And we know that. We know it was section 1. But why?

The last reason I'm going to point you to as to maybe why this happened: Knowing that judges are just regular people, they tend to have left-wing views and they are politically appointed partly because of their political views, what I saw is the role of chief justices.

Now we're getting into the inner workings of how the court works. What is the role of the Chief Justice? Well, oftentimes it can be their role—if they decide to exercise it a lot—to appoint which judges are going to sit on cases.

And this is typically a good thing, right? You need some sort of guidance in this at times. Ideally, you're going to have judges with appropriate experience sitting on cases that are complex and involve that kind of experience.

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What I saw is that the chief justices tended to directly intervene a lot, and in two ways.

One, they tended to take a lot of the COVID cases themselves. I saw this in BC with Justice Hinkson. I saw this in Manitoba with the primary Justice Center-led COVID-challenging case over there. I saw it when I was involved in the injunction about the international bridge between Windsor and Detroit. That was heard before the Chief Justice of the Ontario Superior Court. It was surprising to me the amount that chief justices involved themselves in these cases, took them themselves" "I'm going to take this case." And of course, you look at all those chief justices' decisions and they're all pro-government. They're all against the people. They're all against the rights. They're all upholding the COVID narrative and the government's efforts to supposedly stop COVID. Universally.

But what I also saw almost across the board: the judges I saw that were sitting on COVID cases were recently-appointed Trudeau appointees. There's a couple of problems there. And it's not so much that they're Trudeau appointees per se, it's that there was a really strong trend. It's not like all the judges on our bench are recent Trudeau appointees. Obviously, there are lots of judges that were appointed by the Harper government. And we can go back into the Liberal governments from before that way back into the '90s and '80s, because some of our judges have been there for 20, 30 years. They were appointed when they were in their forties or fifties and they're still there, which is not necessarily a bad thing.

But that's just it. In my experience, between my cases and all the cases that I saw my colleagues do, we weren't getting the 70-year-old guys—well, men and women—that have been on the bench for 25 years and have sat on a whole bunch of Charter cases, and have kind of had mixed rulings, and were appointed before Trudeau's time. But those judges exist. We never encountered them. We never saw them. And it's hard to believe that that's mere coincidence or just merely numbers. It's hard to believe that a judge with the kind of experience to handle— That a really complex Charter case on COVID is actually being heard by a judge who's been on the bench for less than two years and has never heard that kind of case.

That's concerning. Why is that? Why is that judge being selected, presumably by the chief justice to sit on this case? It's definitely not the best-qualified judge to hear this case. These cases are obviously hugely important. Why are we constantly encountering the same type of judge over and over? How come we're never getting before a judge who might actually rule in our favour because he actually does hold different underlying ideological views about the rules of government and how far section 1 should be used or abused?

And that, I think, contributes to the "why."

Why do we see so, so, so few decisions from our courts that in any way challenge the narrative or uphold the rule of law or the rights of individuals when it comes to the vaccine

mandates, when it comes to masks, when it comes to the general COVID restrictions, when it comes to all the tickets that people have gotten under these unconstitutional laws? And all these challenges based on section 2, which is free speech, freedom of religion; section 7, the right to life, liberty, security of the person; section 8, privacy.

Why are all these failing? I think part of it is because the judges who might actually take a different view of the law were either passively or directly prevented from sitting on any of these cases. There are a few judges left in the country I've read decisions from and I've thought to myself, "I'd like to see what he or she would have had to say about this if they had been the judge at first instance."

It's difficult because we don't talk about this. Lawyers are terrified to talk about this. I'll give you an example—and this, I'm going to talk about in my second part.

I criticized the courts in Alberta. They had a vaccine mandate for the courthouse. Lawyers and members of the public could not access certain parts of the courthouse if they were unvaccinated. People who were vaccinated had to demonstrate proof to access those areas, which is a problem as well: not just prohibiting the people who can't. This is injustice. It's tyranny. It's oppression. It's completely unbefitting of the court, who is supposed to think independently for itself.

I mean, if our courts are not thinking independently for themselves, if they're simply parroting what the government is saying, we obviously have a problem. They're obviously not functioning as the independent third branch of government. They're not doing their job.

So I criticized the courts publicly. I did it in an academic way.

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I did it strongly, of course. As anybody who knows the way I speak, I speak strongly. But I was not vulgar, I was not demeaning, I was not insulting, I did not swear. I was academic—strong but academic—about my criticism.

Sure enough, a lawyer who works at a bank in Ontario complained to the Law Society of Alberta, saying I was being uncivil and not upholding the respect for the administration of justice in the country.

Well, the Law Society, instead of doing its job to dismiss that complaint, decided to investigate the complaint and demand that I defend it and give a response to it, and that I had to meet with somebody, et cetera. This went on for over a year and I had to go through this process. It took me several hours of my time. And now, ultimately, that complaint has **been dismissed, which I find interesting. I actually am surprised; I didn't expect it to be. I can only speculate as to why, but I suspect that if I was a complete nobody, a complete no-name lawyer, it might have gone differently.**

So you can see from that example right there why this conversation is not happening. Because who's going to start it? It's going to have to be the lawyers. Are they really going to take that risk? I had to talk to my wife before I posted that. "Wife, I do this, the Law Society may take my licence. We're not going be eating as well." Wife said, "That's okay. Go ahead. Your integrity matters more."

There are not a lot of people in that position—who are willing and able to make that sacrifice. Here's the problem: You shouldn't have to. You should be able to have this

conversation and criticize the courts and criticize these things without putting your licence on the line. I'm putting my licence on the line today to be here to speak with you. I know that. And I'm prepared to do that. But I shouldn't have to. And the reason that I am is the reason why this conversation isn't happening as much. And it's part of the reason how we got here in the first place. If we'd had this candid conversation for the last 20 years about who our judges are and what they believe and why they're ruling this way, we might not have been so ready to fall the way we did over the last three years.

And again, I point you to our neighbours to the south. When they are talking about who they're going to put on the bench, they have an open, rancorous conversation or debate—whatever you want to call it—about who that person is and why they're being appointed and whether or not they're good to be appointed there. Because they know: Americans, at least, more so than Canadians, understand that a lot of their rights and freedoms depend on the philosophical and political views of those nine promoted lawyers who sit in Washington. That's why they want Kavanaugh and not a judge who can't even tell you the definition of a woman. Because they know that one is going to do a whole lot better at upholding their rights and freedoms in the long run—the rights and freedoms of themselves and their children—than the judge who can't even define for you what a woman is.

We lack that conversation in Canada, which is part of the reason why we have got into this mess. I spent a lot of time on that. I'm going to spend a little bit less time on my next point because I want to leave a little bit of time for questions.

So, the courts are part of the reason all this tyranny and this abandonment of the rule of law happened. One of the other reasons—not the only, but one of them—is what I call the regulatory capture of professional regulatory colleges. The Law Society would fall into that category.

Now, just briefly, the whole idea of— You probably have not given any thought to these bodies prior to COVID. "Why do I care what the College of Pharmacy is or what it does?" "Why do I care what the College of Physicians and Surgeons is or what it does?" Well, you should care because it has a direct role in your life, and you've probably painfully experienced that over the last three years.

The idea of these colleges is that we want— At least as Canadians, we like all this over-regulation, so we want the professionals to be regulated to protect the public interest so they don't hurt us. Meanwhile ignoring that the market would probably do a better job of that, but that's a debate for another day. We say, "Okay, well, if we have direct government control, that might be bad. That might be too much power and control for governments. They might wield that power over professionals and then control them and then they can use that to control society more." It's probably not a good idea to have direct government control of professionals, especially health professionals. And that's part of the reason why the bill in BC is such a bad idea.

So the idea is self-government. We delegate the power to regulate and control professionals to protect the public interest to the professionals themselves. And they will have legislative authority and they will have a body to do that and the professionals can elect people to these bodies to do that, so there will be some democracy behind it all.

And the idea is for independence from the government, right? Again, division of power, separation. We don't want to coalesce all the power over everything into one body, we'd get tyranny.

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These colleges are supposed to stand up to government when government goes too far, and say: "No, we have clients and patients to protect. You're going too far. You shouldn't be doing this. We're the experts in this area, you're not. And let us tell you, this is a bad idea." Again, it could be law, it could be the pharmacist, it could be the physicians, it could be the accountants, whatever it is. They're supposed to actually resist government or criticize government or engage in a dialogue with government to protect the people that they serve. Their job is to protect the public interest.

Of course, what that means has been lost in all of this. The colleges have interpreted this to mean "protect our agenda and protect the government." But it was supposed to be "protect the people." Right? Professionals are supposed to serve as a bulwark, to stand between the people that they serve and the government.

Instead, what happened is they did the opposite. And that enabled the government to continue to do what it did. It enabled the media to sway the masses to the government's perspective, because the people weren't hearing from the experts who were dissenting. Because there were plenty who were dissenting. There were plenty more who would have dissented but they were scared of censorship and discipline by the regulatory colleges.

So they didn't speak up. And then the few who did speak up were in fact disciplined. And I'm sure you've heard some of these. I'll just give you some examples that I went through:

Some of you may be aware of the mask case I have in Alberta, with the chiropractor there versus the College of Chiropractors of Alberta. He went through a lot. They tried to take his licence on an emergency basis, saying he was a harm to patients. They failed because I intervened. And then he went on this two-year long proceeding.

I called four expert witnesses about how masks don't work and they're harmful and they're dangerous. And this body called the Discipline Tribunal—they have two public members and two chiropractors so that's an interesting thing right there, the fact that it's made-up half with members of the public, which can be a problem because it's hard to grasp all the issues for public members. Unfortunately, a lot of the public members that get into those positions are the types that like to police and control the professionals and tend to have a view that the professionals that are there must be bad, must be doing something bad to the public.

Sure enough, the Tribunal ignored all the evidence, ignored my experts, gave a huge wrong decision about how everything the College did was good. And none of the evidence that Dr. Wall brought in—from Dr. Byron Bridle, for example, or Chris Schaefer, the occupational health and safety expert in Alberta—none of this evidence was any good or reliable. These people are wrong. Interesting, though, they didn't even cite to the record to support their decision in the end. And they decided against him. And he now faces discipline, and all these other things that I'm going to be going through with him.

That's just one example of how this works. Were there lots of chiropractors in Alberta who didn't want to wear a mask or who in fact didn't just didn't get caught? Sure there was, but they didn't want to go through what Dr. Wall went through. So they complied. They submitted. They bowed down. They covered their face, because they were scared of one of their patients snitching on them to the College. Because the College now has just become this bulldog for AHS, Alberta Health Services, instead of independently standing up for its

members and saying, "Masks don't work, they're harmful, we know that, we're not going to comply with this."

If you're a chiropractic patient you know that most chiropractic patients are the types of people that would have been upset about this whole thing—wouldn't have worn a mask, would have seen through the narrative, and would have wanted their chiropractors to stand up for them. They would have wanted the Chiropractic College to stand up for them. It didn't.

I had some other cases of course, with physicians. The CPSA [College of Physicians & Surgeons of Alberta] went after a doctor because she was prescribing ivermectin. She literally saved three people's lives just in the weeks leading up to this new prohibition—with ivermectin. Because we all know it works. So, what's the College of Physicians and Surgeons of Alberta doing getting in there, aligning themselves with the likes of all these pharmaceutical companies who contributed to the loss of millions of lives over the last three years? Why are they coming in and implicitly supporting that position by professionally disciplining a doctor who's prescribing ivermectin?

Maybe they disagree with the doctor. But should not the doctor have some clinical licence and some discretion to prescribe things? Most of you would say, "Yes, of course." But no, the College comes in and says, "We're going to discipline you if you don't stop prescribing ivermectin."

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I had to defend on that.

I had another doctor who could not take the shot because of her religious beliefs. Sure, AHS went after her and didn't want to employ her anymore. That's one thing—that's an employment issue. Then the College went after her and made it a matter of professional discipline that she didn't take the shot. Even though her reason for not taking the shot is a protected ground in human rights legislation, and the human rights legislation is supposed to be above all other legislation, as our courts have been saying for the last 20 or 30 years. I had to defend her.

I had to defend multiple nurses in BC and Alberta who, because they said online somewhere, "Masks don't work and you shouldn't wear them and please don't take the shot, it's dangerous," these Colleges wanted to take these nurses' licences. And I had to defend them.

And I'm sure you're aware of all the medical doctors across the country. There's a whole bunch in British Columbia, Alberta, and Ontario that have either lost their licences or are facing that because they stood up to the narrative, because they actually challenged it. They actually did their job as professionals to give you the truth and defend you.

Yet what has happened? The regulatory colleges, who are supposed to lay off that and actually let professionals have their professional and clinical judgments, went after them and censored them and scared them by threatening to take away their licences, and then actually taking away their licences. Which means now they don't have a livelihood, which means: How can they continue to do what they do?

Same thing here. How can I continue to serve you and serve the nation and the work that I do if my licence is taken? I'm not allowed to do it anymore first of all; so now you've lost me

from doing that. And you're probably not going to be able to hear much from me anymore because I'm going to have to go off and find a job to feed my family and I'm not going to have time to do this.

This is how it works in a practical way: If the government can control the professions, if the professionals are no longer independent, you've removed one of the few major bulwarks against tyranny. Right? The courts are one. Professionals and their regulatory bodies are one. And there are few others. And if you systematically remove all these, tyranny is the result. The abandonment of the rule of law is the result. And that's what we've got for the last three years.

I wasn't surprised, but I really wish these bodies had functioned the way they're supposed to, because, had they done that, it would have looked a lot different. And I encourage all of you to care a whole lot more about how these regulatory colleges work. They have public members on them that get appointed by government and they have professionals that are elected by the professionals to them. Increasingly now, what governments want to do is decrease the amounts of professionals that are elected by themselves into it and increase the number of public members appointed by the government.

That sounds good in theory, because "public members, public representation." Yeah, okay. But who's being appointed? Again, it's like the judge scenario: The people being appointed by the government are those personally and politically connected to the government, which means: they get in there, they're going to do what the government wants.

So it's not necessarily good to have more public representation on these professional bodies. What you actually want is almost entirely professional representation because at least then there's more hope that those professionals are actually—because there are some other professionals that support them and elected them—going to do their job to hold government accountable and stand up to them.

Before I finish, I'll just give you one example of that. That's what's going on now with the Law Society in Ontario. You may or may not have heard: Years ago, before COVID, we had this whole thing over there with the critical race theory ideology. Lawyers had to sign up to some Marxist ideology in order to continue to practice law and to do things in their firms and all this stuff. They had to sign this "statement of principles," and these "principles" were basically Marxist principles about race.

What happened is, this lawyer said, "No, we're not doing this." And my friend Lisa Bildy got together with a bunch of lawyers and they ran—I think it was 2018 or '19, around there. A bunch of them got elected to the Law Society as benchers and they were able to put a stop to some of that.

Now we're having another election again for the benchers in Ontario. And that's the main issue. Is the Law Society going to continue to be this woke arm of enforcement for government ideology or is it going to actually do its job to simply regulate lawyers in a limited way? That election is going to matter for the rights of Ontarians, let me tell you. Because the direct result of that is that lawyers like me, who actually defend the rights of the minorities who oppose the government tyranny, are on the chopping block if these bodies get too much power.

The Law Society of Alberta is having an election later this year. And the public should actually care and get involved and be aware of who is running. What may happen if we get a Law Society of Alberta that's completely woke,

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and completely censorious, and has gone way beyond its mandate and simply politically punishes all the people who criticize it or oppose it like I do? People's rights are going to suffer. And the public needs to start caring about this stuff and paying attention so we can somehow try to prevent COVID from happening again.

So that's everything I had to say in my initial presentation. That leaves a few minutes for questions, I hope. And I'm ready to answer those.

Shawn Buckley
James, before I turn you over to the commissioners, you've spoken about section 1. And I think you referred to it as the self-destruct button for the Charter. I'm wondering if you can also speak about the doctrine of mootness and how that has been used to affect COVID cases.

James Kitchen
Sure. The idea behind mootness is that the courts will say: "We don't want to waste our time on academic debates. There has to be a real practical issue. We don't want to just rule to make the law better. That's a waste of our resources." The problem with mootness is that judges have been overusing and abusing this to help government, and government knows this.

Everybody knows that the law moves pretty slow. If government puts in law A, it's going to take the lawyers two months at least to get together and mount a challenge to it and file it. At least—maybe more like four months. Then they've got to get to a hearing, which takes more months. So maybe within eight months we've filed our challenge and we're getting a hearing.

Well maybe six months after the law was in place, the government just yanks it out and says, "We're not doing that any more." Which, I guess is good, but the damage is done. What are you supposed to do about that? You've lost your job. You couldn't get your passport. You've been dragged out of Walmart. You were denied medical procedures. And now it's too late. The damage is done.

So, what happens now? The government says, "Well, it's moot now. The law's not in place anymore. It's a waste of time to go back and evaluate whether it's good or not—because what's the result? The law's not there; you can't strike it down even if you find that it's unconstitutional."

And the courts say "That's a really good point. You guys are fine. We're not going to rule on that. It's moot. It's academic. There's no practical value to the country if we actually rule on whether or not that law is unlawful."

I've seen that used over and over and over and over and over again through Justice Centre cases, through some private cases. I've had it come up a little bit in my cases, but I've seen it a lot in my colleagues' cases. It's a misuse or abuse of the law in my opinion. Of course, courts would disagree. They would say, "This is exactly what the law should be." What I would say is it shouldn't be, because the reality is you're giving government a free pass. They know darn well now that you can put a law in place and keep it in just long enough until finally there's a hearing on the challenge that the lawyers were able to get together.

And now they will yank it. But the damage has been done. And the government can keep putting in unconstitutional laws, yank them, then just put it another one.

This is part of this is a problem. It's not hard to figure out. You put in a law. You yank it before the hearing, then the judge says it's moot, and you just put it back in again. And then what? The same thing. The lawyers have to get together and get a hearing. The courts are enabling this. And I'd like to think that they know better because I don't think they're that stupid. This is yet another way that government is getting a free pass being able to do whatever it wants, which is not the rule of law. That is arbitrary rule. That is tyranny.

The whole idea of the Canadian justice system is to have the rule of law, have government actually follow the law, and have the courts hold them accountable. Well, that's not going to happen if every time the government passes a law, then yanks it just before a hearing, they are able to get away with it because the courts say it's moot. That's been a big problem all through COVID. It was a problem before, but it's been a big problem all through COVID.

Shawn Buckley
Thank you, James, and I will turn you over to the commissioners for questions.

Commissioner DiGregorio
Thank you so much for your testimony today. I have a few questions.

You spoke a little bit earlier in your presentation about the process of appointing judges and how there is a political element to it. I'm just wondering if you have any views or recommendations on how Canada could improve upon that process.

James Kitchen
One: You could actually have some judges elected. That's pretty radical but that does happen in some of the lower court levels in the U.S. They have a mixed system where most are appointed, but some are elected. I don't think that's a bad idea to introduce some of that.

Our country is very fractured. Albertans think very differently than the people who live in the GTA, generally, or in Ottawa.

[00:40:00]

I think a lot of Albertans or Saskatchewanians or Manitobans or British Columbians don't realize that the judges at the superior level—not at the provincial level, but the main level of court with inherent jurisdiction, I think it's called the King's Bench in Saskatchewan; it's called the King's Bench in Alberta—these judges rule on provincial cases all the time. But they are federally appointed. Every King's Bench judge in Saskatchewan is appointed by Trudeau in Ottawa, not appointed by the Premier of Saskatchewan. Provincial courts level are—so that's good—but not that level. It's the same with the Court of Appeal. Who promotes those judges to the Court of Appeal? Trudeau.

In Alberta, we had a judge come in brand new. She ruled in some COVID cases, ruled in favour of the government, and then she was promoted to the Court of Appeal. You can guess why. And Trudeau was the one who did that appointment.

So the judges who sit in the most important levels of court in each province are federally appointed. Maybe that should be changed. I suggest it should be. It should actually be the provincial government that appoints those judges who are in those courts in the province, who have jurisdiction over the province. And that way, at least hopefully, you have judges that reflect better the views and values of the people in those provinces, which helps protect those provinces from the tyranny of the federal government in Ottawa. So that's one recommendation.

My third recommendation is—obviously I don't have high hopes of this happening—but it would be nice to open up the conversation both at the cultural and at the political level, of: "let's talk about how judges are appointed and why they are appointed, and let's start being honest with ourselves."

Yes, there's a merit-based test and everybody we're talking about in Parliament about whom we're going to select has passed that merit-based test. What's the remaining selection criteria? Look, it's the judge's political views. It's: "We like this judge because we think they're going to bring the country in a better direction." Liberals think the country goes in a better direction when the government has more control. Conservatives think the country goes in a better direction when the individuals have more rights and freedoms.

Let's actually be honest and have that conversation and admit that. They do a little bit in the States. Obviously, there's still this charade that the judges just rule about law and they don't impart their political views on the cases, when we know that's all hogwash. In fact, it's a good thing it is because we want judges who say, "This is the Constitution, these are the rights, I'm going to uphold them, I'm not scared of the government." At least, if you're a guy like me, you want that. Let's be honest about it at the political level and have that conversation. I'd like to see that happen.

Right now, it's really oblique and it's really vague, what's really happening, and nobody's having an honest conversation about who's actually being appointed and why. I think we should just have that and be honest with ourselves and say, "If the judges are going to be appointed, not elected then let's talk about why." It's a merit-based test, but it clearly can't be only a merit-based test. Let's be honest, and let's have that part of our conversation when we decide if we're going to elect Trudeau or we're going to elect Poilievre.

We know Poilievre is going to put freedom-minded judges on the bench. We know Trudeau is going to put socialist judges on the bench. And maybe you want socialist judges. So you can vote for Trudeau, and that's part of your reasoning. Maybe you don't, so that's part of your reasoning. There were millions of Americans that held their noses and voted for Trump because they wanted Kavanaugh and Gorsuch on their bench to protect the rights of their children. We don't have that conversation in Canada at the political level or the **cultural level, and I would like to see that change so we can be honest with ourselves.**

Commissioner DiGregorio
So is one of the ways that that could be done through hearings for judicial appointments prior to judicial appointments?

James Kitchen
Yeah. They should be much more public than they are right now. Members of the public should be able to come in and in some limited way, even be able to ask questions, I think.

I think you can look at the American system of how they do it. Ask: How can we do this and maybe do it even better to have this be as transparent a process as possible?

Maybe not at the King's Bench level per se, but especially at the appellate level and at the Supreme Court of Canada level. These are the judges who are remaking the country in their own image and deciding how you and your children are going to live. So the public should have some input and there should be some grilling from the public about who these people are.

Why should judges from the King's Bench be appointed by Trudeau to the Court of Appeal without the public having any say in it and being told? "Hey, notice to the public: we're going to have a public hearing on whether John Smith is going to be promoted to the Court of Appeal. Come have your input. Come have your say." That should happen.

Commissioner DiGregorio
Thank you. My next question has to do with your discussion about the chief justices of the court and the discretion that they have to appoint particular judges to cases. And I'm just wondering if you have any thoughts or recommendations on how any perceived problems with that process could be addressed.

[00:45:00]

Whether there's something that could be done in the court rules themselves that talk about how cases are assigned, or if you have any thoughts whatsoever on that.

James Kitchen
That's really tough because the court does need to be independent in order to do its job. So, you don't want too much interference with that. At the end of the day, you do somewhat just have to rely on these judges really caring, actually perceiving what's good for the nation and caring about that enough to let things unfold. Or, maybe to say: "Look, I'm going to make sure that there's a balance of my lefty colleague here and my righty colleague here, and I'm going to give one case to him and one case to her and let them shake it out and then I'll let the Court of Appeal deal with it."

That's how it should happen. And it's difficult to say we can fix that by having more oversight or control, because that right there is going to challenge the independence of the courts, and we don't want that. We want the courts to be independent. The trouble was the lack of ideological independence over the last two or three years.

I think the way you really fix that is you start to have a more transparent process about who is being appointed to the bench. And hopefully, through that, you get a more balanced representation of the people of the country on the bench. We always talk about diversity of judges representing the country, but we only talk about it in this woke, superficial way of skin color and what genitals you have. That's ridiculous. Is that going to reflect the visual diversity of the country? Sure. Is it going to reflect the political or philosophical diversity of the country? No, it's not likely to.

The way you fix that ultimate downstream problem of the chief justices is at the source—by having a judiciary that actually philosophically represents the country. So you actually have judges who think the way I do alongside the Marxist judges who think government is great, and let's just rubber stamp everything so they can get on with making the world a

better place. And in that way, you actually have that philosophical debate amongst the court itself. And the public is watching that, and aware of that, and gets to have a say in each election on who they're going to elect and then whom that elected person is going to ultimately appoint to the Supreme Court of Canada, and how they're going to decide that.

Abortion is a perfect example in the States. We've got enough conservative judges, now the states have the say over abortion instead of the federal government. That process should be happening here, and it's not. I don't think the way to fix that is to come in and try to exert too much influence over the chief justices.

Commissioner DiGregorio
Thank you. I'm hearing you say that the way of dealing with it is right up front through the appointment process.

In terms of where the courts are at today: We had a witness in our last set of hearings in Winnipeg who was a former justice who, when I questioned him about what the courts could do to address the state of where they are and the decisions that they've made throughout COVID, he thought that a self-reflection exercise should be conducted within the courts themselves. I'm just wondering if you had any thoughts on that.

James Kitchen
I think that would be better than nothing. But I think that has its limitations. I don't know if the courts are even capable of that at this point. The number of small-c conservative judges, I would guess, are outnumbered 8 to 1. And their voices are not tolerated. The left-wing ideologies are not tolerant of different viewpoints. The right-wing ideologies are. They don't mind that. They disagree vehemently, but they tolerate the disagreement.

So, yeah—I guess I agree. I just struggle with whether or not that's going to actually help. I unfortunately take a fairly pessimistic view on this. I say, if this problem is going to be fixed at all, it's going to take a long time and a lot of hard work. It's going to take a lot of young people who actually believe in rights and freedoms to say, "I'm going to be a lawyer and I'm going to get involved in this system and maybe even someday I'll be a judge." And it's going to take a lot more lawyers to be more brave if they actually feel this way, and to speak up. And it's going to take years and years of systemic reform.

For years we have been putting left-wing judges on the bench. And that's culminating now, where we are. The law is dramatically different from what it was in the '80s and '90s when we actually had a free society and the Charter was working and we had judges upholding the rule of law.

It took 20, 25 years to get here. It's going to take probably just as long to get out. We're not going to fix it overnight, but we have to start having the conversations at the cultural and political level.

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And hopefully then downstream we can start systemically fixing the problems on the bench by having more transparency, having people with varying viewpoints that are getting on the bench to reflect the views of Canadians. Not everybody in Canada is a socialist who thinks government is great; some people actually do believe rights and freedoms are good.

Let's reflect that instead of calling these people bad names and stacking the court with people that will keep shutting those people up.

I don't know if that self-reflection is going to be nearly enough. I guess it's a good start.

Commissioner DiGregorio
Thank you. I just have one more question, because I think the other commissioners have some as well. So, I'll restrict myself to one last question which has to do with the Charter itself.

We had a witness in Toronto, a law professor, who spoke to the need to amend the Charter. I think for some of the similar reasons that you were talking about, describing section 1 as a self-destruct button. I'm wondering what your thoughts are on whether or not Canada needs to amend the Charter.

James Kitchen
Well, absolutely. It's useless for its original purpose, which was to be a shield for the people against the government. It's been rendered useless. I think we'd probably be in a better spot if we got rid of it. There were a very few people who said in the '70s and early '80s, "The Charter will take away freedoms in the long run. It won't increase them."

If you go back to Supreme Court decisions prior to the Charter, they were strong on free speech and freedom of religion and all kinds of other areas when it comes to individual rights and freedoms. We didn't need the Charter. It only looked like it helped in the very beginning because of who the judges were that were interpreting it and applying it.

So, get rid of it! Amend it? Sure. Obviously, you want to get rid of section 1 and probably section 33, the notwithstanding clause. Chuck those two out. Maybe you'd have a workable document because now what you've done is you've taken away the discretion from the judiciary to remake the country in their own image. And now if there's a rights violation, the law is struck down or the government action is struck down. Period. Absolute rights.

That's what the American system is. Look how much better it is. Look how much longer it's lasted. There is no, "The government can do whatever it wants if the judge agrees with it" in the Constitution of the United States of America. It is "Government shall not do this." If the courts find a rights violation? That's it. Done.

It's not that, in Canada, the courts don't find rights violations. They do all the time. It's just part of the process. We find the rights violation and then we justify it in other sections. Get rid of section 1. It renders the whole Charter useless to the people.

Forty years is not a long time in the history of law. The fact that our Constitution has been rendered useless in 40 years is really quite pathetic. That should be obvious. I guess it's not obvious to the public but to legal scholars, it's obvious that that was a poor document if it only took 40 years for it to self-destruct.

Amend it, maybe—but I would say, "chuck the whole thing." The country was in better shape as far as rights and freedoms before it was instituted. Whatever you do—amend it, replace it, chuck it—the problem is giving all this power to the judges to remake the nation in their image. And then the governments appoint the judges so the governments can do it through the courts. And the whole system at a philosophical fundamental level is wrong,

and it's taken 40 years for that to be revealed. It needs to be fixed, whether it's through amendment or complete abandonment.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen
Good morning, James. Thank you for your testimony.

I was thinking as you first started speaking about when Jesus came to a city and he wanted to bring peace, but their eyes were hid and he wept. And I thought: "Wow, is that where we are in our country?" But then I listened to you say, "We need a conversation." And that's what we're doing here. We're starting the conversation. We're bringing forward a conversation. We're looking at ways that we can contribute and offer hope again in this country.

I do have a couple of questions. We've seen a number of losses recently in the courts, for example, *Servatius* in B.C. As these cases are not being appealed, don't these rulings have a potential to be cited or even become precedent-setting in future litigation? And how do we counter that?

I believe in that particular case, that was a parent who brought forward her concerns. She didn't go through the administrative process, exhausting all the appeal processes through the administrative part of it. But then she loses in court. She has a good heart. She has her own motivations. So she walks away. And that precedent is set. And there is no one else that can step in and appeal in that particular case.

I'm just wondering what those lasting precedents are going to do in this country if we can't change the conversation?

[00:55:00]

James Kitchen
Well, they're very dangerous. It's always a conversation that I and my colleagues have, "How do we avoid setting more bad precedents?" There's almost a hesitation to litigate in this area because we don't want to just keep giving the courts cases that they can rule on to set bad precedents to support a further abandonment of rights down the road.

It's sort of a catch-22 because if you don't litigate, then you don't have the possibility of setting the good precedent, and if you litigate, you have the possibility of setting the bad one. What do you do?

The lower court decisions—non-appellate levels, first instance trial-level court decisions—their precedential value is limited because it doesn't bind even the same court. It doesn't have a lot of impact outside of the province that it's in, so its damage is limited insofar as that precedent is not in any way binding or even necessarily influential.

If you get to the court of appeal level, now you're making binding law. The Court of King's Bench in Saskatchewan has to follow what the Court of Appeal in Saskatchewan says. So if you appeal, you're potentially creating a worse precedent if the Court of Appeal is going to

uphold it. There's no easy way to fix this. All we can do is keep trying. As it takes years for these to go through the courts, a lot of these cases are at the appellate level now or on their way to the appellate level.

The courts of appeal in this country could turn this around if they wanted to. The courts of appeal in B.C. and Saskatchewan and Alberta and Ontario, and eventually the Supreme Court of Canada, could turn this around. I'm not really hopeful, even if the courts of appeal may do a good job somewhere. Of course, in our [Supreme] Court in Ottawa, there are only two people who really uphold the *Charter of Rights and Freedoms*: Justices Brown and Côté. I haven't seen from the other seven of them that they really have any kind of acceptable regard for what those rights actually mean and for the role that section 1 should play, if any.

So I'm not excited about what's going to happen when these COVID cases get to the Supreme Court of Canada, assuming at least some of them do. That's just how it works in the law. You have to take the risk of setting bad precedents in order to go after the law or the government action that is wrong.

I don't have a good answer for how we avoid the bad precedents. I just know that if we continue to set them as we have for the last two and a half, three years, the long-term bad consequence of that is that it's a big neon sign for the government, saying, "Yep, you can do whatever you want" five years from now, because you're going to be able to rely on all this COVID case law about how government can get away with anything under section 1.

That's why I say the problem is to deal with the law itself, to remove section 1 of the Charter altogether. That's the only way you can, in a wholesale manner, get rid of the precedents—to actually change the Constitution.

Commissioner Kaikkonen
And my second question is: Yesterday we heard testimony that those fined under COVID mandates were seeing their fines increased by the prosecutor when they got to court.

I'm just wondering what it will take to restore justice in this nation so that administrators apart from judges are not permitted to go above the law, as in this case—threatening to increase fines beyond the scope of the fine the police gave and what is considered acceptable by the legislature.

James Kitchen
It's my view that too many laws are a bad thing. Discretion is generally actually a good thing.

All these systems and all these laws and our Constitution and our whole societal structure are only as good as the people who live in the society and who fill these roles. It's only good insofar as there are enough individuals who are moral and ethical and actually understand to some degree what is good and right for people, for humanity, for society.

If people honestly believe that Marxism is the path to better human flourishing, it's going to impact their morals and ethics, and their morals and ethics are going to be corrupted by that corrupt ideology. But if they actually believe that individual rights and freedoms and the ability for people to live according to their own view of what's best, with as few

restrictions as possible, is the path to human flourishing, are they going to have the types of morals and ethics that are going to guide them to use their discretion in a good way?

So ultimately you fix that, I think, at the cultural and societal level. Not by just having more laws. This goes back fundamentally, philosophically, to the last 300 years. You can only have a society that is self-governed through limited government and limited laws and a lot of freedom in an open market if the people are generally somewhat moral and so therefore can actually govern themselves.

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That's what the French philosopher and observer Alexis de Tocqueville observed in America. This American way of living free is only possible because the Americans are generally a fairly moral people and can actually engage in self-government.

That's who Canadians are going to have to be. And they're going to have to come to terms with the fact that historically, whether you like it or not, the most moral and therefore the most free societies have been informed by Judeo-Christian values and morals and beliefs. All the other tyrannical societies in history generally didn't have those views and values. And generally, the people could not govern themselves without chaos and violence, and so needed a strong arm of some sort of state or emperor or ruler over them in order to keep the chaos from destroying everything.

We have to go back to the philosophy of how to live in a society that is self-governing and is moral and is free. And recognize that, yes: If the people, each individual who's fulfilling these roles and exercising their discretion, don't have some sort of morality, if they don't have some sort of view that the world is a better place when people are free, then they're going to abuse their discretion. They're going to become corrupt in the way that they do things. And you're going to have less freedom—less equality, by the way, as well—and you're going to have abuse of power. You're going to have corruption.

Dissidents and minorities, like those who didn't want to take the shot or didn't want to wear the mask, didn't want to comply with everything, are going to suffer as second-class citizens. Because, inevitably, without morality what you're going to have is just mob rule, implemented through all these people exercising their discretion in a way that upholds that mob rule.

That's what we've seen, I don't think you can fix that through just putting in a better rule or a better law. You have to fix that at the human level. That is the only way to ultimately fix it.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Thank you very much. I've got some fairly basic questions, I think, and then I have some questions that will probably get us both in trouble.

The first one is: Are judges subject to the rulings of the Law Society, considering they are lawyers or promoted lawyers? They're not?

James Kitchen
They're not.

There is a body—I think it's called the Judicial Council—across the country that's made up of the chief justices and the associate chief justices. This body self-regulates judges. For example—if I'm getting my story right and so take this with a grain of salt—I seem to recall, when Trump was elected there was a judge— I forget where it was, I think somewhere out east. And as sort of a joke—he was an older guy, he thought he could still joke—he walked into the court one morning with some sort of Trump hat, MAGA hat, whatever. And everybody had their hair on fire about this.

Who is the body that deals with that? Well, it's the Judicial Council that deals with that. So again, you have a problem. If all the chief justices and associate chief justices who are politically appointed to those positions hold a particular view about what it means for judges to be professional, or acceptable in their conduct, those are the ones enforcing it. Obviously, judges are going to self-censor and they're going to be scared to speak out. And they're going to be scared to act or do in a certain way because they don't want to be sanctioned by the Judicial Council, which can sanction them just by telling them to smarten up.

Or this Council can actually recommend to the government to have this judge removed. That's extraordinarily rare in Canada, but that's actually the process for how a judge would get removed. The Judicial Council would recommend that Judge X is "out to lunch" and he needs to be removed by the government from his post. He's no longer fit to actually be a judge.

So that there's sort of an internal regulation amongst judges through this Judicial Council, and that right there is somewhat influenced by the government of the day, because the people who sit on that are appointed to their positions.

Commissioner Drysdale
Has the Judicial Council to your knowledge made similar types of restrictions on judges that you experienced with the Law Society yourself concerning the COVID narrative?

James Kitchen
Good question. I'd like to know that. I'm not aware of that. That's a really good question. I wish I knew. My guess is no, but I just don't know.

Commissioner Drysdale
We've heard a great deal of testimony in the last several weeks from people who talked about what Dr. Christian said was the fundamental basis of modern medicine, and that was informed consent.

We've had testimony that people who were given the shot—

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and there's been a great deal of testimony on this from people who actually experienced this—were really told nothing before they got their shot. For instance, pregnant women weren't told that it wasn't tested on pregnant women.

I can go on about that, but again, I'm short for time here. My question comes down to this: Are you aware of any college of physicians and surgeons in Canada bringing a doctor or some other practitioner to task for not having fulfilled this most fundamental precept of medicine? And that is, allowing people to make an informed consent when so many have testified that they were not.

James Kitchen
No. I'd be shocked if a college of physicians and surgeons did that.

I currently have open a complaint from a member of the public against Dr. Deena Hinshaw—as a doctor, not as the Chief Medical Officer of Health, but as a doctor, because she is a regulated member of the College of Physicians & Surgeons of Alberta. A member of the public has complained about her partly along that basis: that she was recommending these shots for his children, his teenagers, and that recommendation was so unsupported scientifically that it does stray into unprofessional conduct. That complaint is before the College of Physicians & Surgeons of Alberta, so they're going to have to make a decision about that, that I will publicize.

I fully expect the College of Physicians & Surgeons to completely exonerate Deena Hinshaw and say that she did everything right, and that they're proud of her, and that there's no professional misconduct.

If they were acting independently, they would actually make a decision to have— Right now it's at the preliminary stages, because the complaint's already been dismissed and I've appealed the dismissal of it. So, we're not even getting into the actual hearing of it. But if this body was doing its job and saying, "We need to investigate this. We need to see the evidence. We need to have the scientists and the experts come forward. We need to have a full public hearing on this, we need to figure this out—" Me and my client both fully expect the College to not do that. We expect them to protect Dr. Deena Hinshaw. We expect them to protect any doctor who was complained about for not properly giving informed consent to the people that they administered the shot to, or recommended that the shot be administered to.

No, I expect the College to do the opposite: to continue to toe the party line, and to protect the COVID narrative and protect the government and protect the doctors that did that, and to continue to use all their enforcement efforts to censor the doctors who disagree with them and disagree with the government, disagree with the COVID narrative.

Again, that's the problem. These colleges are doing the opposite of what they should be doing.

Commissioner Drysdale
So that talks about one of the most fundamental beliefs held in our medical system.

I want to now ask you: Is it not a fundamental belief of our justice system that every party standing before the court is of equal stature and the law will be applied evenly regardless of who you are, whether you're Ken Drysdale or whether you're the Government of Canada?

James Kitchen
That's the ideal. We're not living up to it. It's the ideal that we have informed consent. We're not living up to it. It's the ideal that we accommodate Christians because religious beliefs are protected in the Human Rights Act, as much as we accommodate transgender people or black people, or whatever, but we're not.

We're not living up to those ideals. The laws are only as good as the people who choose to enforce them and live by them and try to implement them. It doesn't matter. The ideals are not being met because the people just don't care anymore to meet them.

Imagine how morally bankrupt you have to be as a person to say, "I'm going to fire you because you won't inject yourself with this experimental injection. The Government's mad at me and telling me I have to do this." You're clearly a coward. You clearly have no moral compass anymore.

We have hundreds of thousands of Canadians who are completely morally bankrupt. That's what they've done over the last three years: they've shouted at people who won't wear masks, and they've fired people who won't take a shot, and they've refused discrimination to religious people because they can't stand them. They've said: "You're not equal because you won't agree with our science, and you won't agree with the government, and you won't agree with the narrative, so you're not equal to us."

That's what the ideology of Marxism teaches. It actually teaches inequality in the name of equality.

So here we are. We're not living up to our ideals as a nation at all. I think it just goes to show that we've been a lot more like the whitewashed tombs that Jesus talked about when he was talking to the Pharisees. We've put on this show that we are nice and compassionate and caring and meanwhile, deep down, we're not. And when the crap hits the fan, like with COVID, it all comes out.

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We're exposed for the morally bankrupt, cruel, vicious people that we really are. We need to admit that and come to terms with that if we're ever going to get out of this and address our moral failings as a people.

I don't care how many laws you have or how good they are on paper. They're useless without some sort of cultural morality about what is good and evil, and what is bad and what is right, and individual rights and how they should actually be respected.

Commissioner Drysdale
You talked about the issue of mootness, but you didn't mention anything about the practicality of that. What I'm talking about is, I believe Brian Peckford launched some kind of challenge against what he said were Charter infringements and the government declared it moot.

What kind of consequences financially does that have for a plaintiff when the government declares something moot? And does that have a chilling effect on someone else who might want to bring a case forward?

James Kitchen
Well, it does, because it takes a lot of money. Somebody has to pay for this, or somebody has to take a huge cut in the income that they're earning as a lawyer in order to run these cases. They take hundreds of thousands of dollars, at least at market value, to bring these cases to the courts. Then all that money is down the drain because the court just said, "It's moot, we're not going to rule on it." So there's one financial consequence.

Part of the problem, and part of the reason that the Justice Center existed, part of the reason Liberty Coalition Canada exists—which is the organization I work with now—is because we recognize that ultimately, none of these cases about civil liberties are ever likely to come to the court because they cost a lot of money to bring. And who is going to come up with that kind of money? Even if they have it, are they willing to spend it on something like that?

The only way you can challenge the government in a lot of ways through these civil liberties challenges, these Charter challenges, is to crowd-fund and pull the funds, and to take the best cases, and to pay the lawyers a reasonable rate to run the cases all the way, and to finally get a ruling from the courts. Because the courts don't just roll around finding Charter cases—they're not supposed to, anyway. They have to be brought to them.

It takes a lot of resources to bring them. When the courts just dismiss them as moot: yeah, it's a waste of a lot of resources. You drain the resources for those challenges to continue to happen. There's only so many resources. Then there's the chilling effect: Why should I even bother challenging the law? The court has got the government's back, they're just going to rule it's moot or they're just going to justify it under section 1. Why should I even bother?

So yeah, there is that there is that chilling effect.

Then you have the reality that the court, if it wants to, can award costs against the applicants and say: "Look, you never should have brought this challenge. This law has already been taken out. It's moot. You should have withdrawn your challenge as soon as that happened. We shouldn't be here today. The government had to spend resources to defend your action. I'm going to award some costs against you. You're going to have to pay some of the government's costs." Sometimes that does and sometimes it does not happen in those types of cases. It's up to the court whether or not to award those costs.

So yeah, there's lots of costs and lots of chilling effects that result from the courts just constantly saying "it's moot" or "it's justified under section 1." Eventually the people just say, "We don't have any more money, we've spent it all and we've just given up because it's not worth it to continue to spend this and not get anywhere."

Commissioner Drysdale
You talked about, at the beginning of the pandemic, how the courts shut down. And we've heard from other witnesses recognizing the three different branches of government: the legislature, the administration and the judiciary.

I want to ask you about the fourth level of government, and that is the media. The media plays an incredibly important role in our democracy as the interface between all those three levels of government and the people. Their role is to report to the people what's going on, so the people can make an informed decision.

Can you comment on that aspect of what went on in the pandemic: the media's role in this whole thing?

James Kitchen
Well, only briefly. I litigate publicly, I do a lot of media work, so I'm familiar with the media. I see it as a tool to educate the public and hold the courts accountable and hold government accountable. And I use it to the best of my ability. Obviously, you don't see me on the CBC every day. You're going to see me on the *Western Standard* and *The Epoch Times*, et cetera.

So I guess I would just say two things. Obviously, the media is corrupt and biased: pro-COVID narrative, propping up the government.

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Part of that is completely explained by the fact that a lot of these mainstream media outlets receive money from the government. It's obvious why that's a bad idea. You're an idiot about human nature if you can't see why that's a bad idea. That never should have been allowed. If there had been any litigation against that, the courts should have done their job to say, "No. That's an infringement of freedom of the press, freedom of expression." Because obviously the press is not going to be independent if it's receiving money from the government that it's trying to criticize.

So obviously, the media—terrible through the whole thing, and it's contributed dramatically to the whole thing.

But I guess again, I would go back to saying to the people. Stop being so gullible. Stop only watching mainstream sources. Seek out alternative news sources. Stop watching and listening to CBC or Global or CTV or whatever. Start reading the *Western Standard*. And don't just read, by the way, your favourite alternative news outlet. Read five of them. Get the different perspectives.

People don't realize how much power they do actually still have in the quasi-democracy that Canada still is. You know? Withdraw your market support for these mainstream organizations. Stop bemoaning the fact that the mainstream media is lying about everything, and make sure that you never participate in that by never consuming mainstream media and telling everybody else, "Hey, you probably should not consume mainstream media. Let's go consume a truthful alternative media. Let's consume different ones and compare them to see which one is the most truthful."

So part of it's the media's fault, part of it's the people's fault too, I think as well.

And I've heard repeatedly from people throughout the COVID thing that they've begun to wake up and realize when they started to consume some more alternative media sources. It sounds ridiculous to me, because I've never been roped in by mainstream media sources, because I've just always been that kind of guy. But for some people that's a big deal.

I had a number of people that came to me in 2020 when I was the crazy conspiracy theorist that they thought was awful, and said "Oh geez, you're right! One of the ways I realized that you were right is because of the BLM protests. I started to pay attention to what was going on there and the mainstream media's narrative about it, and the inconsistencies. Then I started watching some alternative news and getting some actual truth, and now I've changed my views on the whole thing."

I have heard that over and over and over again. So it can happen and it can be really good when it happens and that's what has to happen. People have to unplug from the CBC, Global News, whatever: stop caring about what they say or don't say and just start consuming alternative media or even producing the media themselves. We've seen a proliferation of alternative media sources over the last two or three years. That's a good thing. That's a source of hope right there that, because of the technology we have now, we can have these small independent journalists who can go out and give people the actual truth.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
James, that's it for questions. On behalf of the National Citizens Inquiry. We sincerely thank you for participating today.

James Kitchen
Thank you. It's my honour.

[01:18:12]

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Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witnesses 2 and 3: Suzanne and Barry Thesen
Full Day 2 Timestamp: 02:56:15–03:32:57
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Louis Browne
Good morning, members of the Commission, ladies and gentlemen, and Mr. and Mrs. Thesen. My name is Louis Browne. I am a partner with the law firm Willows, Wellsch Orr & Brundige LLP in Regina, and I'm delighted to be one of the volunteer lawyers working with the Commission here in Saskatchewan. Mr. Thesen, Mrs. Thesen, good morning. I'm going to start with you, Mrs. Thesen. Can you please state your name and spell your last name for the Inquiry, please?

Suzanne Thesen
My name is Suzanne Thesen, S-U-Z-A-N-N-E, Thesen, T-H-E-S-E-N.

Louis Browne
Thank you, Mrs. Thesen. And would you prefer to swear an oath or solemnly affirm?

Suzanne Thesen
It makes no difference.

Louis Browne
Okay. Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Suzanne Thesen
Yes.

Louis Browne
Thank you. And Mr. Thesen, can you please state your name and spell your last name for us?

Barry Thesen
Barry Thesen, B-A-R-R-Y, Thesen is T-H-E-S-E-N.

Louis Browne
Thank you. And Mr. Thesen, would you prefer to swear an oath or solemnly affirm?

Barry Thesen
Don't matter.

Louis Browne
Mr. Thesen, do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Barry Thesen
Yes.

Louis Browne
Thank you.

Mrs. Thesen, I wanted to start with you— Just because it is perhaps a little bit unusual, certainly in a court proceeding, to have two people testifying at the same time. Can you just please tell us, what is your relationship with Mr. Thesen?

Suzanne Thesen
Barry Thesen is my husband. That's it.

Louis Browne
Sure. And how long have you both been married?

Suzanne Thesen
Oh, we've been married about—how many years, Barry? Forty-some years.

Louis Browne
Okay. And then so briefly, we're going to get into it in details, but just in kind of 30 to 45 seconds: Why are you testifying with your husband here today?

Suzanne Thesen
Well, I'm here to help Barry. It's very difficult for both of us to be here. Barry was quite severely injured. And it's left him—it's very difficult for him to express himself and say what he wants to say. He can't find his words, things like that.

The reason we decided to come was because for every one of us that testifies, there's probably thousands that have a story to tell. I do have notes here and I am going to try to help Barry with his testimony.

Louis Browne
Sure. Thanks very much. We're going to get to the incident which brings you here today. But I just want to have a reference point because we don't know Mr. Thesen.

Can you just give us again a 30 to 60 second description of your husband in terms of energy, activities, and overall health before May of 2021?

Suzanne Thesen
Okay. I'll let Barry say a little bit about himself. What do you want to say, Barry?

Barry Thesen
I'm just a retired farmer and also a fuel and fertilizer company, agency I owned and sold. And that's what we did before we retired.

Louis Browne
Mr. or Mrs. Thesen, can you just tell us a little bit about how Mr. Thesen was before May of 2021, just in terms of his overall energy, activities, and health?

Suzanne Thesen
Barry was— Actually, he's being quite modest here. He was a large farm owner and he ran an Imperial Oil agency, which is a fairly large business. And he was involved in various committees and he was very active in the community. We had recently retired and so we were spending more time travelling.

[00:05:00]

We were spending more time with our grandchildren, and he was active and well.

Louis Browne
Excellent. Thank you.

I'd like to go through your evidence in time frames, okay? We're going to talk about certain time frames, what happened during those time frames, and we'll move on to the next time frame. Okay?

So, we've now covered before May of 2021. Can you tell us what happened in May of 2021, please?

Suzanne Thesen
In May '21, Barry had his first Moderna shot. And he didn't have a serious reaction, he had a few. And he's going to tell you what kind, okay?

Barry Thesen
We were uptown in Melfort and took the shot. And it made me feel not very good for about two hours or three hours. It wasn't real bad: I had a sore arm. Everything outside of that wasn't much problem.

Louis Browne
Okay, great. And then let's carry forward then to what happened next that's relevant for the Inquiry. Can you tell us the date, do you remember the date that that first vaccine occurred?

Suzanne Thesen
I'll help him with that a little bit. He has a difficult time with events and time and remembering things.

First of all, maybe I can say that he was hesitant on getting this shot. The reason he finally decided was because he was trying to convince me to get the shot so we could continue our travels like we had planned. And also, his father was in a nursing home and in order to visit his dad, he had to get a shot. When I chose not to have my shot, that meant that I couldn't see him unless it was through a window. And after that, when he wasn't well, it was not at all. And I'll probably live with this for the rest of my life, but I was not able to be with him when he passed away, which was of course during COVID times.

Barry, he went for his second Moderna shot.

Louis Browne
Hold on a second. When did the first shot occur, please?

Suzanne Thesen
Pardon me?

Louis Browne
When did the first shot occur?

Suzanne Thesen
The first shot was in May, 2021.

Louis Browne
Do you remember the date?

Suzanne Thesen
Yes, I do. I think it was May 5th. And the second shot was in Melfort on May 10th.

Louis Browne
The second shot was on May 10th.

Suzanne Thesen
Yes, 2021, again.

Louis Browne
Okay, so when was the first shot? Sorry, when was the second?

Suzanne Thesen
It was May—

Louis Browne
Just take your time, Mrs. Thesen, just take your time.

Suzanne Thesen
Oh, sorry. May 10th, 2021, was in the mall.

Louis Browne
And what was that? What happened on that date? Was that the first or the second shot?

Suzanne Thesen
That's the first shot.

Louis Browne
Okay, so what we have then is the first shot happening on May 10th, 2021. Is that correct?

Suzanne Thesen
Yes.

Louis Browne
And where did that shot occur?

Suzanne Thesen
That was in Melfort and it was Moderna.

Louis Browne
And that's in which province? Which province are we talking about?

Suzanne Thesen
That's the first shot, yes.

Louis Browne
Which province did that occur in?

Suzanne Thesen
Which mall?

Louis Browne
It was in Melfort? What is the province that Melfort is located in? I just can't lead you, so just please tell us what province that's located in.

Suzanne Thesen
Oh, the province? It happened in Arborfield, Saskatchewan.

Louis Browne
Saskatchewan, okay. Thank you. So, please carry on. What happened after that? We can carry on to the second shot now.

Suzanne Thesen
His second shot was on July 13th, 2021 at 11 o'clock.

Louis Browne
Where did that occur?

Suzanne Thesen
That happened in Nipawin—again, Saskatchewan.

Louis Browne
Okay, thank you. And then, so what happened? Tell us what happened?

Suzanne Thesen
Well, Nipawin is about a half hour away from us. And the pharmacist did have him sign a consent and I have it here. I went and got it. And nowhere on the consent, first of all, does it say anything about side effects or injuries, possible injuries.

[00:10:00]

It's very basic. They did make him wait also 15 minutes and he started feeling unwell once he went back to his truck.

Should I let Barry say a little bit? I'll fill in if he has trouble, okay?

Louis Browne
Can we just understand, Mrs. Thesen? Were you with him in the truck?

Suzanne Thesen
No. I'm a substitute teacher so I was subbing that day, so I didn't see him 'til a little bit later on but— Should I let Barry say?

Louis Browne
Sure.

Suzanne Thesen
Barry, can you say how you felt?

Barry Thesen
I didn't feel too bad to start with. And it was probably maybe a half hour later, I started feeling really quite sick. And I just didn't know how to deal with it. I should drive home or what? And then I kind of backed off and just sat around for a while. And then, I went home, feeling a little better. By the time I got to home, I was really in bad shape. I shouldn't have been driving. When I got home, I got in the house. And I barely got up the stairs into the house. [To Suzanne] What happened then?

Suzanne Thesen
This is what Barry told me earlier and I wrote it down. He says he thought he was going to pass out when he was in his truck, so he had to wait in his truck for a little bit until he felt more stable. He was very dizzy, and he felt like vomiting. So after waiting in his truck for a little bit, he got home and by the time he was home, he was shaking uncontrollably. He said it was almost like convulsions. It was just, like, all over the place. He was sweating, almost like dripping wet, and yet he was very, very cold. He could barely make it up the stairs, and he went straight to bed.

And then, when I got home, I couldn't wake him up. I was quite worried about him. Off and on during the night, it was like he was laying still— Shaking a little bit but all of a sudden, again, he would start shaking uncontrollably with his arms flinging all over. It was like convulsing.

Louis Browne
And did you suggest anything to him at that point?

Suzanne Thesen
Pardon me?

Louis Browne
Did you suggest anything to him at that point?

Suzanne Thesen
I did not. I tried to wake him up, and then I thought, well, maybe he'll feel better in the morning. Then I fell asleep for a while, and then I'd wake up when he was shaking all over the place. Barry didn't get up 'til about 9 o'clock in the morning. So he slept a long time. When he got up, I had been up for a while. When he got up, it was shocking. His right side of his mouth was drooped. His body and shoulders were drooped. His eyes were wrong. They weren't right. They were unmoving. His arms just hung to his side. He was shuffling his feet, and he was walking very, very slowly, almost as if he was in a fog.

Barry told me— I asked him, how are you feeling? He said he felt weak and he felt like he had been beat up, like a car had run over him. He was extremely disoriented, couldn't speak. If he tried to say a sentence, it was wrong. It wasn't the proper words or the proper structure. He was finding it really, really difficult to process things. For example, I would give him a dish and I'd say, "Can you go put this in the fridge?" He would take it—and it was almost zombie-like. He would take it

[00:15:00]

and turn around in the opposite direction that he was supposed to go to, and start walking towards, let's say, the stairs. And then he would just stop, and he didn't know what he was supposed to do, where he was.

So simple things, like, for example, he'd say, "I'm going to bed." I would watch him head to the wrong room. He would go in the opposite room. And he'd look around in the room and he didn't know that. And then finally, he'd turn around and look again around, and finally, he'd find his way. I was just observing him.

That night and for the following few weeks—because this went on for quite a few weeks—Barry remembers practically nothing of those two weeks. When I went to bed he said, "Are you coming to bed?" I said, "Yes.' He says, "Well, do you sleep here?" I said, "Yes." "Oh, well, that's nice. Okay." It's just that he did not know what was going on.

When he woke up, I said, "We should go to the hospital." I felt like it was probably a stroke or something. And he said, "No."

[To Barry] Do you want to say why you didn't want to go to the hospital?

Barry Thesen
I don't think I can say.

Suzanne Thesen
[To Barry] No, you can't? Okay.

Barry said he didn't want to go to the hospital because he was scared that he was going to be stuck there and I wouldn't be able to visit and he was going to die alone. My sister's a nurse and she came over and she says, "I'm not a doctor, but I think he had a stroke. You should go to the hospital." Barry again insisted, "No, I've had enough."

My opinion, I guess, was that the damage had been done and I was also afraid of him going in there and never getting out.

[To Barry] Do you have anything to add to that? [Nothing to add].

Can we skip to what he's left with now?

Louis Browne
I just wanted to ask you, Ms. Thesen— so we're in the very brief aftermath of the second shot. Right after the shot, you've described a number of your observations of your husband. But can you just identify: What was his appearance like? What was his face colour like at that point? Was it normal?

Suzanne Thesen
His face?

Louis Browne
Face color, like the color of his skin.

Suzanne Thesen
He was, like, ash white, ashy gray-white.

Louis Browne
Okay, sure. Thank you.

In and around that time, was there any interactions with your family physician? With Barry's family physician?

Suzanne Thesen
No.

Louis Browne
Okay. Why don't we go then to how we're doing today? How are we doing recently, lately?

Suzanne Thesen
Cognitively, and Barry can help me with that— I'll get him to talk. Cognitively, he says his brain is like it's in a fog all the time. And he finds it difficult to express himself, to make decisions. He can't say what he wants. And the weird thing is, he now has, like, visions, and he'll explain that to you a little bit.

Barry Thesen
It's just like the birds came into your house and they're flying around in there and it's not really— It's like a shadow of a bird. And it drives you crazy, I guess. Makes you just wonder what's going on. It kind of comes and goes, you know, it isn't constant.

[00:20:00]

Like the last couple of weeks, I've been feeling quite well, I thought. And before that it seemed like all it is, is like animals or birds or whatever. And they kind of flutter around and, I don't know. It's weird. But I also read where it's a problem.

[To Suzanne] How did that go?

Suzanne Thesen
Well, just recently, I saw that—because I thought it was so strange—it's one of the things that other people have also been experiencing. I don't know for sure, but another thing that Barry keeps commenting on is, like, there's people in our house. And then when we— Barry likes to set the table before we're going to eat. And almost every time, even yet today, he'll say, "How many people are here?" And I'll say, "Just you and I." "Oh, I thought there was more people." I said, "No, there's just you and I." And he keeps thinking that either his grandson's downstairs or he says he hears voices; he thinks people are here.

Another thing that is happening to him—now Barry will confirm that; he says that it hasn't happened in the last couple of weeks—for example, I will send him off to the neighboring town, which is, like, seven kilometers away to his daughter's place. And I'll say, "She's waiting for you for supper. I'm going to be away." And he will go towards that town and, all of a sudden, he will have to pull over and stop because he doesn't remember where he's going. He doesn't remember why he's going. He explained it as a total blank. He just goes totally blank. Then he, after sitting for a little while, sometimes it'll come back. But even then, he's very disoriented. He gets into that town and he doesn't remember where the house is.

Louis Browne
Mrs. Thesen, can you or Barry tell us: How's Barry's strength doing these days? How is his walking, his legs?

Suzanne Thesen
His walking now?

Louis Browne
And his strength, his overall physical strength.

Suzanne Thesen
He's extremely weak. His knees— He'll talk to you about the pain he has, like a constant pain. But his knees, he has to be very, very careful. When he goes up the stairs, quite often even holding on to the railing isn't good enough. He'll use his hands and put them on the steps in front of him one at a time. When he goes down the stairs, he goes one foot at a time, like a two-year-old where you go one foot, two feet at the same step, and then keep going that way. He's lost a lot of his strength, he's lost his appetite, he's lost weight, he has a very, very hard time with dates, events. For example, if he knows he has an appointment, I'll write it down on a calendar, and he has it on his phone. But every day he has me check to make sure, like, "When is my appointment?" I said, "Well it's still five days away." The next day he'll ask me the same thing, "When is your appointment?" and then I'll repeat that.

Barry also does that with other things. There's certain things that really bother him and he doesn't remember, so it has to be checked every day.

[00:25:00]

He wants to use the car to go uptown. He will say, "Are my plates good?" "Yes." "Okay. Is my licence good?" "Yes." "Well, how do you know?" "Because we checked the day before, right?" Then he will go to the car and get the registration and he'll bring it in. It's very difficult for him to process the expiry date, so he'll say, "Can you help me with this? What does it say? How long?" And I'll say, "You're good for six months." "Okay." Then the next day it's the same thing.

TV, he struggles with the remote, trying to find channels. I often go and set it up for him, ask him what he feels like watching. Paying bills: he has to depend on me for a lot now. So I pay the bills, I do the banking, even business, and his credit cards and debit cards are extremely confusing for him. He'll say, "I'm going to go get some money. Which card do I use?" I say, "If you're using the ATM, you'll just use your debit." "Which one?" "This one." So he'll go and use that card and then he'll come back and he'll say that it didn't work. I'll say, "Which card did you use?"

Sometimes he'll say he used the black card—the MasterCard—or sometimes he'll say, "I use this number." "Oh, that's for the other card." He still has a business card and he has a personal card and we have MasterCards. And for him that's a lot.

[To Barry] "Do you want to say anything, Barry? Are you okay?"

Barry Thesen
That's enough.

Suzanne Thesen
That's enough? I know.

Louis Browne
And Mr. and Mrs. Thesen, you're both doing very well. And we're coming to the end here. I just want to confirm something before I invite the commissioners to ask questions. Mrs. Thesen, everything we've discussed today occurred in the province of Saskatchewan, Canada. Is that correct?

Suzanne Thesen
That is correct. Both shots were in Saskatchewan and we live in Saskatchewan and have for a long time.

Louis Browne
Thank you. At this time, I do have maybe one or two more questions, but they're conclusion questions. I'll just invite the Commission if they have any questions.

Suzanne Thesen
We did end up going to the doctor. Do you want to know how it was recorded, his injuries?

Louis Browne
Are we talking about the VAERS [Vaccine Adverse Events Reporting] System?

Suzanne Thesen
Both. We went to the doctor first. There is one doctor that Barry trusts; his name is Dr. Fowler and he lives in Carrot River. Due to lockdowns we had to do a phone interview. And I asked Dr. Fowler—we had him on a speaker phone and so we did it together—to file the injury report. Dr. Fowler was extremely hesitant. He says, "You do realize that you're the first person that has ever had an injury that I know of." And I'll say, "It doesn't matter. I want this recorded. I want it sent away to—" Then he would say, "These forms are really long and difficult. It will take us a really long time. Are you sure you want to proceed?" I would say, "Yes." He says, "It does appear like your husband suffered a stroke but maybe it was a coincidence, maybe it had nothing to do with it." I said, "Please, we're asking you to report the injury." He did go ahead and he did finish recording it and we're hoping he sent it away.

[00:30:00]

He did follow up and he wanted us to go see a neurologist. When the appointment came, when it came time for Barry to go see the neurologist, Barry refused. He said no.

Louis Browne
And we can maybe just pause there for a second. Why don't we invite the commissioners to ask some questions, and then we'll just carry on? I don't know if the Commission has any questions, but if not, then I'll wrap up. We're good. You've answered all their questions. So my second last question for you is: In summary, in just 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

Suzanne Thesen
First of all, I don't think Barry would have taken the vax, or the shot—I guess I would call it—if they would have properly warned him that there was going to be some possible side effects.

Barry's always been fairly trusting of the institutions, and doctors, and the government. I just know he just thought it was just harmless, "We've always taken vaccines." And another thing is the coercion that went on to get these shots. Barry probably wouldn't have gotten that shot if he knew he could have travelled without the shot. And also, if you could go and visit people in the nursing home without the shot.

Louis Browne
We may have covered it and there may not be anything more to say, but I want to make sure that you feel you've had your day in court, so to speak. My last question for you: Is there anything else you'd like to share with us today?

Suzanne Thesen
We just feel this injury was totally unnecessary. It was preventable. This injury has changed our life forever. It's stolen our dreams and retirement plans. It's stolen everything from us. Barry is the real hero here—to be here today. This is difficult for him, to say how it's affected him and how it's damaged him. The world needs to know what it's done to people.

This has nothing to do with our injury, but I do have one thing as a teacher. Can I say something?

Louis Browne
It's your evidence.

Suzanne Thesen
I'm still substitute teaching, and I was on a leave for a few months. I was teaching in the Grade one and two classrooms, and what I saw was horrific. If you can imagine: In the middle of winter, when kids go outside to play and they have runny noses, and they come back and their masks are frozen on their face. In the classroom, they're wearing those wet masks. And if ever somebody came in the classroom, they were told to put their masks on. Put them up. Put them up. Another thing that's damaging, that not that many people talk about is: everywhere you go, they have these sanitizers. When you first get into the door, kids had to go and line up and get their temperature taken. They had to also squirt stuff, this sanitizer, on their hands. Kids' hands would get raw and they thought it was fun.

And then they would go in the classroom and there was one in the classroom.

[00:35:00]

Now I would discourage them. I would say, "No, you can't." But they only had to use them before they ate, after they ate, before they went outside, after they went outside, before they went home, after they came in the school. It was on and on. Then parents would also buy them sanitizers that they would put on their desk and use, like, 10, 15, 20 times a day. Then they would eat their sandwich.

Kids would come in an hour late and then they would say, "I'm late because I just had my shot." It was beyond difficult. I had to turn around and just get hold myself a little bit. I just kept thinking, what if that child gets injured like my husband? What if?

That's all I want to say.

Louis Browne
Thank you, Mrs. Thesen. I just want to make sure if Mr. Thesen has any concluding thoughts. If not, that's totally fine.

Barry Thesen
No, everything's good.

Louis Browne
Mr. and Mrs. Thesen, thank you very much for giving us your evidence today.

Suzanne Thesen
Thank you.

[00:36:41]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 4: Dr. Luz Maria Gutschi (Parts I and II)
Full Day 2 Timestamp: 03:33:20–03:46:30/03:55:08–05:04:01
Source URL: https://rumble.com/v2jlxvm–national–citizens–inquiry–saskatoon–day–2.html

PART I

[00:00:00]

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

Dr. Luz Maria Gutschi
My full name is Luz Maria Gutschi: L–U–Z M–A–R–I–A G–U–T–S–C–H–I.

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

Dr. Luz Maria Gutschi
I do.

Shawn Buckley
Just by way of introduction, my understanding is you're an expert pharmacotherapeutic specialist. And you're going to have to explain for us what that is.

Dr. Luz Maria Gutschi
I'm a pharmacist by training and have some extra training in what we call pharmacotherapy, which is therapy using drugs, as well as drug assessment skills, which includes looking at the data and assessing the drug for safety and efficacy and for application to individual patient care.

Shawn Buckley
Okay. And as far as the drug assessment thing, you've done reports for the Canadian Pharmacists Association and for various regulatory agencies.

Dr. Luz Maria Gutschi
Correct. I've written a few chapters for the Canadian Pharmacists Association on vitamins and minerals, and on lifestyle management. And I provided expert scientific advice to the Patented Medicine Prices Review Board [PMRB], which is a quasi-judicial board that regulates the prices of pharmaceuticals and vaccines in Canada.

Shawn Buckley
And then you've also been a clinical pharmacist for the Canadian Forces Health Services Centre.

Dr. Luz Maria Gutschi
Yes, I ran an [inaudible] clinic. In addition, I have practiced in intensive care units for 10 years, and have developed an expertise in antimicrobial management, including what we call antimicrobial stewardship and infectious diseases.

So quite a variety of experiences that I've had in my career.

Shawn Buckley
Right. Now we've entered—you sent me a CV that we've entered as Exhibit SA-2a, which also includes that you've got a doctorate in pharmacy.

Dr. Luz Maria Gutschi
Yes.

Shawn Buckley
And assuming I haven't changed your CV, you adopt it as true?

Dr. Luz Maria Gutschi
Yes, that's true.

Shawn Buckley
Okay. Now, you've got a presentation for us today [Exhibit SA-2]. We've invited you to speak about the manufacture of the mRNA vaccines. And I'm going to ask if you can proceed with that.

Dr. Luz Maria Gutschi
Yes, thank you. And I will try to do it as a—

First of all, before I start, I would also like to thank the Thesens for their testimony. It was very emotional for me as well, as I've had some— I understand that I've seen these— I'd

just like to say, "thank you" for their testimony. It was very emotional. And I think this is a great thing that we get to hear what happens with vaccine injury, among other things.

What I'm going to talk about is fairly technical, which I apologize for. However, I feel it is necessary for people to understand how these products were regulated from a regulatory perspective, and what the implications are for the future. Most of this was independent, as I basically stopped working a few months before the pandemic was announced.

Because of my infectious disease training, I was very interested in a pandemic and was following all along. And when I heard about the vaccine, I started doing what I would normally do in order to assess a drug.

One of the first things I do is I go to the European Medicine Agency [EMA], which is not typical of most people. Because in my previous experience, I had found that their reports were very complete, with lots of information that usually assisted me in my analysis.

For background, all regulators work from a Common Technical Document that's called the eCTD, which is: the same information, the same basic information, is shared among all the regulators in the Western world—

[00:05:00]

the EMA, which covers all the European Union, except for Switzerland and the UK, and then Canada, the FDA [Food and Drug Administration], and Japan and Singapore as well.

In this case, this product was reviewed as a rolling review assessment, which means they started assessing each piece of information as it came in, as it became available. What is normally done is the manufacturers would make an entire submission, bring it in, and the regulators would look at it. It does not change safety, efficacy, and quality requirements—that's what we were told. I would say technically, that is true—the requirements were not changed—but there are implications for a rolling review, in my view, for assessment of the drug.

The pivotal trial, the trial that showed that we had 95 per cent vaccine efficacy, was published in November 2020. And shortly thereafter the vaccine was approved under Conditional Marketing Authority. That's what they call it in the EU. It is an EUA [Emergency Use Authorization] in the US, an Interim Order in Canada. The Public Assessment Report that I used for this assessment went on the web on 2020. And actually, it was corrected in February, but I think I read it in January 2021.

I expected what is known as "regulatory flags," which are specific obligations. These are **obligations placed on the manufacturer in order to get full authorization that they had to meet. Canada has something similar, and so did the FDA. I expected that with regards to safety and efficacy and clinical data from the clinical trials in humans.**

What I did not expect is that I saw four specific obligations out of the six that were manufacturing–based. And I read this and thought, "My goodness, how could they let this go on and actually give this to people?" I was really quite impressed. But I thought in my innocence that it would just take a little bit of time, and they would fix some of these manufacturing defects. So I told my family, "We're going to wait until they fix these things," because that's likely, "and then we'll reassess at that point."

In addition, there's a leak of confidential documents to the dark web in January 2021. I found out about it in September. And it supplemented quite a bit all the information that was on the European Public Assessment Report [ePAR].
First, I'd like to talk about the steps in manufacturing this product. It is very complex with lots and lots of parts to it, or components, and each of those components have to be of very high quality. There are a varied number of manufacturers, number of suppliers, ultra-cold storage, and rapid transportation between sites. They'll have, like, 108 hours by the time they made the mRNA, and had to run over and put them in the lipid nanoparticles.

There are advantages to an mRNA vaccine, especially for a pandemic. Number one: it's fast. You can make a sample for 20 or 30,000 doses in 10 days from start to finish, and regular vaccines will take months. And the other advantage is that it is cell-free. We are not using cells, which are bound to be complications—such as putting it on chick embryos or other cells like insect cells or tobacco that we use, whatever.

The steps are: You make it in a production bioreactor, which actually does include E. coli. You digest out the DNA so that you can extract the mRNA, and then you have a lot of purification steps. You put it into the LNPs [lipid nanoparticles], which then require a bunch of purification steps. And then you bring filler finish, which is actually quite a big step. Manufacturers usually subcontract that out, and that is the steps for quality control, dilution, sterile filtration, capping it, labelling it. Then they put it in the deep freeze and sent it out as required.

Oh, dear, I'm stuck. Shawn, I'm—

Shawn Buckley
You're having some technical difficulties, are you?

Dr. Luz Maria Gutschi
Yes, I am.

Shawn Buckley
And you see, usually we have these at the beginning of the day. So it's nice to shake this up.

[00:10:00]

Dr. Luz Maria Gutschi
Lovely, I might have to go to my other computer if that's all right? Or I'm just going to have to— It's not working.

Shawn Buckley
If you need a couple of minutes, we actually have a video that we skipped over that takes about 6, 7 minutes that we could segue to, and then have you pick it up from there?

Dr. Luz Maria Gutschi
Fine. Let's hope I can get it to work. Thank you very much.

Shawn Buckley
Well, thank you, Maria.

So just to announce: We watched a video yesterday and what we've done is we've just had one of our video people put together clips for Saskatchewan. Because sometimes it's good to remember, even though it wasn't that long ago, just some of the things that we've experienced. So, okay— And our video lady is just looking for that, so just be patient and we'll just wait for Maria to get back on track.

[Video] Scott Moe
So effective immediately, public gatherings are now limited to no more than 25 people. Night clubs, bars and lounges must be closed. Effective on Monday, restaurants are required to close except for takeout and delivery services. Personal services, such as hair salons, are also ordered to close.

Dental, optometrist, chiropractic, podiatry clinics are also ordered to close except when offering non–elective procedures. Daycare facilities are limited to eight children unless they are able to…

Shawn Buckley
We have Maria logged in, so it might flip back or forth a little bit. We can give you a few minutes, Maria.

David, I think we might just take a break and we'll come back in about five, six minutes.

[00:13:10]

PART II

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. We're sorry that we had to take a break, but when you're doing things online with virtual witnesses and the like, invariably you have some technical difficulties.

I'm pleased to have Maria Gutschi back on the line, and hopefully Maria, we're good to go. I'll just ask you if you can continue with your testimony.

Dr. Luz Maria Gutschi
Thank you very much. Can everyone see the screen in here?

Shawn Buckley
We can. We've got a slide "Regulatory review: Vaccine or gene therapy?"

Dr. Luz Maria Gutschi
Yes. So I talked about all the steps in manufacturing and the complexity of it.

One of the questions many people have is: Is it vaccine or is it gene therapy? And by definition, with the FDA and as well as the EMA, it is objectively a genetic therapy. Because it includes ribosomal nucleic acid, which is a nucleic acid or genetic therapy, and it acts inside the cell by translating those nucleic acids into a protein—in this case the spike protein. So objectively, it is defined as human gene therapy product. It does not necessarily affect our genetic makeup, but under regulatory, it is being classified as a vaccine for evaluation purposes.

We did a deep dive, some of my collaborators and I, to look at how the process occurred. In the early 2000, for example, the EMA and even the FDA had looked at mRNA- and DNA-type products and had classified them as gene therapy products, and they were being assessed as that.

Somewhere between 2004 and 2008 though, these products then became classified as vaccines such that, in 2012 in the EMA, the mRNA products were going to be evaluated as if they were a vaccine. Similarly, the FDA specifically said that guidance for gene therapy products do not apply to vaccines for infectious disease.

What we call in regulatory affairs the indication: What is the use of this product? If it is used to prevent an infectious disease, then it went down the vaccine regulatory pathway. And both the EMA and the FDA also specifically excluded them from long–term studies for genetic therapies. Because I could see a potential possibility where you would assess it as a vaccine for efficacy or under the clinical trials—you know, works as a vaccine; you do the clinical trials as a vaccine trial—but then assess its adverse events as gene therapy products. But these were specifically excluded.

Regulatory guidelines that are used in Canada, the EMA, and the FDA, was the WHO [World Health Organization] 2005 guidelines, who actually give nucleic acid vaccines the status as a vaccine. It delineates the controls, Good Manufacturing Practices for purity and quality, and supporting studies for a new formulation, which is the case for these mRNA products.

It's interesting that Moderna, even in its Security and Exchange Commission filings as late as June 2020, will admit that mRNA is considered a gene therapy but it is not assessed as such. And the BioNTech founder, Ugur Sahin, in 2014 wrote in a very seminal paper that they were uncertain where it would be classified. Because it would be classified either as gene therapy, somatic cell therapy, or biologic—and biologic includes vaccines.

So the issue with this mRNA product is that we really have two separate products. We had one product that was made in a different manufacturing process for the clinical trials, that pivotal November 2020 paper, and then we have the product that was used and rolled out commercially. While they were in the clinical trials that manufacturing process was not amenable to making millions of doses. It was an engineering issue that had to be resolved to scale up to make a large amount.

What they did—

[00:05:00]

On the left-hand side is this two-step reaction that you make. Now comes the technical part: You have to make a DNA, right? And from the DNA you make the mRNA, and the DNA is a

template in a line, and on the left-hand side is a two-step process. And on the right-hand side, the commercial product was a one-step process. And so it wasn't as accurate, and it had more contaminants.

And then came the purification steps. With the purification, they used something called magnetic beads to take the beads out that would suck the mRNA out, and then it would be denatured, and then the beads would get demagnetized, and you'd have nice little mRNA. With the commercial product, they had to scale it up and use a lot of filtration steps. And as a result, there were a bunch of unforeseen circumstances.

Overall, what the regulators were worried about—and these came very loud and clear in the documents, in the ePAR as well as the confidential documents—was the quality and purity of the mRNA; the different manufacturing process on scale-up; contamination; what was being produced by the mRNA, the spike protein; what they call characterization; and potency or pharmacology.

First, let me look at mRNA because it's absolutely, I find, critical for people to understand. Number one, the mRNA in these products—both in the clinical trials and here, are biosynthetic and modified. I think people think it's just simple mRNA from the virus, for example. Nothing could be further from the truth. They have been modified a great deal. I call it a biosynthetic, sometimes I call it a bioplastic mRNA.

On the left-hand side, this is how Moderna actually explains mRNA. It's a string of code basically, that goes through— The yellow thing is the ribosome, which is a little kind of a factory, and the little string coming out is the amino acids. Those get folded up into the spike protein. At the beginning, you have a 5' cap, which is kind of the beginning of a sentence, or the start. It's a capitalized word. You have what's known as untranslated reasons. They're just regulatory functions. Then you have that section, a coding section.

For coding, you have something called codons, or three nucleic acids make one protein. It's a triplet to make a protein. At the end, you've got a stop codon that tells it to stop making the protein. Then you have a long poly(A) tail, which sometimes wraps it out and keeps that ribosome steady so that it can continue to make the protein.

What they've done with the mRNA is that these individual codons: they've substituted another nucleic acid. You end up with the same protein. You end up with the same amino acids in the same sequence so that you really have no change. That's called a synonymous mutation, so that there's no change in the end product.

However, there are potential issues regarding how it's translated and other issues with the mRNA. Why do we actually do it? Why did BioNTech and Moderna do it? That's because the **virus— If we put the virus mRNA into the lipid nanoparticles particles and they go into the cell, the cell realizes it is foreign mRNA and will mount a response to get rid of the viral mRNA, just like when you would get infected. So it gets destroyed before it can be made into the protein.**

In addition, you actually facilitate the translation into protein and you make more protein than you normally would. It's also important to realize that we have human elements in this modified mRNA at the 5 end and at the 3' end. They are proprietary, or there's a patent for those. We think they come from the hemoglobin. The particular amino acid that they substituted was something called N1-methyl-pseudouridine. It is found in humans but in very, very small amounts. The organism that has the most N1-methyl-pseudouridine I found is a group of bacteria called archaeobacteria,

[00:10:00]

which are ancient. These are bacteria that are found in the bottom of the Mariana Trench near those sea trenches growing at near-boiling water temperatures and at pHs of 1. They can tolerate a lot. So this nucleic acid is extremely stable.

What happened with the roll-up and the commercial or the scale-up is that you had a lot of truncated and fragmented mRNA. You need a full intact mRNA with the 5' cap and the poly(A) tail to make the protein. What we found was up to 50 per cent— They were running 55 to 60 per cent intact mRNA and the rest was truncated and fragmented. You could see these little bumps. Not only that, but the bumps were at specific times—or specific lengths, I should say. That usually meant there was a problem with the actual process, the IV transcription. As the mRNA was made, it would stop and wouldn't continue on, so you had that fragment length.

So they had a big meeting with Pfizer and said, "What's going on here? Can you please discuss this and tell us what the impact on safety and efficacy will be?" Pfizer said, "We really don't think it's going to be a problem. The bumps are the same. We just have more of them and it's unlikely to impact safety because they would be degraded and not translated since they don't have all the elements that are required for that to occur."

In the end, though, what the EMA was very concerned about is that we did not have the same product for the commercial batches as we did in the clinical trials. Normally under regulatory affairs, what most regulators would do with this amount is that we would ask for another clinical trial to ensure that we got the same safety and efficacy as we did in the original clinical trial that was published in November 2020. They had a big meeting. This slide is from a meeting they had with all the regulators, including Health Canada, the FDA. And said, "This is our concern: What are we going to do with it?"

I don't know what the outcome was. All I know is, as of December 2020, these amounts of impurities were accepted, and it was still given its conditional marketing approval despite these problems.

Back to the mRNA that are biosynthetic and modified. These issues with this modified biosynthetic mRNA was a potential problem that was recognized even by the founder of BioNTech: that with prolonged treatment, you might have adverse events within the cell. You could have toxicities or immune pathology because, even though they are less immunogenic than viral mRNA, they may have some actions that we don't know about. Especially in this little area here: We don't know how it's going to be metabolites and risks with metabolites, how it's going to be broken down, and potential unwanted cross–effects. These things needed to be assessed. Again, I reiterate, it has non-natural nucleosides as well as human.

Well, what happens to this modified mRNA? No RNA or protein metabolism or excretion studies will be conducted, said Pfizer too, and that is in keeping with the WHO guidelines. "We don't have to do it, so we're not going to do it." That was said to the EMA as well. Because they were following the guidelines, they said, "okay."

What do we find? We find that the mRNA doesn't get broken down very easily because of the N1-methyl-pseudouridine. We found back in early 2022: detected in the blood at 15 days; January 2023, we find it a month here, 28 days in the liver; and this seminal paper found it up to 60 days in the lymph nodes, both the vaccine and the spike mRNA. And we don't even know how much longer it would be because this is where they stopped.

And in case we didn't know that this N1-methyl-pseudouridine lasts a long time, this paper in 2015 showed that if you put just one of these in luciferase, they got protein production for up to 21 days.

The second outstanding issue is the spike protein production.

[00:15:00]

One of the things we do from a regulatory perspective, this is not really— If I want to label this as a vaccine, and I will use that term because regulatory-wise that's the way it was seen— It is really a pro-vaccine, because the active drug is the spike protein, not the mRNA. The mRNA acts as a pro-drug which gets converted to the active drug. This is not uncommon in pharmacology. We have a lot of pro-drugs we use. There are certain major advantages to using them sometimes. But what we normally would see is that if we have a pro-drug, we want to know the structure and the function of the active drug as well.

And this I found as the specific obligation number one. When I read the ePAR in January, I was quite struck with the language used by the regulator: "A severe deficiency of the characterization section is" that we don't know what that spike protein looks like and you haven't given us enough information for us to assess whether or not that pro-drug is converted to the active drug in a way that satisfies regulatory processes.

And this language was quite strong, and I was quite amazed because this shouldn't really be an issue. This really shouldn't be a problem. That was one of the things I told my family. If I don't even know what the spike protein looks like, I'm not going to take this until I find out.

Figured it was just a matter of time. June '21 came along: nothing. And as well, December '21 came along: nothing. I looked for any evidence of the spike protein for two years. And I called this "Censored" because this little pharmacy school in Ohio published this in March of 2022. And you could see here that you actually—this is Moderna, though—had protein production up to 12 days. And these researchers were quite surprised by that.

And I want you to read this section here out of their paper: "In communications with Moderna and Pfizer regarding the proteins expressed by their synthetic mRNA vaccines, each company's medical information group disclosed that they had not examined the protein dynamics for more than 48 hours" after it was transfected in cell culture; that's how we measure it. "Owing to its proprietary status, they would not disclose any information related to the nature of the protein that was expressed."

This would mean that the spike protein is proprietary, or it's information that is only kept within themselves. That does not mean the regulator does not have access to that information. Regulators deal with proprietary information all the time. When I worked for PMPRB, we knew the prices that they were probably planning to price the drug at, which is really proprietary information. So there was no excuse as far, or there was no real reason why Pfizer and Moderna couldn't give the information regarding the spike protein.

It actually did come out. I found out about it with the judicial drop, the Judicial Watch documents in February of this year; we did get what they provided to the EMA. And as you can see here, the EMA was still not happy with this information, because the sizes weren't what they expected it to be. Pfizer said, "Well, that's because there's sugars on this spike protein," which is true: the virus spike protein is covered with sugars, which affects the kinds of antibodies that are made. So the EMA said, "Well, strip off the sugars, redo it and verify it with more quantitative tests called mass spec." And eventually this was done, but

not done until February 2022, when the EMA say, "Okay, we're satisfied." But as far as I know these things were not verified with mass spec. So the complete knowledge of this spike protein is still outstanding.

The second related problem is: Does it get converted? And if I transfect or I put those lipid nanoparticles on cells, do they go in and do I get a spike protein? This is measured through cell flow cytometry assay, which you see here. In the top line: you see this S1 green, that spike protein? Hah! You know the cells do make spike protein. It does not quantify if the expressed spike protein will be elicited

[00:20:00]

or have the desired immune response in vivo, in active living organism, and it does not quantify how much spike protein is made. And the EMA still have problems with some of this testing.

I will give the commissioners the YouTube video that my friend— David Weissman goes to these FDA meetings. The FDA has a vaccine advisory group that advises them. And eventually in June, Dr. Portnoy asked Dr. Gruber from Pfizer how much spike protein is made and for how long. And Pfizer's answer is, "Well, we really don't understand that. We really don't understand the way vaccine works, but we feel it's an academic problem or an academic question, because we've got the antibodies. So it doesn't really matter so much how much protein we make or for how long." And this is where it stands.

At the end, the head of Pfizer R&D, Kathrin Jansen, who retired in November said, "We flew the airplane while we're still building it." And I think that's really quite true. They went from step to step and really were behind the eight ball the entire time.

What you see behind this clip from Dr. Jansen is the European Medicines Agency's procedural steps and scientific information after authorization. There are 80 pages of this stuff. If you read it, you see there's a change to an importer or to a batch release site, a site where any manufacturing took place. We change in manufacturer starting materials, change in how you make it, lots of changes in tests and et cetera. And what Jansen said is, instead of scaling it up to a big, big thing, they scaled it up to six or seven little factories, which of course means you had even more issues with contamination and fragmented.

One thing that I didn't actually— okay, so do I have enough time? I just want to go briefly over lipid manufacturing. Lipids are made spontaneously. They're not like a chemically made thing. You have the lipids in ethanol, and they're synthetic as well. The mRNA is in water and what you do is you mix it at very high speeds, like a jet mixer. And Pfizer and Moderna don't even know how it works. This is under separate patents and the pH is **changed, and by its swirls and all this stuff, they basically self–assemble into these little nanoparticles.**

There are lots of issues with the little nanoparticles. They are sometimes not that stable. Over time they get bigger—and sometimes it takes six months—but they naturally grow bigger. And one of the reasons we have PEG on the outside is to stop them from getting bigger when they bump into something else.

We think of them as being round, with the lipid nanoparticles on the inside. This is a picture of one that— And you can see a few are empty: you don't see any mRNA. And if you stress them—this is freeze and thaw, freeze and thaw; this is more than one freeze and thaw—they'll start to what we call "agglomerate," or start to clump together and fuse, and

sometimes you can release the mRNA out. We're not sure. And that's also dependent on pH. And also, the Japanese found if you shook it for five minutes, like really shake it, vortex shaking, the lipids all fall apart.

But a regulatory assessment of the LNPs was as novel excipients. What does that mean? It means the excipients are separate, non–pharmacological. They have no intrinsic activity of their own, they just enable the drug substance to be applied to the patient in the right form, and supports the way and place of action without being active themselves.

Under the regulation, the WHO 2005 regulations, you do get some toxicology profile, repeat those toxicity, some kinetics or biodistribution, and a few tests on general toxicity, teratogenicity, which I will not address.

What was not assessed by the WHO guidelines? No assessment of how long the actual individual lipids really last in the body. They did some preliminary work and supposedly we call a half-life of 25 days.

[00:25:00]

So you multiply that by five—that's what we do in order to determine how long it takes to get rid of all of those little lipids, not the nanoparticles, but the lipids. Thank goodness they're very small amounts, so the EMA said, "Well, it looks like it lasts a long time, but they're tiny. It's really small amounts, so I don't think it's going to be a problem." No verification of that though.

Drug interactions were not assessed because vaccines don't cause drug interactions. But in this case, this particular product did, and we had a few patients end up in hospital quite sick with interactions with an anti-schizophrenic drug, clozapine, because it is so inflammatory and transiently in the liver that it can interfere in some patients with some drugs.

We have an issue called CARPA. This was an outstanding issue for me. And it is complement-activation-related-pseudo-allergy. It looks like an allergic reaction but it's not, and it's due to the fact [inaudible] take on a nanoparticle. This is known. We have a drug that we give in chemotherapy, which is a nanoparticle with a chemo inside: doxorubicin used in breast cancer. And we have lots and lots of CARPA–like reactions from this, and it's well known, and we have lots of protocols on how to manage it.

CARPA, if you're not managing or looking for it, can be dangerous because there's amplification and patients can get pulmonary hypertension. They can drop their blood pressure, they can have bronchospasm, and it looks like an allergy. But it is not the typical **anaphylaxis of IgE allergy—though it's treated the same. We don't look at secondary pharmacology and pharmacodynamics. Genotoxicity and carcinogenicity was not done, because these are natural MRNAs—I disagree with that characterization—and natural lipids—I also disagree with that characterization. So therefore, we don't need to worry about it. That was the rationale used for the WHO 2005 guidelines.**

The environmental risk assessment: Well, you would do that for gene therapies, because you would look to see where the genetic therapy in the lipids go to, whether or not they're excreted as exosomes. In fact, we found that to occur with the Pfizer vaccine in a paper done here in 2021 by Bansal, where they found— Exosomes are little bits of the cell wall, and inside was a spike protein and partially digested lipoproteins. And these can move to

other parts of the body and actually transfect and provide the spike protein into another cell.

In addition, there's a product that's very similar that is a gene therapy product that has similar lipid nanoparticles, doesn't have mRNA. It's a non-coding, and a very, very small RNA. They found that they have some—they call them exosomes as well, that float around for a long, long time. And my colleagues and I are wondering if this is the rationale for shedding. It needs verification, it has not been studied; it is just a potential possibility as one reason why spike protein or mRNA can last in the body for some time. And it doesn't cause as much cytokine stimulation compared to intact LNPs, which can be quite immunostimulatory.

Speaking of that, here are some of the toxicity assessments done with rats. Just this month, they actually published the rat liver studies, or the rat toxicity that they did. And this is a picture right from the trials that was used for the regulatory assessment. You can see a bunch— This red in the middle, off in the lower left side, is an artery with blood in it, and little white dots that they think is a bit of lipid accumulation. It wasn't considered really super important, but it was a potential possibility that meant that we have some toxicity in the liver.

And what happened here is that the results of this study was September of 2020. And we had already started the clinical trials. Under normal circumstances, we'd either do a reassessment or amendment on the trial and measure, say, the liver function tests in a set of people, to ensure that this potential signal that was found here is not found in humans.

[00:30:00]

And actually, the EMA said, "Well, you know, it doesn't look too bad," and I would agree with that. "But we also have the patient data that's coming in and assessed in clinical trials, so we'll be able to know if this is an ongoing issue." Unfortunately, to best of my knowledge, the people who know the clinical trial data better— I don't believe that liver function tests were measured on a regular basis, and someone could correct me if I'm wrong on that.

On the biodistribution side, I think most of the people understand some of the issues regarding the biodistribution. And I will say a few things. One, if it was assessed as gene therapy, that signal that stopped at 48 hours—because we only have data to 48 hours—would not have stopped at 48 hours. It would have continued until we had those signal detection. This biodistribution study labeled the lipid nanoparticles. The issue with that is it doesn't tell you how much spike protein is made. So just because the lipid nanoparticles that we see, and were tagged, went to these organs, it doesn't necessarily mean that there's a lot of spike protein made. It is likely, but that assumption needs to be tested.

In addition, if the lipid nanoparticles have luciferase in it—which is the issue that was here—instead of the actual mRNA that is in the vials, that is in the commercial product, there's no guarantee that the biodistribution will be the same either. Because sometimes packing—you know, those mRNA, the packing within a lipid nanoparticle—can sometimes change its biodistribution.

Most importantly, there were no Specific Obligations imposed on either the toxicity issues or on the biodistribution issues, which means that there are no further studies that might be required for future mRNA vaccines. And this, in my assessment, should be changed.

Lastly, assays and tests. This was a new platform, as they say in regulatory language. We had no standards against which we could measure things. What is the right test to measure how much RNA is in those vials? Do you use this, do you use that? And even if you know which tests to use, how are they going to be done? This is what we call a pharmaceutical standard, or United States Pharmacopeia.

We use this in hospital. There are certain criteria on how we have to clean our hoods, and we can't just use any old alcohol: a specific alcohol. And we have to do it in a certain way, with a certain amount of coverage. It is very well spelled out so that you can guarantee every little pharmacy, hospital pharmacy in Ontario or whoever's following, are doing the same thing. That's a compendial standard.

There are no compendial standards for many of the tests that are used. They are currently being proposed and in talks. So hopefully that will improve things quite a bit.

The contaminants that are found in making the mRNA: We had some previous testimony about the double-stranded RNA contaminants, the entire plasmids, which is a risk—a huge risk perhaps—for genomic integration. Though I remain actually— I think that may not be, but that's just me. Double-stranded RNA. Endotoxin. Endotoxin. Endotoxin: Is what's found in the E. coli cells that you use to make the plasmid DNA. Very hard to eliminate from these products. Endotoxin is ubiquitous and it's extremely toxic. This is what causes septic shock. And this is what I saw in ICU, in the patients who got sick with gram negative bacteria: It's the endotoxin that causes much of the damage in septic shock. We need to have compendial standards. We need to make that endotoxin as low as possible. And that is an ongoing issue that needs to be resolved.

The EMA reviewer, I think was summarized here, had some very poignant observations. They said, "inherent variability in making this product." "We are going to have difficulty testing," especially on the potency side. "It's a brand-new technology," we don't know where it's going further. "Potential toxic impurities,"

[00:35:00]

and a "risk of bioavailability issue."

These guidelines are wholly inadequate. And in fact, the WHO is actually making new guidelines, which I think are still not going to be sufficient, because they're still not going to be assessed as gene therapy products.

This is what was discussed and how these products, especially the Pfizer product, was analyzed by the European Medicine Association.

And that is my testimony.

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

Commissioner Massie
Thank you, Dr. Gutschi, for this presentation. I have a couple of questions. The first one is, given the change in regulation, I was not aware that the classification of these mRNA–based vaccines had been amended so long ago; I thought it was more recent. So, I'm wondering—

because they hadn't mandated it more than 10 years ago, and they were probably already testing some mRNA vaccines for a number of indications like cancer and so on—why is it that the industry and the regulatory agency have not taken the steps to ensure quality attribute in production and biodistribution and so on? It seems to me that there's kind of a gap—

Dr. Luz Maria Gutschi
A big one.

Commissioner Massie
—in the quality that you would expect normally for still a new product. I mean, this is not a product that has been used that broadly.

Dr. Luz Maria Gutschi
Correct. You would expect that some of the quality issues would have been worked out ahead of time. And I don't know why they had so much— I think they weren't expecting the issues with the IVT that they found with the in vitro transcription. And all the truncated— That they weren't expecting. They were trying very hard to get the double-stranded RNA out, and the endotoxin out, and the DNA out. I think they had worked that out pretty well.

The problem I have with those contaminants is that we're not taking into consideration they're transfected, so that they're in the cell as opposed to outside the cell that you would get, say with endotoxin; you would have the endotoxin outside the cell and you wouldn't have it in. I'm not sure that was taken into consideration. But you're right. And it's not only the way I feel; it's not only that these things should have been thought upon, or it's maybe the scale-up was an engineering issue that lab and other researchers did not consider. It is sometimes how I feel as a pharmacist when orders come to us. It's like, "How am I going to operationalize that order? Because there's a bunch of steps here you guys haven't considered." And maybe there was that gap of understanding: the engineering aspect that wasn't there, number one.

And number two: It was obvious to me that it was going to be approved December 2020 no matter how bad it was. Because all of the issues that were coming up in November, I think, some of them might have been able to be solved by, say, March of 2021. Hold it off for three to four months. And that wasn't done. That's another question that I had.

But I agree. I think there were a lot of unforeseen situations that was on the biotechnical engineering field that was not considered by the researchers. That's my feeling.

Commissioner Massie
My other question has to do with the requirement by EMA on the quality—critical quality attribute of the product. If I remember well, what was qualified in the batch produced for clinical trial didn't seem to be the same level of quality in the large-scale commercial product. And I think I heard you mention that they were asked to try to get a solution for that, but it seems that this was not possible or was not done, and then it seems that the solution was, "Okay, we'll just raise the standard."

Was that what happened? And what kind of concern would that raise with the quality of the product?

Dr. Luz Maria Gutschi
Oh, it's huge.

[00:40:00]

The critical quality attributes are what has been placed— So you come up with a standard batch that you think is your quality batch. It defines how much the RNA integrity, how much purely RNA, how much of the contaminants are allowed, and how good the LNPs are. So it was quite a long list. And that was defined, as you said, for the clinical batches. And they basically dropped it all! Including the double-stranded RNA, because it was a big fight you could find in there where they said, "The standard that you put forward, Pfizer, we don't like." And yet a month later, it was accepted.

Yes, it seems to me—and this is just my impression—that the batch standards were lowered. So that basically anything that came out of the factory was acceptable. So that there would be very few batches that would be turned away. That's the way it looked like to me, that any batch was going to be accepted.

Including batches with stainless steel particles in them. I don't know if anyone remembers that story of Moderna's: In September '21, a bunch of doses were sent to Japan, and they had stainless steel particles you could see with your eye in them. And they should never have left the factory floor, or the fill and finish. Remember I said they have optical eyes, and they have people actually looking at them before they're sent out. I cannot understand, based on all my years of experience, how something with particulates that you can see with your eye—with the naked eye, you don't even need an optical or anything—left the factory floor. And yet it did.

Commissioner Massie
With respect to batch quality, we've heard in other testimony that it's possible that the activity of the different batch would actually vary, meaning the level of spike protein or the quality of spike protein that was produced from a given batch. And we've also learned that there seems to be some batch from the VAERS [Vaccine Adverse Event Reporting System] database that seems to have more adverse event associated with it.

You could look at it from two different angles. The one that has the highest amount of adverse event could have been the batches that were more active, if we speculate that the adverse event is the result of spike production. Or it could be because of all kinds of contaminants in the batch that are triggering unknown reactions in people.

What is your take on that?

Dr. Luz Maria Gutschi
I think it's all of them. But one that I am concerned about—that really, I think, needs some more work—is that CARPA syndrome I talked about. We do know that in the beginning, Pfizer's product line— Just as it was leaving, just as they were approving it, they found particulates in the Pfizer product. And if you look at the monograph—this is the stuff that the pharmacists look at—it says you should be looking at the vials. Each of them. If you see particulates, you throw it out; you don't use it.

And what was happening there: The lipid nanoparticles were agglomerating and they were getting big and they could get more toxic that way, and cause what I think is that allergic CARPA reaction.

I'm also thinking that it's not only the mRNA, it's that the lipid nanoparticles were made in such a way that they weren't stable enough. One of the reasons is that the buffer that was used by Pfizer did not keep those LNPs from agglomerating. So they changed to the Tris Buffer in October '21, which is the same one as Moderna had, and that stabilizes the nanoparticles. That might play a role.

Those lipid nanoparticles are quite fascinating, and it's taken me a long time to wrap my head around them. And they can be quite toxic under certain circumstances. So let's not rule out the lipid nanoparticles. And let's not rule out that you can have differences from vial to vial in addition to batch to batch. Okay?

One thing that I found out recently: Remember I showed you they mix them at the end? The lipid nanoparticles are diluted out and they're mixed in a big bioreactor. What they found is that you don't have the same mRNA at the top of the vat, the middle of the vat, or at the bottom of the vat.

[00:45:00]

So it's quite possible as they're filling their batches that not every vial has the same amount of mRNA. That is a possibility as well. And that is the difficulty of making a stable solution of the lipid nanoparticles.

Commissioner Massie
Yeah, on that note, I was wondering about— You mentioned that the lipid nanoparticles were assembled from lipids, right? Is there an issue, to the best of your knowledge, with the source of lipid, where they're getting it? And do we have assurance of reproducibility of the lipid quality?

Dr. Luz Maria Gutschi
In the beginning, that was an issue. And the EMA identified, "How do you make it? Were there contaminants in there?" Et cetera. That has gotten better. That is the one thing in these products that has improved: they've gotten new manufacturers; the quality has improved so that it is much more reproducible. It's easier to make lipids than it is mRNA. However, most interestingly is that you do have some metals like arsenic and lead in it just from the process, in very tiny amounts that normally would pass toxicology because it's an exposure— Tiny amounts: we have it in our food, we have it in other drugs that normally would not cause a big problem.

But what they found is that those metals act like a catalyst. And you ended up with reactions in between the lipids and the mRNA so that they formed what is called chemically an adduct. And when you have adducts you don't have the mRNA available; it basically is ruined. So that might be another reason why some batches or some vials did not have mRNA available to be translated, because it was adducted to the LNPs.

Yeah. All kinds of problems with manufacturing this product.

Commissioner Massie
Maybe one last question. The scale-up or the commercial production of these mRNA required an incredible logistic, in terms of having different manufacturing sites, different sources of material that would come from different places, and the assembly of the final product may be in other places. So that requires that every step at these different sites is properly, I would say, controlled for quality—examined and checked.
Do you think that the regulatory agencies had, or currently have, the resources to do the typical inspection that they would normally do for production of such large quantities of an injectable product?

Dr. Luz Maria Gutschi
No, I don't think they were done. I think the Americans tried and the Europeans tried. But it was hard to do. Some of them were done virtually. And they're just behind, right? You get qualified a year later rather than before you start making it. You basically get the paperwork. Paperwork looks good but this site inspection could sometimes take a year.

And that's not only for this product, okay? This is true for many, many drugs and many, many products we have on the market. That office is understaffed and the site visits of manufacturing plants is a huge, huge problem all across the Western world.

So, no, I don't think so. I don't think they were kept up. And who knows? Yes. Another problem.

Commissioner Massie
Thank you very much.

Dr. Luz Maria Gutschi
You're welcome.

Shawn Buckley
So are there any other commissioner questions? There are, okay, and I have a couple more too after they're done.

Commissioner Kaikkonen
Good afternoon. I'm just going to ask a more practical question. On your "Not Assessed" slide, one of the points was the drug interactions were not assessed. So if I extend this **thought a little bit further to vulnerable populations living in government subsidized low-income housing, or a group home, for example, where mandates were demanded, vax for all occupants: Could this mean that there were no medical considerations, interventions, or oversight for pharmaceutical medications already prescribed?**

And I'm going to take it to the bipolar population. Where they're diagnosed as bipolar, they didn't go to the pharmacy where the pharmacist may have had access to their already-prescribed medications. Rather, a nurse came into their facility and vaxxed them. I'm just wondering what your thoughts are.

[00:50:00]

Dr. Luz Maria Gutschi
I would say, at the rollout or in the beginning, this was not considered at all—that there would be any drug interactions with this vaccine. In general. And so that wasn't under consideration. I think astute pharmacists found that they were seeing deterioration in some of these patients that you're talking about and had access to their drug files. And with Clozaril in particular, because you're measuring the white counts, which are directly related to the levels of Clozaril, you could see that happening before your eyes. So that is how that was picked up. And it just required a mind to ask these questions and assess them. And so then the case reports started coming in that this is a potential problem.

But originally, no. That would not have been given a consideration. At all. And it is a concern to me because you read case reports, and you see people getting acutely psychotic or acutely having some mental health issue for a few weeks after vaccination. And the vaccine as a cause was never, ever considered. Except in retrospect.

Commissioner Kaikkonen
Thank you. That's all.

Commissioner Drysdale
Good afternoon, doctor. There was just a few things that I thought I heard you say, or picked up, and I wanted to confirm my understanding. We've heard a fair bit of testimony concerning the vaccines. And one statement I believe you said is that you did not feel it was likely that there would be genomic integration.

Dr. Luz Maria Gutschi
Yeah. That has to do with the circular DNA that Kevin McKernan has found contaminating them. I am not certain that the— I don't have the expertise to say that. I'm just saying that needs to be looked at as a potential risk, but I am concerned with the actual action of the mRNA within the cells as well. So let's not forget that. That's really what I'm trying to say.

Commissioner Drysdale
But I want to make sure I understand this, because I've asked this question from a number of different witnesses who talk about— Hopefully I get the term right, I'm not a doctor or a pharmacist. "Reverse transcription," was a word that was used before.

Dr. Luz Maria Gutschi
I'm sorry. Reverse transcription, I'm not that familiar with it, because it's very a genomic thing. So I can't make any comments regarding that particular aspect of these vaccines. If it was assessed as a gene therapy product, though, this would be assessed right off the bat, right? So that you would have the answers to that.

Commissioner Drysdale
That's an interesting thing that you talked about. You went through the definition of a gene therapy—and this clearly is a gene therapy. I need help with this, because then I heard you say, "Well, they said it was a vaccine. And then they assessed it as a vaccine, but it's really a gene therapy."

Is that, is that like— Oh gosh, I'm trying to think of historical examples where something with— Oh, I know one: Mr. Buckley mentioned a number of times that certain provinces had snitch lines but in Manitoba, they called them "ambassador lines." So you went from being a snitch to an ambassador. Are we talking about the same thing? It really is this, but we'll just call it this.

Dr. Luz Maria Gutschi
It is very, it's regulatory kind of language. In regulation, oftentimes the indication, what its use is going to be, dictates the kind of clinical trials. So Pharma gets very good at picking out what they think their drugs should be used in for the first indication, even though they really plan to use it in this disease. They will do the studies for this one, which opens up the door for the second. So it is probably an issue with how regulation works.

In this case, though, I think it was a bit egregious, because it is a gene therapy product. It probably needs its own regulatory path, in my view. Right? Because you would design the clinical trials to meet what you would need for vaccines,

[00:55:00]

but all the other kinds of tests you would do for a gene therapy product. So that would be what I think should happen. And I think that's probably the route that they'll take.

Commissioner Drysdale
I want to comment— I don't want to lose the thought about genomic integration. My understanding of what that means is, in my terms, that there's a potential—perhaps unrealized or unevaluated—that the effect of this could be to change the genetic blueprint in the receptor's body. And the genetic blueprint is the DNA, as I understand it, actually is the instruction set or the recipe. I'm trying to speak in terms that I can understand—I'm not a doctor—and that perhaps the folks listening can understand.

The DNA, as I understand it in talking with previous witnesses, is kind of a drawing or a map or a recipe as to how to make other cells. And if you integrate something foreign into that, who knows what that plan is now telling us? So we could have issues with cancer. We could have issues with—I'm being silly, but—instead of getting a liver, you get a heart. Is that what we're talking about?

Dr. Luz Maria Gutschi
Yes. Well, it's the mRNA itself— I guess there are studies that show it can potentially be reversed, that's the mRNA, it can be reverse transcribed in, so you don't need DNA in there. And it all depends where it gets reverse transcribed in, is my understanding. So if it's done in cells that are rapidly dividing or in germ cells, like in ovaries or testes, much more important than, say, it's reverse transcribed into a muscle cell, because it's not going to make anything, necessarily.

Then we have the second part, which is the contamination with intact DNA plasmids. It's much easier for them to do genomic integration. And that is, I think, the testimony that I also listened to from Laura Braden.

So there's two separate issues: The intact DNA plasmids, which are contaminants that should not be there, and that's one issue. And then the mRNA itself, can it go and reverse

transcribe? And those are issues that need to be resolved. And I really can't comment any further than that.

Commissioner Drysdale
I understand. But again, this was not something that was given to a hundred test subjects in a laboratory. This was something that people were— And I'm not sure, I'm not a lawyer either and I do not understand the difference between "coercion" and "forced." People keep saying that the vaccines were coerced into people. And when someone's threatening their job, and someone's threatening your livelihood, and someone's threatening your children, I don't know what the difference between coerced and forced is, and maybe we can get Mr. Buckley to shed some light on that.

But this was not something that was given to a hundred test subjects that agreed. This was something that was given to billions and billions of people in the world, and we don't know these fundamental questions.

And what Dr. Braden was talking about: This reverse transcription or this integration into the genome, we could have unleashed a Pandora's box on our planet. And we don't know the answer to this.

Dr. Luz Maria Gutschi
Yep. And I would say the mRNA itself, the biosynthetic mRNA, you could describe the Pandora's box even just for the modified mRNA.

Commissioner Drysdale
Two last, more easy, questions. Did I also hear you say—because I asked this question previously of other witnesses—and I thought I understood you to say that the vaccines that were used in the trials were not the same vaccines necessarily that came out in production when you went to your drugstore and got it put in your arm.

Dr. Luz Maria Gutschi
Correct. That is a big, big issue. Because of the production and the manufacturing and the quality between the two products, they are, in my view, totally different products, and should have undergone some kind of verification that the commercial batch products was going to give you the same safety and efficacy as those in the clinical trials.

Commissioner Drysdale
One last question, doctor. In December of 2020, we heard from testimony, Health Canada came out with a written statement to all Canadians that this vaccine could be trusted, that it was produced in a rigorous process,

[01:00:00]

and that it was being monitored in a strong monitoring system. In your opinion, is that statement correct?

Dr. Luz Maria Gutschi
When I heard that, I went: Did you read the ePAR? I said, "How could they say that is a strong, high-quality thing?" I guess their definition is not mine, is all I can say regarding that. That's not what I would expect of a good manufacturing product.

I'd like to make one more note regarding this. We have regulators— Or for instance, the incorporation of the FDA in 1906. Their role was for quality control, was for labeling and adulteration. Because prior to that, kids were dying because they were given syrups that contained cocaine in it, or heroin, that was not on the label. The role of the FDA when they were first put into being was not for safety and efficacy, it was for quality control. And I feel that all our regulatory agencies have failed their basic mandate.

So yes, their definition does not meet mine.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
Maria, I've got a couple more questions that just came to me as the first question—

Dr. Luz Maria Gutschi
Of course!

Shawn Buckley
Because Commissioner Drysdale was asking you about reverse transcriptase, and you're talking about— Well, you're insinuating it could be worse if this would collect in things like ovaries or testes, which I think you referred to as germ cells. But isn't it true that the research is showing that is exactly where these mRNA particles congregate?

Dr. Luz Maria Gutschi
Yeah. So, it could be a potential—yes. The biodistribution study needs to be redone because I'm not sure how much it actually shows. It could be worse than what we think. And it could be better, I'm not sure; considering the side effects that we see I don't think so. But it could be actually worse than what was the data that we actually have. So I just want to keep that in mind, that that is a potential possibility.

As far as all this molecular genetic stuff, I'm a pharmacist by training. This is new to me, so my expertise is really limited in this area. I don't want to step outside my bounds.

Shawn Buckley
But you are an expert in the manufacturing process, and you've used some wonderfully technical terms. But a lot of the people participating are not going to understand those.

Dr. Luz Maria Gutschi
I know.

Shawn Buckley
And when you and I were discussing things, you actually said, "Are you going to ask me this question?" Which used a non-scientific term. That was: "How did the European Medicines Agency change their mind on the good manufacturing practices nightmare?" And it's the word "nightmare" that's jumping out, because that's a very scientific term such as "train wreck."

How would you describe in layperson terms the quality that was coming out at the end of the manufacturing process?

Dr. Luz Maria Gutschi
I thought it wasn't even fit for veterinary purposes. Nothing against— They're actually very good drugs, but I thought this was swill.

Shawn Buckley
You mean veterinary drugs are good drugs.

Dr. Luz Maria Gutschi
Yes, they are good drugs. "I wouldn't even give my dying cat this," is what I said when I first read it. I said, "How could anyone let this product leave their factories?" I was absolutely horrified when I first read the ePAR. And then when I read the documents that were leaked, the confidential documents: It was at least a little bit good to hear that the EMA, the bench regulators, the regulators who are actually looking at the data, were also concerned. So it wasn't just me. They were also quite concerned with the quality.

It's obvious that something happened between November and December 2020. That all the issues that were brought up. There was large turnover in EMA after these drugs were approved. There were some high-profile people who left. I feel that, yes, there was a lot of internal turmoil. And that this normally— Even for a pandemic! Which is usually what I am told while it was a pandemic. And I'm thinking, it's not always better to do something than not to do something.

So, "We needed a vaccine, it's better than nothing!" And I think that is a fallacy, and it may not have been better than nothing.

[01:05:00]

Shawn Buckley
So let me lead you a little bit. Am I correct that the European Medicines Agency identified some atrocious quality control issues?

Dr. Luz Maria Gutschi
Yes, they did.

Shawn Buckley
I mean shocking quality control issues.

Dr. Luz Maria Gutschi
Yes, they did.

Shawn Buckley
And then, within a short period of time, they basically gave Pfizer a pass on these quality control issues.

Dr. Luz Maria Gutschi
Correct.

Shawn Buckley
And following that, there was an exodus of personnel from the European Medicines Agency.

Dr. Luz Maria Gutschi
There was a few high-profile— I can't remember the person's name. There was one or two that left that were— And I remember reading about it but I don't have that collection, that actual news item. But there was somebody who did. Same thing in the FDA as well. And we know Marion Gruber left in mid-2021 because of the way the FDA was reviewing these products.

There were some people who were quite upset about this internally, that I'm certain of.

Shawn Buckley
Right and, "this" meaning basically giving pharmaceutical companies a pass on quality control that is literally dangerous.

Dr. Luz Maria Gutschi
I believe so. And I want to make one point regarding that. It's unusual for pharmaceutical companies themselves, manufacturers, to make drugs of this low quality. It's bad for their brand. It isn't necessarily about money. Because these drug companies, if you remember, they would always fight against generics: "We make the drugs better than generic manufacturing. Our quality is better." We have biosimilars, like different companies. We have generic Humira now. And there was a big fight in the—

Shawn Buckley
If you don't mind, I'm just going to focus you because we are short on time. And I was just trying to get the answer from you that this was a shockingly unsafe quality.

And then the final question. You teased us when you were giving your presentation, and you said, when you first saw these quality concern things, that you and your family would wait to see if they were resolved. Were they ever resolved for you and your family?

Dr. Luz Maria Gutschi
No, we suffered. None of us got vaccinated. My daughter— She has a PEG allergy, did not get a medical exemption. She was seven months pregnant and had to leave early and has

not gone back to her hospital job. My son lost his position as a young trumpet player in an orchestra, which is extremely difficult to get. And my husband, he got his privileges taken away as a physician working in a hospital.

And me, I was always worried I was not going to be treated well, because I have a chronic condition and concern about being admitted to hospital. So yes, it was difficult for all of us. None of us got vaccinated. And it was not a good time.

Shawn Buckley
Thank you. I don't think there are any further questions. Maria, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Dr. Luz Maria Gutschi
Thank you very much for all of you and for everything that everyone is doing. Thank you.

[01:08:53]

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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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 5: Stephanie Foster
Full Day 2 Timestamp: 05:46:44–06:15:00
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Shawn Buckley
I'm pleased to announce our first witness this afternoon is Stephanie Foster. Stephanie, can I begin by asking you to state your full name for the record and spell your first and last name, please.

Stephanie Foster
Stephanie Foster, S-T-E-P-H-A-N-I-E F-O-S-T-E-R.

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

Stephanie Foster
I do.

Shawn Buckley
Now, just to introduce you to people, you have worked as a legal assistant in the past?

Stephanie Foster
Yes.

Shawn Buckley
And then you went on to become a teacher assistant?

Stephanie Foster
Yes.

Shawn Buckley
And you had been back and forth between Ontario because the father of your children lives in Saskatoon?

Stephanie Foster
Yes.

Shawn Buckley
Okay. Now, when you were a teacher assistant, my understanding is there was a requirement by your employer that you get vaccinated?

Stephanie Foster
Yes. I had to get vaccinated or I wasn't able to do my job.

Shawn Buckley
Can you tell us what happened with your vaccination?

Stephanie Foster
I had to get vaccinated or I would lose my job. Then also, at the time, my uncle had terminal cancer. So, my family wanted us to get my children and I vaccinated so we could come see our family. As well, as my children needed to fly back and forth from Ontario to Saskatchewan. So, they needed to be vaccinated to fly back and forth.

Shawn Buckley
Right. So, what happened to you personally after you were vaccinated?

Stephanie Foster
After I was vaccinated the first time?

Shawn Buckley
Yes, so maybe tell us about both shots.

Stephanie Foster
Pardon?

Shawn Buckley
Tell us about both shots.

Stephanie Foster
Both shots?

Shawn Buckley
Yeah.

Stephanie Foster
Okay, so my second shot, I had got it on July 11th, 2021. And after that, on August 13th, 2021, I had a seizure. I do have epilepsy; however, my last seizure was in 1999. So I do believe that the COVID shot has given me seizures again, or brought them back.

Shawn Buckley
I'll just put that in perspective: when you last had a seizure, you were 18.

Stephanie Foster
Yes.

Shawn Buckley
You're now 40. It was 22 years between the two.

Stephanie Foster
Right. And then, I also had my first booster shot at the end of January of 2022. And the end of February of 2022, I had a seizure again. Both times of those seizures, I had also lost my license.

Shawn Buckley
So the Motor Vehicle Branch would take away your license because they're worried you have epilepsy again.

Stephanie Foster
Yes.

Shawn Buckley
Now, did you have a problem after your second shot, with blacking out and falling down?

Stephanie Foster
Yes, I would get dizzy sometimes—I still do—and have blackouts and fall down. Just not really shaking like seizures, but just episodes that just don't make any sense.

Shawn Buckley
Okay. And when you say blackout, basically you lose the ability to see? Or what are you describing when you say blackout?

Stephanie Foster
Blackouts, sometimes, where I just can't see. And sometimes, I'll have a blackout where I'll just fall down.

Shawn Buckley
And had that ever happened to you before you were vaccinated?

Stephanie Foster
No.

Shawn Buckley
So that was something that was brand new.

Stephanie Foster
Yes.

Shawn Buckley
Now, your mother's deceased now, but her name was Carol Pearce?

Stephanie Foster
Yes.

Shawn Buckley
And my understanding is that your mother, Carol, was at Shopper's Drug Mart to get basically her booster shot?

Stephanie Foster
Yes.

Shawn Buckley
Can you tell us what your experience of that was?

[00:05:00]

Stephanie Foster
My mom was visiting me at my house that day and she had asked me if I would go with her to get the booster shot. I had begged her not to get it and told her I believed it was giving me seizures. She said she wanted to get it because she felt she needed to keep up with the Joneses and she just felt like it was something she had to do to keep everybody safe.

So she went—and I had given her a birthday present that day, an early birthday present—and she was supposed to come back after her shot. She left and when she was at Shopper's,

right after she got the shot, she texted me and told me she was waiting her 15 minutes. And I said, "Good job." And then, I think it was about seven minutes later— She died.

Shawn Buckley
What's the next thing that happened with you, because your mother obviously stopped texting. How did you find out that there was something wrong?

Stephanie Foster
My brother phoned me and he told me. This was about 45 minutes after my mom left my house. My brother phoned me and said, "Mom's in an ambulance and the ambulance driver said, 'get to the hospital and expect the worst.'" My brother said he's on his way to pick me up. I just started screaming, "No! No, this isn't right!" And they picked me up.
All the way to the hospital, I prayed to God that she was alive. Then I got to the hospital. Right away I asked them, "I want to go see my mom," and they wouldn't let me in. They kept telling me I had to wait; I had to wait. I just didn't understand why I had to wait. They told me I had to wait for a social worker. I didn't understand because I thought, you know, a nurse would just come and bring me to her. So I just had a feeling right then that something wasn't right.

Finally, a social worker came and took us into this room and told me that a doctor was going to come and talk to us. I just had a feeling right then that it wasn't good; it wasn't good. I couldn't stop crying. And two doctors came into the room. All I heard was the one doctor said, "She's gone." I didn't hear anything else of what the doctor's saying because my mind just blacked out. I just started crying hysterically, and I just said, "I want to see my mom."

So a lady took me to see my mom. I just laid there with my mom and I kept telling her to wake up. She wouldn't wake up. Then, the doctors said I could stay with her until the coroner came. And then the coroner came and she sat beside me and I kept saying—I was screaming out loud to the doctors, to the coroner, to everybody, saying—

[00:10:00]

"The shot killed my mom! The shot killed my mom!" Like, there was no way the shot did not kill my mom.

My mom was healthy, she was super healthy, there was no health problems with my mom at all. When she left my house that day, she was perfectly fine. Then she got that shot, then she died. Seven minutes after, she died. And I see her in the hospital right after and she was gone. So I kept telling them that it was the shot; it was the shot. The coroner hadn't even looked at my mom, hadn't even touched my mom. She just sat there right beside me in the chair. I said, "No, it's the shot," and the coroner said, "No, it's natural causes."

And I knew right then: You're lying. You're lying to me. There's no way you know that.

Shawn Buckley
Sorry, I turned my mic off.

There's actually video footage of your mother coming to your house that day and then leaving that day [Exhibits SA-8 and SA-8a].

Stephanie Foster
Yes.

Shawn Buckley
Just because your neighbour has a security camera that's motion sensor.

Stephanie Foster
Yeah.

Shawn Buckley
I'm just going to find those. So, David, can you set up so that my computer is showing up on the screen? I'm just going to go back to the beginning.

So, that's your mother there in the red jacket?

Stephanie Foster
Yeah.

Shawn Buckley
And so, that's her coming to your house that day. And I'm just going to play it again because you've told us that she's healthy and it looks like she's just walking normally.

And, now, I'm going to play the video of your mother leaving. And so, this will just be minutes. This is her on her way to Shopper's Drug Mart. And I'll just play that again. I just want people to watch to see: she appears to be just a healthy, normal person. That's what you were describing is just, your mother was a normal, healthy person at the time.

Stephanie Foster
Yeah.

Shawn Buckley
Now, after this happened, some people reached out to you on Facebook. Am I right about that?

Stephanie Foster
Yes.

Shawn Buckley
And David, if you can just pull up my computer screen again. Now, you sent me basically, a Facebook string [Exhibit SA-8c]. And this is from your phone. Am I right?

Stephanie Foster
Yes.

Shawn Buckley
I'm just going to scroll down. This is actually the text conversation, the last text conversation you had with your mother.

Stephanie Foster
Yes.

Shawn Buckley
She had texted you on this thing, "Book your COVID shot and come with me. Shoppers on Herald." And you text back, "I don't want another one." And she texts, "Okay." And then you text, "You coming over?" And she says, "Waiting the 15 minutes, LOL." And you say, "Good job." And she says, "Thanks." And that's the last communication you ever had with your mother.

Stephanie Foster
Yes.

Shawn Buckley
And I'm sorry to be upsetting you with this, but we so appreciate you sharing. I'm just going to scroll down a little more because this Wendy Janzen reached out to you on Facebook. My understanding is a few people reached out to you on Facebook who either were there or had heard about what happened from others who were there?

Stephanie Foster
Yes.

Shawn Buckley
I expect there was more conversation than this, but Wendy Janzen writes to you on Facebook. "Three days ago in Saskatoon, Saskatchewan, a friend's grown daughter was standing in line with her son at the pharmacy. They saw a long line of people waiting for the needle. A woman received the needle and collapsed immediately; help arrived quickly and she could not be revived. Everyone else just stayed in the lineup for their turn."

[00:15:00]

Am I correct that you heard that from other sources, also? That, basically, people stayed in line to continue getting the shot.

Stephanie Foster
Yes.

Shawn Buckley
I'm also going to play—it's difficult to hear, but it's the 911 recording [Exhibit SA-8b].

Stephanie, you sent me one; I clipped the talking before and after, so we're just down to the 911 clip. It's difficult to hear but I just want to play it, because you sent it because they actually refer to the COVID shot as being a cause.

David, you might have to crank the volume up and I'm just going to start playing that. I apologize everyone, it is a little difficult. Oh, that didn't work, did it? Do you have that 911 one? That's not the— We'll let David play it on his system.

[Audio recording 911 call, mostly inaudible]

Shawn Buckley
I'm sorry, Stephanie, I know that's difficult to hear that. But I thank you for sharing that. That was at least the paramedics reporting that it was the COVID shot. I appreciate they're not doctors. Yeah. Thanks, David.

Now, something else happened and that followed afterwards. Because this created a bit of discussion in Saskatoon. People were concerned about what happened to your mother. And my understanding is that, so a couple of days after your mother died, somebody went to the pharmacy with just kind of the intention of seeing how they were going to respond to questions about your mother. Does that sound right?

Stephanie Foster
Right. Yep.

Shawn Buckley
You were able to get a copy of this and you've sent this to us.

Stephanie Foster
Yes.

Shawn Buckley
Okay, so, David, I'll ask you to play that. And so, just so people understand, this is not Stephanie. This is somebody else who's just decided to go back to the pharmacy and see how they would respond. Well, first of all— The first question and answer, listen carefully too, it's really interesting.

[Video] Unknown Speaker
Do you guys do COVID shots here?

Pharmacy Employee
We do. We don't do walk-ins. It's an appointment. If you want, I can give you our QR code and you can sign up for it.

Unknown Speaker
I have a question regarding the safety of it. Have you had any issues, recently, with anybody?

Pharmacy Employee
Yeah, I mean, like, there is the possibility for side effects.

Unknown Speaker
Like, what kind of side effects?

Pharmacy Employee
Um, sore arm, fever, that kind of thing.

Unknown Speaker
I heard that somebody died here two days ago right after that.

Pharmacy Employee
We aren't commenting on that.

Unknown Speaker
Why? If I want to get a shot, shouldn't I know these things first?

Pharmacy Employee
We're not commenting on that, that's what my manager told us.

Unknown Speaker
When you have to get a medicine, don't you have to let people know?

Pharmacy Employee
That's not the case with a privacy issue, I'm not allowed to do that.

Unknown Speaker
Okay, I'm going to hold off because I heard somebody died.

[Video Ends]

Shawn Buckley
Now, Stephanie, you've shared with us symptoms that you had following the shots, before your mother died. But my understanding is just the mental shock and grief of what happened has led to some further medical complications?

Stephanie Foster
Yes.

Shawn Buckley
Can you share with us those, please?

Stephanie Foster
I've gone through quite a bit of trauma.

[00:20:00]

When my mom first passed, for at least the first four months, I was basically numb. I couldn't accept the fact that my mom was gone. I couldn't sleep. I maybe could get an hour's sleep. I couldn't take care of myself. I couldn't take care of my kids. I have severe fibromyalgia, severe PTSD. My health has just deteriorated so badly. I've gained a lot of weight. I've just basically gone completely downhill.

I've had a period where I went three weeks where I couldn't even talk. I couldn't even walk. And if I did talk, I sounded like a robot. It would hurt to talk. I went to the hospital twice. They didn't know what was wrong with me. They did CAT scans. They did all kinds of tests. They just sent me home with pain meds. And I saw three different doctors in the walk-in clinic. Same thing. They looked me over. They didn't know what was wrong with me. Sent me home with pain meds.

So I was scared. My family was scared. We all thought that I was never going to get my speech back, that I would never be able to walk again. I was looking into sign language and had my kids look into sign language. And then eventually, I started slowly being able to speak again. Slowly being able to walk again. Still a little bit difficult to walk. Now, the doctors are saying that I need surgery done on my spine.

So it's just one thing after another after another. And it's just, they say— I've been to a neurologist. I've been to every kind of doctor, except a psychiatrist, because every doctor I go to says I need to see a psychiatrist. Now the problem is that I don't have a psychiatrist I can see yet.

Shawn Buckley
When we were watching that video that somebody had done, when they went back to the pharmacy and they asked if there's any side effects, and the lady said, "Yeah, basically soreness in the arm and fever," I know that would have upset you to hear.

If you could say something to the pharmacy concerning your mother, what message would you have for them?

Stephanie Foster
I want to know why they didn't help her. Why didn't anybody help her? Why did everybody just stand in line? It doesn't make any sense. I feel like she could have been helped. I feel like she could have been saved. I was told by people that everybody just stood there and by the time somebody came there, they checked her pulse and there was no pulse. I believe that if somebody got to her right away, instead of everybody just standing around, they could have done CPR and brought her back.

Shawn Buckley
And I understood it's been reported to you by several people that the line just kept going forward and people kept getting jabbed.

Stephanie Foster
Yes. I feel like they just left her there, like she was nothing; like she was just a nobody. Like, "Come on, next! Who's next? Come on, let's just get on with it."

And that breaks my heart so badly.

[00:25:00]

And then it was afterwards when the doctors and everybody is saying natural causes. No. She did not die from natural causes. And that makes me very upset because I felt like they just wanted to brush my mom under the rug and that was it.

No. My mom is a person and a wonderful person, and she should not just be brushed under the rug and forgotten about and say "natural causes" because nobody wants to say that she died from the COVID shot. And she did!

Shawn Buckley
Do you know what they listed on the death certificate as cause of death?

Stephanie Foster
They said that she had a massive heart attack. And that she died instantly. My mom never had anything wrong with her heart, ever.

Shawn Buckley
Thank you. I have no further questions but the commissioners might have some questions for you.

Commissioner Massie
Thank you very much for your very touching testimony. Did you ask for an autopsy for your mother?

Stephanie Foster
Pardon me?

Commissioner Massie
Did you ask to get an autopsy?

Stephanie Foster
Yes.

Commissioner Massie
Did you get the result?

Stephanie Foster
My brother has it.

Commissioner Massie
And what does it say?

Stephanie Foster
I believe it says, "massive heart attack." I haven't got to actually see the report.

Commissioner Massie
Is there a plan to do further investigation in the tissue of her heart to find out what triggered it?

Stephanie Foster
I'm not sure because my brother has the actual documents and I haven't been able to get access to them.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
I'm sorry for your loss. Did you get anybody at the drugstore reach out to you at all?

Stephanie Foster
Pardon?

Commissioner Kaikkonen
Did anyone at the drugstore reach out to you?

Stephanie Foster
No.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Thank you, so we have no further questions.

Stephanie, actually, I commend your bravery to come here. I know that it was difficult. And on behalf of the National Citizens Inquiry, I sincerely thank you for sharing this with us.

Stephanie Foster
Thank you.

[00:28:16]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 6: Ryan Orydzuk
Full Day 2 Timestamp: 06:16:03–07:28:04
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Louis Browne
Next, we have Mr. Ryan Orydzuk. Mr. Orydzuk, can you please state your name and spell your last name for us, please?

Ryan Orydzuk
It's Ryan Orydzuk, R-Y-A-N O-R-Y-D-Z-U-K.

Louis Browne
Would you prefer to swear an oath or solemnly affirm today?

Ryan Orydzuk
I'll swear an oath.

Louis Browne
Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Ryan Orydzuk
Absolutely.

Louis Browne
Thank you. Sir, what city or town do you reside in?

Ryan Orydzuk
Edmonton, Alberta, currently.

Louis Browne
And how long have you lived there, approximately?

Ryan Orydzuk
Well, I lived outside of Edmonton for a short period of time, but pretty much my whole life.

Louis Browne
Okay. And I understand that you worked as a federal public servant, is that correct?

Ryan Orydzuk
Correct.

Louis Browne
And how long were you so employed?

Ryan Orydzuk
Just about over 15 years, I'd say.

Louis Browne
Okay. And are you still so employed?

Ryan Orydzuk
No.

Louis Browne
Okay. Now, I understand that you're here today as an expert witness. We're going to get into your CV and whatnot shortly. And David, I can just maybe invite you to tee up— Mr. Orydzuk has a number of the documents we'll use, but we will be looking for [Exhibit] SA-9a in a moment.

But, Mr. Orydzuk, can you just tell us, in a nutshell, what is your expertise?

Ryan Orydzuk
Primarily in occupational health and safety, recognized as kind of a jack-of-all-trades in that department.

Louis Browne
Okay, and we have your CV up on the screen. So this document here, do you recognize that document?

Ryan Orydzuk
Correct.

Louis Browne
And do you want to just tell us, did you generate that?

Ryan Orydzuk
Yes.

Louis Browne
Okay, what is it? Tell us a little bit about this.

Ryan Orydzuk
This is just a document I use to kind of give a little bit of information as to my background. A little bit of what I've done, my most recent experience, some of the things that I'm proficient at, et cetera.

Louis Browne
Okay. And as far as your expertise in occupational health and safety, we're going to look at a document here shortly. But can you just tell us: How did you come to become an expert? How did you gain your expertise in occupational health and safety?

Ryan Orydzuk
It was primarily through Canada Post Corporation. I started out originally as a letter carrier with the organization and found myself what they call a Local Joint Health and Safety Committee Co-chair, after about five years of employment.

It was in that role that I showed some promise, I believe. Some executives thought I had some promise in occupational health and safety, so they told me to apply for a job as a safety officer for the Edmonton Mail Processing Plant [EMPP]. I was hired in the position, was successful in attaining it, and I worked in that position for about four years. I was peer-mentored for two years straight by a very competent safety officer. He showed me the ropes of everything I was doing and we worked as a team.

Then from there, obviously, there were lots of education events in relation to that provided by the Corporation. I did a little bit of external training. Because of my role and what I encompassed it was more of a generalist role, so I never specialized specifically in one aspect of occupational health and safety.

Louis Browne
Okay. And I believe, David, we're going to need the learning history, [Exhibit] SA-9a. I believe Mr. Orydzuk does not have that document.

If we could pull up that document, please—SA-9a? It's the learning history, second from the left there. Okay, yeah, that's the one.

Mr. Orydzuk, are you able to manipulate that document from where you are?

Ryan Orydzuk
Not that I'm aware of.

Louis Browne
Okay, if we could have that? Okay, sure, we'll come back to it.

Mr. Orydzuk then, let's go over to your letter of October 25th, 2001 [sic, 2021]. Are we able to open that? There we go.

[00:05:00]

So can you just tell us, Mr. Orydzuk: Do you recognize that document [Exhibit SA-9d]?

Ryan Orydzuk
Yeah, absolutely.

Louis Browne
And what is it?

Ryan Orydzuk
It's a document that I called my Letter of Informed Consent and this was a document that I sent to my employer. It's dated in October but it wasn't submitted to my employer until about mid-November. I originally was trying to speak to my employer verbally before I submitted anything officially. But this was the document that I gave them to advise them of the concerns I was seeing with a lot of the breaches of occupational health and safety policy.

Louis Browne
Okay. We won't go over it in detail but it is a fairly substantive document. In here, Mr. Orydzuk, though, I'll draw your attention to—for example, point number four. If we're able to go to that part of the letter, please. Therein you pose the question to Canada Post— And just to be clear, was Canada Post your employer at this time?

Ryan Orydzuk
Correct.

Louis Browne
Okay. So the question you posed at number four is, "Does Canada Post believe that their proposed vaccines are safe for their employees to take? From the start of the pandemic, Canada Post has stated that it follows the guidance from the Public Health Agencies of Canada. Vaccines are approved for use in Canada by Health Canada."

Do you recall generating that question and putting that in the letter?

Ryan Orydzuk
Absolutely.

Louis Browne
Do you want to just give us a bit of background? Because I noticed that there are several references and links underneath that though. Just tell us what was the intention here, with point number four and all of these links and references that you have.

Ryan Orydzuk
Well, in essence, what I wanted to paint to the employer—and again, this is about informed consent. So a lot of folks have been mentioning that through the testimonies. And informed consent from different aspects. It could be, you know, medical informed consent, people talking about employer informed consent.

But for me, I wanted to find out exactly what my organization knew about COVID and the vaccines themselves—everything to do with what they were implementing, right? So I posed to them 90 questions or so and I provided a bunch of research. Because I had researched this for probably about six months ahead of time, because they were announcing the vaccines— At the beginning of 2021, it came out.

I wanted to just find out where they were at with their level of knowledge and what they did in terms of their due diligence as the employer to ensure that what they were providing their employees was safe to take. This one question was just an obvious one: Do you guys feel that it's safe to take? They couldn't even answer something as simple as that.

Louis Browne
Okay, thank you for that. If we can just move over to point 12 in your letter, please. And therein you state: "Does Canada Post believe that the SARS-CoV-2/COVID-19 vaccines that they are mandating their employees to take are safe, when compared against the federal occupational health and safety definition of danger?" And then you had a link therein, as well.

So now we're starting to see a blend of your occupational health and safety training being infused into the questions. I mean, it's all throughout, but this question specifically brings to bear your occupational health and training expertise.

Can you just tell us a little bit about that particular question, what you were driving at, what you were hoping to get from your then-employer?

Ryan Orydzuk
Yeah, so when it comes to occupational health and safety, it's regulated by the federal employer. A lot of things—especially work refusals and any kind of process or work that the employee does—are based on the concept of danger or hazard or risk. If something is considered a danger by the legal definition that's provided by the Canadian government or the interpretive guidelines that coincide with that definition, then the employer should be informed of that danger and the concerns that they may be facing legal liabilities with that.

So for me, in this case, I was saying to the employer, "Do you recognize what the definition of danger is as it's written in the *Canada Labour Code*? And do you think that maybe, by

chance, these vaccines meet that definition as it stands?" It was my particular opinion at that time that it absolutely met the definition of danger.

Louis Browne
And what sort of response did you get from your employer?

Ryan Orydzuk
From the start of the pandemic, Canada Post has stated it follows the guidance of the PHAC [Public Health Agency of Canada]. And I received that answer for, I think, 78 per cent of the questions that I submitted. There were 90 questions.

Louis Browne
Okay. Just a couple more with the letter and then we'll move on. But if I could get you to go over to point number 14. Fourteen: "Does Canada Post consider myocarditis or pericarditis a serious medical condition? Would refer to Health Canada experts." And then you had a couple of links there.

[00:10:00]

What were you driving at with that particular question and what was the response?

Ryan Orydzuk
Again, this is falling in line with the definition of danger to a degree, in the fact that at that particular time, there was recorded events of myocarditis, pericarditis in people that were taking the vaccine. So again, for it to be a side effect of the vaccines themselves—and as Canada Post was implementing them as personal protective equipment—for me, I wanted to say, "Are you guys aware that this is a side effect? And do you think that this is dangerous, then?" Because that is a potential side effect of the vaccines themselves. So again, leading towards that definition of danger.

Louis Browne
Right on. Okay, last one in the letter and then we'll move on. I think it's on the same page there, but number 18. And therein you posed the question, or made the point to Canada Post: "Is Canada Post aware that the injections that they are demanding their employees to take—Pfizer BioNTech, Moderna, AstraZeneca and Johnson & Johnson—are currently listed in the National Library of Medicine under clinicaltrials.gov as experimental, and that these injections are not scheduled for completion until 2023 and beyond?"

Again, just tell us a little bit about where that question was coming from, how it fit into your role and your expertise regarding occupational health and safety. What was their answer?

Ryan Orydzuk
Yeah. With this question, there was a lot of doctors at the time that I was following that were explaining that these were still under experimentation guidelines. And they were providing links in the documentation that they were putting on their websites or their web pages, whatever it was. I clicked on a few. I went to the clinical trials site. I checked out a

couple other ones in the U.S., for sure. They were showing that there was experimentations for all the vaccines still and they were all ongoing until 2023.

So to me, I was just again trying to illuminate to my employer: We don't know exactly what we're dealing with here. Maybe we don't want to push this forward yet because there could be some concerns that we're unaware of or long-term effects that we're unaware of. And I know maybe on its surface right now it could seem somewhat safe but we really don't know. So maybe we shouldn't undertake this as a workplace activity.

Louis Browne
Right on. And their response was?

Ryan Orydzuk
Again, very similar: following the Public Health Agency's guidelines.

Louis Browne
Okay, is there anything else about your letter that you'd like to reference or say at this point in time, Mr. Orydzuk? Otherwise, we'll go to the learning history.

Ryan Orydzuk
The only thing I'd like to say is, to me as a safety professional, given what I provided them straight off the get-go, this should have stopped any employer from continuing forward. Just based on the fact that I painted a very fair picture on what the legal liability was for the employer.

Not only that, I also made it very clear, abundantly clear, that the vaccines themselves met the legal definition of danger in occupational health and safety. So to me it was frustrating to have basically, a one-answer response for every question, right? So I couldn't figure that part out. But to date— I mean, this was all made part of an official work refusal at Canada Post. And I think any Canada Post employee could access this, if they just looked up the local Joint Health and Safety Committee minutes.

Louis Browne
Okay, thanks very much. So that letter of October 25th 2021 is already marked as an exhibit, SA-9d. So David, it looks like we've got the learning history up and running. Thank you for converting it.

If we could turn our attention to the learning history. This here, Mr. Orydzuk, do you recognize this document?

Ryan Orydzuk
Absolutely.

Louis Browne
What is it?

Ryan Orydzuk
It was a document provided by my learning and development team. It was originally in, I think, a different format. I just did some screen captures offline of all my event or training history at Canada Post as a federal employee.

Louis Browne
Okay, so is it fair to say that this captures a lot of your training at Canada Post, but there's still some courses that you took that are not captured here. Is that correct?

Ryan Orydzuk
Yeah, correct.

Louis Browne
Okay, so this is a 49-page document going over the various courses and in-house trainings [Exhibit SA-9a]. And again, I don't want to go through it in detail but if I could get us to page three of 49, please. Oh, 50, sorry.

So up at the top there, Mr. Orydzuk. Again, I just want you to tell us that it's the same format that we see. There's a document, there's a number, there's a title—in this case it's "A Workplace Free of Discrimination and Harassment (pre-reading)." There's a date and some other numbers and whatnot.

So just in a general sense, before we go into this one specifically, what do each of these entries tell us, as far as the course that you took, or the level of detail, or how much was involved, et cetera?

Ryan Orydzuk
Unfortunately, these ones don't tell you too much on the course detail itself. But I can say that this list includes 165 training events and I probably had over 1,000 hours of training, easily.

[00:15:00]

If not more, maybe even 2,000 in safety.

A lot of what I learned was all hands-on. That's where you really learn the job, by actually going through the process. That was why it was really good to be peer-mentored with a Canadian Registered Safety Professional for the first two years.

Louis Browne
Okay, great. So I do want to touch on a couple of the courses, just so we all understand the nature of your expertise. This one here: "A Workplace Free of Discrimination and Harassment." In a nutshell, what would that course have taught you? What knowledge would you get from that? How would you apply that in the workplace?

Ryan Orydzuk
It would depend on the level of the course. So different courses were given to different grades of employees, I guess you can say, because some people would have different responsibilities when it came to the actions with the courses.

For me myself, I believe this course would have been something along the lines of supervisory, so: How do you prevent this from happening? What do you do? How do you handle the employees? What do you record? Where do the documents go? Et cetera, et cetera.

Louis Browne
Okay. And if we could please go over to page 10. And if we could go one more down please, page 11, I guess.

So that one there, Mr. Orydzuk, where it says, "Introduction to Labour Relations (online)." I note that you completed this course and so again, we're not going to go through all of them but what would these types of courses have taught you?

Ryan Orydzuk
Yeah. So after my safety position at the EMPP, the organization did a big restructure and they pulled people from different parts of the organization and put them in, what was called, a human resources business partner role. And in that role my territory expanded, all my area of responsibility.

This particular course was all about— We were adopting aspects of labour relations. So I was 90 per cent safety but then I also had labour relations to deal with, and grievances. So they started to give me courses along those lines so that I could manage that as part of my portfolio. The labour relations course was: How do you respond to employee concerns? How do you prevent them from happening, so they don't go to a grievance? If a grievance does occur, what are the steps you have to take? How do you log it? Et cetera, et cetera.

Louis Browne
And so would you have also learned about the legal framework and the laws in some of these courses, or in that one in particular?

Ryan Orydzuk
Yeah, definitely. I would say more so in the safety aspect. Labour relations was dealing more with the collective agreement side of it, but Canada Post is governed under the *Canada Labour Code*, so that's like a subset. Occupational health and safety is part two of that, so that's a little bit of a different learning and a little bit of a different course material.

Louis Browne
So where would you have learned, for example, the obligations or consequences for an employer if they don't adhere to the occupational health and safety standards? Or would you have learned that sort of thing?

Ryan Orydzuk
You learn them in courses. I mean, they make it very clear. And when you hit that management step when it comes to federal entities, they provide handbooks, they provide everything in the world so that managers are very aware of their legal liabilities when it comes to occupational health and safety specifically. Because that's the stuff that a lot of employers—if they don't fulfill their due diligence, they can go to prison, they can suffer huge fines, et cetera.

Louis Browne
Okay, excellent. If we could please go to page 16. Yes, that one there. So I guess, three quarters of the way down, or the last full one, Mr. Orydzuk, it says, "Care to be Fair: Fostering Respect and Fairness at Canada Post."

Tell us a little bit about that course, what did you learn, how did you use that?

Ryan Orydzuk
Those courses were all about: how do you manage your relationships in the workplace, what the expectations are, how you address conflict discourse in the workplace. That was more of a lighter course. It wasn't heavy. I think it was, maybe 30 minutes to an hour. It was just to go through the basics of what you can do to address concerns, what you think discourse should look like between yourself and an individual in the organization, and how to resolve that. Specifically, again, if it doesn't have a resolution between yourself and the person that you have an issue with, you would raise it to your supervisors and go through that process and escalate.

Louis Browne
Okay, thank you. I think I've illustrated what I wanted to with respect to this, now 50-page document. Is there anything else you want to say about your learning history and the various courses that you took here before we move on?

Ryan Orydzuk
Nothing particular, no.

Louis Browne
Okay, that is already marked as an exhibit, as SA-9a. So at this point, Mr. Orydzuk, we will turn it over to you with your NCI testimony. Please, give us your testimony and your evidence.

Ryan Orydzuk
Thank you very much. I just want to thank the panel of course, for having me out to present this [Exhibit SA-9b].

[00:20:00]

I hope it's illuminating for everybody.

I just want to remind everybody here, too: this is a very quick and brief overview of occupational health and safety. I could honestly talk about this stuff and talk your ears off for probably about a week on it. I dig it. I don't know why. I just like safety, but there's a lot more to this.

A question to kind of start with—and this is important for the panel to consider, as well as anybody in the audience: If I was bringing this information to you as a safety professional and showing you that there were concerns, both with your liability and the risk of your own life and your employees' lives being at risk, would you consider continuing on with this? Because, ultimately, it could land you in a lot of hot water.

Ann, the former pharmacist: I listened to her discussions and I had to say I agreed with her on a lot of points she was making and I loved her touching on informed consent. She asked a question at the end of her interview, she said, "Who is accountable for all of this?" This is a question that everybody's been asking, right?

So I'm going to share with everybody who I think is accountable and how it all works and how maybe some of the occupational health and safety laws apply around this.

So who is legally responsible for the COVID-19 fiasco? Was it Big Pharma for creating the injections? A lot of people seem to think that. Was it the Public Health Agency for approving the use of the injections? Some people think that. Was it the government for pushing the mandate to begin with? Or was it even ourselves for making the decision to take the vaccine in the end?

And I don't know, maybe a bit of this is all true, but for me, it was your employer. It was everybody's employer because, up until the point employers decided to put in workplace vaccination mandates, it was an option for people to take the vaccine. It wasn't until the employer said you had to that everybody did a mad rush to go get a vaccine, because they didn't want to lose their jobs, right?

This comes back to something that my parents used to say: If all your friends jumped off a bridge, would you jump, too? And what we're, kind of dealing with in this situation, to a large degree, is the Milgram Experiment. What we have is an authority figure—and it's not just an authority figure that's providing pressure on you or coercion to do something. Like it was mentioned earlier, they're forcing you now because they're making it a condition of your employment and it's affecting your ability to pay your bills, get food on the table, et cetera.

This is what happens at the end of it all, when people push things forward a little too fast and they don't do what's expected of them when it comes to occupational health and safety. You start to wonder.

So employers— When they decided to put this in place, they should have asked themselves three basic questions: Am I actually required to follow this vaccination mandate because that's something that's going to come up in this? Is it even legal for me to implement this kind of vaccination mandate? And if I listened to the Prime Minister's request regarding a vaccination mandate, have I completed all my due diligence as the employer?

I can say flat out: no, no, and no.

Let's take a look at the Prime Minister's own announcement—and this was right from his own desk. If we take a look at some of the pieces in here, it should have been very evident

to folks what this was intended to be, which was a workplace policy that they were implementing to protect you.

So as you can see at the very beginning, it says here that we're doing this "to protect the health and safety of all Canadians." Then he mentions, "As the country's largest employer," —so he mentions he's the employer—"the Government of Canada will continue to play a leadership role in protecting the safety of our workplaces." So again, this falls under occupational health and safety in the workplace.

"Employers in federally regulated air, rail, and marine transport sectors will have until October 30th, 2021 to establish vaccination policies." So he's referring to, what he calls his "Core Public Administration," which he is responsible for and the boss of. However, "Crown Corporations and separate agencies are being asked to implement vaccine policies mirroring the requirements announced today by the rest of the public service."

So in this sense, again, this is proof that the employers, especially mine at Canada Post—they were never mandated to follow this process. They were asked by the government to follow this process, which means they assume all the legal liability for the process itself.

Prior to COVID-19, what was going on? Employers typically didn't try to mitigate flu viruses in the workplace, right? If anybody had the flu, take a sick day, go home. And even back then, I remember, if I was sick, my employer would be like, "Well, come into work, we need you. Come into work. I know you got the sniffles. No big deal."

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But then things changed.

They did not re-engineer the work environment to try and control viral spread. They did not provide their employees any sort of personal protection equipment to stop exposure. They rarely had any seasonal signs posted in their facilities. Most employers, outside of a few exceptions like the military and maybe the medical industry, never asked their employees to take an influenza vaccine or any other medical product as a condition of their employment.

Employers would never violate the *Genetic Non-Discrimination Act* by forcing employees to undergo genetic testing as a condition of entering or continuing a contract agreement with that individual. So what a lot of employers were offering were an accommodation process where you would go get a PCR test three times a week and keep confirming to the employer that you weren't sick, you didn't have COVID. That's going to be a part we're going to touch on here and I'm going to explain to you why the employer can't do that.

Members of the public were never questioned on health and safety matters, nor were they asked to wear personal protective equipment. So our employers were literally asking people coming into the post office, "Can you wear a mask? Can you get a mask on?" And we never bothered any customers with that before and it just seemed kind of strange we were doing it now.

After that, employers—this is post-COVID-19—decided to try and mitigate SARS-CoV-2 as a workplace hazard, right? They never did the flu before but all of a sudden, they needed to mitigate SARS. They began to build barriers and install Plexiglass walls in their facilities, which were completely useless. Employers went overboard with unproven personal protective devices that were never designed to prevent the wearer from COVID.

So the paper masks that people were wearing, the cloth masks, those aren't regulated personal protective equipment devices, right? People need to wear very specific personal protective equipment that needs to be designed to mitigate the hazard in question. And paper masks that aren't fit-tested to your face, they're not going to protect you against the virus. There's no way. So providing you that is just for show. It's just, "Yeah, we look like we're trying to do something."

Employers decided to put signs everywhere, constantly reminding people to use chemical hand sanitizers, wear their masks, and remain six feet apart from one another. Then finally, employers went to the extreme and decided to create vaccination policies. I mentioned the PCR testing. And of course, people were questioned and pursued regarding medical status and mask compliance. This was at every degree in the company.

So when it comes to federal employers, this is a little bit of a flow chart here to try and explain to everybody how it all works, what due diligence is. When any employer puts a new process, piece of equipment, or they initiate a new activity in the workplace, they have to roll everything under part 2 of the *Canada Labour Code* and the Canada Occupational Health and Safety Regulations. This is to make sure that they don't harm an employee and then miss something and then go to jail for it down the road. It's really simple.

What does this break down to? Well, there's certain aspects of this: there's the Criminal Code of Canada and there's the Westray Law. The Westray Law, what a lot of people don't maybe know about it, was a law that was designed to hold employers accountable after the 1992 Westray mine disaster in Plymouth, Nova Scotia that killed 26 workers. In that same situation, we had employers that thought they knew better than the employees that were raising concerns. They thought they knew better than the safety officers that were saying that the site itself was suffering from industrial hygiene issues. And then, sure enough, an explosion occurred from all the mining dust and 26 workers were killed. So then amendments were made to the *Criminal Code of Canada* that include the employer's liability in this.

Other acts that are in consideration for the employer while they're implementing the new process are the *Hazardous Products Act*, and this has to do with stuff like your WHMIS [Workplace Hazardous Materials Information System] categories. And everybody took that training when they went to the work, right? You take WHMIS training at the beginning. And then you have of course your hazardous products themselves—and these are the ones that are recognized and registered as dangerous goods. Then of course with my corporation we had collective agreements.

And these are all what I would call fail-safes of safety, right? The employer uses these to make sure that they're doing all the necessary steps so that they don't get themselves in **trouble.**

And these break down into further brackets. So under the Westray law, you have to consider the duties of the employer, which are all listed in section 125 of the *Canada Labour Code* and they're very specific as to what the employer is required to do. There's informed consent, there's the right to know, the right to participate, and the right to refuse—which is a very, very, very important part of this that everybody was denied, in essence. The definition of danger, in the OH&S Interpretive Guidelines that tell you what these definitions mean.

Under the *Hazardous Products Act* and these other aspects here, you have your WHMIS, your GHS—which is your Global Harmonized System. And this is the labels that they put on dangerous products, and they're called Safety Data Sheets.

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The labels are affixed to the products themselves and then the employer is required to provide these to employees so that they're aware of the potential chemical exposures in the workplace.

And then of course under the collective agreements, there's a bunch of safety stuff they need to look into, like the terms of reference. They need to consult nationally with their bargaining agencies to make sure that everything is going according to plan and the bargaining agencies need to agree with the corporation. They need to provide minutes of all these consultations. And again, there's various articles in each collective agreement that all encompass occupational health and safety.

Again, we bring this all back. This relates to due diligence and the duties of the employer when implementing a new process, piece of equipment, or activity. So you have to make sure— The employer has to do all of this stuff, look at all these codes, and this is really just scraping a little bit out. They have to look at all of this before they decide to move forward with something, right? Because again, if it's not safe and somebody gets injured down the road and they didn't do their due diligence, they can be held liable.

So after the employer has confirmed the legality of their new process— So they go through that step and they go, "Okay, we can do this. This is legal. What are the next steps we have to take?" I won't go through all of these but this is just a slide that shows some of the specifics around what that project would look like.

And just, for example, I'll go through a couple points. So the first thing: "A primary initial discussion amongst the employer's executive stakeholders to determine if the newly proposed idea has any merit as a device or piece of equipment to protect an employee in the workplace." They would assign a policyholder and somebody that would carry out the project.

The project facilitator would then create a plan for the new concept that includes timelines, employee impact, job hazard assessments, health and safety committee reviews, certifications, et cetera. They might need to bring in third parties, other assessors, et cetera. "This person would formally create the change request with the corporation and follow the design steps to maximize corporate compliance."

I won't keep going on this but this just gives you an idea of what— Once they determine it's legal then they've got to go through all these other steps, right? And I can say, I don't think a lot of this was done, right? This is what I'm leading to.

So how does occupational health and safety play into all this? Well, I think it's the piece that everybody's kind of been missing. And I think it's going to help everybody else that has concerns with the vaccines and how their employers and everybody else has been doing things.

In my opinion, this is something— Like I said earlier, if folks would have taken this process seriously with safety, it should have immediately ended any concept or any desire to implement vaccines. The bottom line is that these legally meet the definition of danger in

my opinion, and we'll get to that. But once the employer saw that letter of informed consent that I gave them, it should have stopped them right in their tracks and they should have engaged me in discussion to understand a bit more where I was coming from. None of that took place.

All right. So what they should have done is that federal employers— When the vaccine mandate was announced by the Trudeau government, when they said, "Hey, we're asking all you federal employers and Crown corporations to do this," what they should have done is the directors and all the senior officers of those corporations, they should have used the Labour Code. They should have looked at it, put it right back in the Prime Minister's face, in a sense, and said, "Hey, you know, I don't know about this. I have a lot of liability that I have to deal with, with these particular clauses. I don't know if this is a good idea. There may be some concerns that this is dangerous. We're not going to go forward with this yet because we need to do a bit more investigation." So they actually could have used this all to their advantage to kind of halt everything that was going on.

So let's talk a little bit about this one particular section here, which is the *Criminal Code of Canada* and the Westray Law. Since its induction, employers have had to follow their legal obligations listed under Part 2 of the *Canada Labour Code*. This is not a new concept in any way. In fact, because of the Westray mining disaster which we talked about, amendments were made in 2004.

So section 217, this was the amendment or the clause that was added: 217.1 of the Criminal Code creates an occupational health and safety duty requirement for all organizations who undertake or have the authority to direct how others work or perform a task, to take all reasonable steps—and that's very important to this—to prevent bodily harm to the person performing the work or task, and to any other person.

These are just some of the examples of the duties of the employers here. I didn't pull them all out, it's a very long, exhaustive list, but these are some of the key ones.

So "Every employer shall ensure the health and safety at work of every person employed by the employer… Without restricting the generality of section 124, every employer shall, in respect of every workplace controlled by the employer and,

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in respect of every work activity carried out by an employee in a workplace that is not controlled by the employer…" Like a pharmacy or a place that you're going to, to get an injection, for example. So some of these clauses here: "(c) except as provided for in the regulations, investigate, record and report in accordance with the regulations, all accidents, **occurrences of harassment and violence, occupational illnesses and other hazardous occurrences known to the employer."**

And I have that bolded at the end there because occupational illnesses and hazardous occurrences were not being measured and investigated. You see, because what ended up happening is a lot of the injuries that we were seeing from the vaccines were chalked up to natural causes. If somebody had a stroke, they said, "It's normal; everybody has strokes, you know; people have heart attacks. That's a natural thing." The problem for the employers is when they implement a device that they're using in their workplace that causes these potential outcomes, every time an employee at that point would have a stroke or a heart attack it would need to be investigated as a vaccine injury. They couldn't say it was natural causes anymore. It doesn't work like that. They're using it as a device and it's

an activity in their workplace. So they have to investigate everything after that to see if it was because of their process.

"(s) ensure that each employee is made aware of every known or foreseeable health or safety hazard…"

This one was very blatantly violated in my opinion. Especially with me, when I asked for my informed consent, I was expecting my employer to come back to me with some studies of their own to show me how they had done their due diligence. Nothing like that had taken place. So for me, it's hard to fulfill that particular clause in the Code, where you're making every single hazard aware to the employees.

And it's a foreseeable hazard, too. That's the important piece of this. When you have a safety officer present a document with 90 questions and over 50 medical studies that shows that these are a danger, you should be transmitting some of those concerns to your employees if there is a potential that they can be harmed—especially if it's coming from a safety professional.

"(t) ensure that the machinery, equipment and tools used by the employees in the course of their employment meet prescribed health, safety and ergonomic standards and are safe under all conditions of their intended use."

Right? So the vaccines are a piece of equipment as part of an activity that the employer is using. They're using the vaccines as personal protective equipment. So if that's the case, the equipment has to be rendered 100 per cent safe. Because if you don't have personal protective equipment that's 100 per cent safe, you're increasing or you're multiplying risk for the employee. It's really straightforward. I shouldn't put on a safety vest and have a heart attack. I shouldn't put on a safety hat or safety goggles and get a stroke. It doesn't work like that. But this one particular piece of personal protective equipment, there were some issues with it and people were having adverse side effects.

"(w) ensure that every person granted access to the workplace by the employer is familiar with and uses in the prescribed circumstances and manner all prescribed safety materials, equipment, devices and clothing."

So again, the employer is supposed to make you understand and be familiar with the devices that they're asking you to take. If an employer doesn't have any answers for you as to that device and they're telling you to continuously use it, how do you know it's safe? How do you know what you're doing? How do you know your employer has done their due diligence? So that's how that clause works.

If we continue on, this has to do with the right to know. So every employee— And this is like informed consent for safety. So whenever you have informed consent in the medical industry, what's going on is folks are going in, they're asking about the dangers with their physicians of the vaccines et cetera, et cetera. That's all standard. That's the way it's been forever, right? If you're going to take a medical product or you're going to undertake a medical procedure, it's your physician that's the one that's always kind of telling you what to do about it.

When the employers, though, decide to take a medical product and use it as a piece of personal protective equipment, it's no longer the physicians that are required to do it. It's the employer that's required to do it. The informed consent switches from the medical industry to the employer because they're the ones that are using it as their device now. So

they need to train you on it. They need to educate you on it. They need to make sure that they know what they're talking about. And they can't provide you your informed consent if they don't know any of that.

So as it says here, this is a definition right out of the Labour Code:

> You have the right to be informed of known or foreseeable hazards in the workplace and to be provided with the information, instructions, training, and supervision necessary to protect your health and safety… In addition, you are given the right to have access to government or employer reports related to the health and safety of employees through your policy health and safety committee,

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> workplace health and safety committee or health and safety representative.

You have the right to refuse. So this is another piece that I was just blown away by. I was so upset with my employer as well as the Labour Board in a lot of ways. Because they should have handled this in a much different way.

What ended up taking place was when the employers put these vaccination plans in place—their policies, their practices—one of the things that I noticed was that there wasn't any piece in the entire process that spoke to when employees don't want to take the vaccine. It was just like you didn't have that choice. Whereas, in the past, if an employee refuses to do something that the employer is asking, it's required right away by the employer to diagnose that. Like, why are you refusing this work? And it becomes what could be a work refusal. And it's written right in the Code that they have to ask that.

But in this case, what happened with COVID: none of that happened. It was, "You're non-compliant." right away. And that was the piece that I just couldn't figure out. It's like, "Well, they're not non-compliant; they're all refusing your process. So you have to investigate every one of these concerns as a work refusal. It's not a non-compliant status. They're saying it's dangerous. They don't want to take it because they don't feel it's safe. So you have to investigate this." But that didn't take place. Everybody was just suspended or fired automatically, which is— Again, it's breaking the rules.

Louis Browne
And, Mr. Orydzuk, I'll just advise we're just under the 20-minute mark. But carry on.

Ryan Orydzuk
Okay. So you have the right to refuse work if you have reasonable cause to believe that your workplace presents a danger to you; the use or operation of a machine or apparatus presents a danger to you or to another employee; and the performance of an activity constitutes a danger to you or another employee, right?

So the activity itself is going to take a vaccine. The corporations made that very clear. Every corporation did because they wrote it into a policy or a practice and they asked you to go take two vaccines as a result. So that becomes a workplace activity, which again, the employer is responsible to monitor and make sure it's safe.

This is the definition of danger we're going to get into and this is why this is so important. The definition of danger itself is kind of highlighted in the Labour Code. But what they do is they provide a big set of rules on how to read this definition and what it means more specifically. Because everybody, when they read it on a first glance, they may have a different interpretation of how it works. The Interpretive Guidelines make sure that they quash that, in a way, so that everybody's very clear, black and white: this is what this looks like, this is what the definition means, and this is how it's applied.

A hazard—as a lot of people learn in safety class—means a source of harm or risk to an employee. A condition means circumstances and, in particular, those affecting the functioning or existence of something. So that would be like, let's say, a forklift had a battery and it was smoking. You wouldn't want to go use the forklift if the battery was smoking because the condition of the forklift appears that it's dangerous. It's not in a good condition, right?

Then activity itself means the task directly related to the employee's duties. And in this case that would be a vaccination policy.

"Reasonably expected." Okay, we're going to go through each one of these one by one. "Does not require that the threat materialize every time the hazard, condition or activity occurs." So when you take the vaccines, not everybody dies right away; not everybody suffers a side effect, right? So this meets the first point of this: it doesn't need to materialize every single time.

So let's keep going. Does it meet the rest of it? "It is not necessary to establish precisely the time when the threat will materialize nor does the threat need to materialize frequently." Okay. So again, some people have immediate adverse effects to the vaccines. They have a heart attack; they have something happen to them in the first ten days, which is the most common. But again, things could happen down the road at different times. You could develop cancer because of cell mutations, right? You could have a stroke down the road, six months later—I don't know, right? But nonetheless, it meets the next point of the definition of danger.

Let's keep going. "Only requires that a person determines in what circumstances the threat could reasonably be expected to materialize." This one's real easy: the threat's reasonably expected to materialize the second you put the injection in your arm. It's not going to hurt you if you don't put it in your arm. So really straightforward.

The last one: "There is more than one way to establish that a condition, hazard, or activity can reasonably be expected to be a threat. Evidence of actual injury in the exact same circumstances is not required." So you don't need to have the same injury occur in the same way every time, right? And if you look at all the adverse events and all these databases from around the globe, there are all kinds of different ways that you can measure this last point.

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There are all sorts of them. And again, evidence of it in the same circumstances is not required.

So I mean we've met— These are all the points of the definition of danger in the Labour Code. To me, I think the vaccines completely meet this, but we can build on this even more. There's way more to come.

"Other sources of evidence include: expert opinions; opinions of ordinary witnesses having the necessary expertise"—like myself, for instance; and "inference arising logically or reasonably from known facts." So logically and reasonably, if there are databases of people having horrible effects to the vaccine, maybe you shouldn't carry it forward because it meets the definition of danger, right? Straightforward stuff.

Moving over to the next piece of this— And this is another part of this that a lot of folks may not be aware of. Section 125 speaks to the further specific duties of the employer. This has to do with hazardous products and dangerous goods. I don't want to dwell on this too much because there are some more important slides about this I'd like to talk about. But what this is basically saying is: ensure the concentrations of substances are controlled properly, they're stored properly and handled in the appropriate manner; they're also labeled by the appropriate SDS sheets, or the product labels; and then the SDS sheets are disseminated to the employee base, et cetera, et cetera. I won't go into this too much but—

I'll skip through this—we'll get back to the hazardous products here in a bit, I promise.

So are there any acts or regulations of concern for the employer? Yes, the *Genetic Non-Discrimination Act*, which I had mentioned earlier regarding the PCR tests. This is written right in the Act itself: "It is prohibited for any person to require an individual to undergo a genetic test as a condition of: providing goods or services to that individual; maintaining a contract or continuing a contract with that individual." And that's what every employee is in, right? So you're working with the employer, you're in that contract with them. You're under a collective agreement or maybe you are management, you have an individual contract with them.

"Offering or continuing specific terms or conditions in a contract." So in essence, here, what a genetic test means in this act, and they define it very well, is it means: "A test that analyzes DNA, RNA or chromosomes for purposes such as a prediction of disease, or vertical transmission risks, or monitoring, diagnosis, or prognosis." So when you go for a PCR test and you get that thing shoved into your brain, what ends up happening is they're looking for samples of RNA. So they're literally diagnosing the RNA as a condition of keeping your employment, which is a violation of this act. Because (b) says you can't do that as a condition of maintaining or continuing your employment contract.

The *Assisted Human Reproduction Act*: there's a lot of debate still a little bit about whether reverse transcriptase is real. I consider it very real. I've read a lot of studies on it myself but I'm not a medical doctor; that's just some of my own personal opinion based on what I read. But in essence, a clause in that particular code—and a lot of lawyers already recognize this—is that: "Human individuality and diversity, and the integrity of the human genome, must be preserved and protected." And this is in the principles of the act itself. But more **specifically, in the prohibited procedures, is: "No person shall knowingly alter the genome of a cell of a human being or invitro embryo such that the alteration is capable of being transmitted to descendants."**

And right now, we're hearing concerns of shedding and we're hearing how some of this stuff might be getting transmitted to daughter cells and passed on through genetic lines. I don't know for sure. I don't have any proof. I can't say that a hundred per cent. But this would be something for people to consider as a concern for the employer and what they were doing and how they were handling things. And this was enacted in 2004.

So we keep on going here. The collective agreements: I won't touch too much about this. I'm running out of a time here, but I'll just keep going.

So some of the potential consequences of willful and amoral conduct by the employer and how this all ties back into Westray. Again, we talked about section 217, how every employer is required to do everything they can. It's a legal duty to take reasonable steps to prevent the bodily harm to a person, or any other person, arising from their work or their task. And this is where we start to see the definitions of criminal negligence. And I don't know necessarily. Again, I'm not a lawyer, I'm not a judge. But from my perceptions, I do believe that in my particular case, people were acting negligently when they didn't want to sit down and investigate anything that I was giving to them. Because what I ended up doing was I ended up putting in a work refusal. I sat down with my employer, I submitted to them those 90 questions. And I got one response back for every single question, right?

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To me, I don't think you're proving your point as the employer, in your knowledge and your due diligence, by giving me one answer. And that answer—deferring your responsibilities over to a third party that's unaccountable—that, to me, is unacceptable by the employer and that's not something that the employer can do. They can't just say, "I have all these responsibilities in the Labour Code but I'm not going to do them for this one particular task. I'm just going to say somebody else can do that."

I'll be honest, an employer could do that if they wanted to. But if you decide to do that, you're running the risk that maybe that third party—maybe they missed something or maybe they don't understand the laws and occupational health and safety regulations because they're from a different industry. Maybe they don't know what the employers are required to do or prove to the employees as an aspect of occupational health and safety.

So again, it's okay to maybe defer your responsibilities to a third party or get suggestions from a third party. But I would still be double-checking on the third party themselves, even though they were the Public Health Agency of Canada. I wouldn't want to just be saying, "No, no, they got it; they got it." And I'd be adopting all the liability as a manager or director or something like that, right? So I would still be checking into the PHAC's work.

Louis Browne
Mr. Orydzuk, we've got less than 10 minutes left.

Ryan Orydzuk
Criminal negligence: "Everyone is criminally negligent who, in doing anything or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons."

And the definition of duty is very simple: This is a duty imposed by law. And those duties that we're referring to are all the duties listed in part 2 of the *Canada Labour Code*. They're literally called the employer's duties. Duties of the employer. So that's specifically what they're talking about with this code. So if the employer didn't do any of this and they acted negligently, they could be charged, they could be prosecuted, and they could be serving prison time. And also, they could have a massive fine levied against their corporation or organization.

This is about criminal negligence. It's just an extension of 219.

So how are these vaccines legally tied to the employer? Because I know a lot of folks would say, "Well, the employer is going to say, 'well, these are the public health authorities, or these are Pfizer's, or these are the Big Pharma's.'" No. So because the mandatory vaccination policies and practices had been announced as a safety protocol to protect employees while at work, the senior officers within said individual federal entities immediately adopted all liability under part 2 of the *Canada Labour Code*. So they can't defer that away. They're going to use it, it's theirs; it's their device.

The employer cannot hand their legal liabilities over to an unaccountable third party in the PHAC. The employer is also required to render the equipment a hundred per cent safe to use, right? So if they're going to call it PPE to protect you against SARS CoV-2 in the workplace—which is the hazard that they're claiming that they are protecting against— better be a hundred per cent safe, because that's written right in the law.

Employers can listen to suggestions that come from a third party or outside agency but they cannot defer their duties. I've mentioned this before. If the employer chooses to do this without maintaining their due diligence, then the employer could suffer the legal consequences of relying solely on one external source of information to approve their new piece of equipment or workplace process.

The definitions for employer and employee in the *Canada Labour Code*, as well as the Canada Revenue Agency, make it very clear that the employer is the one that employs one or more employees and provides you with your paycheck.

So somebody has to be liable. And if the employer is going to say, "Well, we're deferring to the Public Health Agency of Canada," I have no legal recourse against the Public Health Agency of Canada. You see? And that's how I think a lot of this was kind of being done, is everybody was kind of pushing it to somebody else saying it was their responsibility. "They're doing it, it's their mandate." Maybe folks just didn't realize that when they were adopting it as a workplace policy, it was going to be their liability.

Section 125 in the CLC states that the employer must provide every person granted access to the workplace by the employer with the prescribed safety materials, equipment, and devices. So really simple: because they're protecting against SARS-CoV-2 and the employer has written a policy to protect against that specific hazard, that instantly means that the devices that they're using to protect you against becomes their device; it's their liability.

This last point here is the most obvious one: As provincial workers compensation boards have already stated, employers that implement mandatory vaccination policies are subject to, and responsible for, managing their injury claims and responsible for covering the injury pay as a work-related illness or injury. The employer will also subsequently suffer **the raised WCB premium costs should their injury and claim rate increase due to the employer's vaccination policy.**

So every province has recognized that— Vaccine injuries are WCB-related if the employer has put in a policy or a practice that said you had to do it as a condition of employment.

[00:55:00]

If you got injured by that vaccine and you get that confirmed by your doctor, WCB has to cover it. There are criteria for them to follow but that's showing that the employers are liable; otherwise, they wouldn't be paying for the claim, right? So they're the ones legally liable for it, it's nobody else.

These are some of the bigger complications for the federal employers. Federal employers implemented their vaccination policy practice as a workplace safety activity. More specifically, assigning selected vaccines as a piece of personal protective equipment to protect against SARS-CoV-2.

We have to remember of course that the equipment they were assigning wasn't even protecting against the virus in question, which was the Delta variant, I believe, at the time. The mRNA was only coded for the Alpha strain. So then even providing that was already showing that it wasn't going to be effective. It wouldn't do anything, so what's the point of even giving it to people?

Because of this action, the following regulatory clause under section 12.04 of the Canadian Occupational Health and Safety Regulations—and this has to do with protection equipment and other preventative measures—must be applied directly to their policy thereafter. And this simply states: any protection equipment that is provided or used in the workplace must be designed to protect the person from the hazard in question and must not itself create a hazard.

Well, that's interesting. If anybody read the Pfizer's trial studies, which I did, five per cent of the adverse effects were COVID-19. Huh. I wonder how that clause gets met when the very device that they're saying protects you gives you the illness that they're protecting against? To me, I just couldn't wrap my head around this one particularly.

Louis Browne
Mr. Orydzuk, we've got about four minutes left. Why don't we just check in with the commission members just to see. Do the commissioners have any questions of this witness?

Ryan Orydzuk
Go ahead.

Commissioner Massie
Thank you very much for your very detailed and informative testimony. I have actually several questions.

First question is: In your experience as a health and safety officer, would you recommend to use any equipment or protocol for which the provider, the manufacturer, had complete immunity if the equipment doesn't work?

Ryan Orydzuk
The only equipment that I can think of— Sorry, can you re-ask that question? Just so that I can hear it again.

Commissioner Massie.
What I'm saying is, would you recommend to use protective equipment that you will get from a third party that is providing equipment if this third party has complete immunity if anything goes wrong with the equipment?

Ryan Orydzuk
It wouldn't be too relevant in that case because, again, the employer is required to make sure that the equipment itself is safe. I would say that I personally wouldn't be using anything if I knew that the manufacturer had immunity to it.

In this particular case obviously, I'm not 100 per cent sure but I keep hearing that the manufacturers—Pfizer, Moderna, all these—they're not given any liability. They're given guarantees that they can't be sued, right? For me, I would never, personally, do this.
And when it comes to PPE, I mean comparatively speaking, when you look at let's say a biosafety security lab or the laboratory in Winnipeg there— It's a virology level-four security lab, I believe. Those folks, when it comes to a risk group level 3 human pathogen, which is what SARS-CoV-2 is considered, and that's relatable to anthrax, they wear the sealed, impermeable spacesuits with oxygen being fed in. They have the HEPA filtering particulates, masking, and everything that's included in it.

I mean, to me, if the employers are dealing with an invisible asymptomatic virus and they don't know when or where it's going to attack everybody and they're going to say it's a danger to everybody and that it's a concern that you need to take a vaccine, then why are your facilities open to begin with? Because you're just constantly exposing employees to something and providing them substandard personal protective equipment the entire time. You're placing them in danger every time they come to work. Especially if it's considered comparable to anthrax.

Commissioner Massie
My other question has to do with, when I read all of these details, a lot that I was vaguely aware of, I feel that it's been through a thought process to really cover every possible thing that you could face in a working environment.

[01:00:00]

And if these rules are properly followed, I feel that we're doing the best we can to ensure safety. Why is it then that they have not been followed? And what's happening in terms of accountability for people that overlooked the application of these rules?

Ryan Orydzuk
Currently, nothing's happening to them. I'm hoping that maybe with a little bit of information like today, sharing with folks, they might start to pursue some avenues and look at what the employers have been doing internally with COVID.

Yeah, I don't know what more to say about it other than there hasn't been any accountability. I can't believe— Because all the testimonies have been about people that are just shocked. It's like the inverse, the upside-down they're dealing with in their industries, where everything has been turned over. And you're sitting there going, "I don't get it. We've been doing it this way forever and then all of a sudden with this, it's just everything is changed and thrown out the window."

And it was done so quickly and so callously. Either it was people were afraid or they knew that maybe after they had implemented— Like especially, with my employer, I was hoping to really shock them with some of the stuff I had told them. Maybe they realized that they were guilty and that's why they just kind of kept pushing forward. And they just figured, "Well, if I'm in, I'm in, I can't stop." I don't know. Maybe they figured that they were caught.

But nobody's been held accountable in any way to date. I'm hoping that people start to dig into the safety aspects of their employers. Because I know that my employer didn't do anything with this. And further to that again, when I gave them that letter of informed consent, there should have been a discussion. Just give me an hour to talk to you about it, right? They gave me five minutes and said, "No, we're just moving you along the process, no danger." And I'm sitting there going, "Wow. I've been working for you this long as a safety professional and you're just ignoring everything I'm saying." It didn't make any sense.

Commissioner Massie
There must be other people in your role within the federal government. Are you aware of other health and safety experts that would share a somewhat different view of what you're presenting here? And would sit down with you and say, "I don't agree with you for such and such a reason and I'm willing to explain to you that you're missing important points?"

Ryan Orydzuk
Yeah. I would say that I was the only employee, I was told, that put in a work refusal at Canada Post out of 65,000 employees. But I forced it through.

When it comes to the safety colleagues and everybody else, I'll be honest: the people I was bringing this up to were all safety brothers and sisters at Canada Post, right? I was trying to get them on board with me and kind of explain, like, "Guys, we got to stop them because what they're doing is kind of crazy and dangerous and, you know, people could really be affected and people could go to jail."

A lot of folks didn't want to engage me in the conversation to begin with. But the ones that did and that were, I guess you can say, a little bit more amenable to what I was sharing, they absolutely were like, "Yeah, no, you make some good points." But when it came to the discussions and everything, everybody was dead silent. You know what I mean? Like, I was the only one bringing this stuff up. And every time I did, I'd get threats: "Oh, you're going to lose your job, I can't have you do this again, you're going to get disciplined," et cetera, et cetera. I'm just like, "Well, yeah, go ahead, you know? I don't want people to die, so go ahead and fire me," kind of thing.

But in the end, I think that a lot of safety professionals— There were some that would agree with me, others wouldn't even engage me in the conversation. I could say flat out that I think anyone that's a Canadian Registered Safety Professional in Canada—any safety officer—there's no way they could argue anything I'm bringing here. Nothing. They can't. They know it's right.

Commissioner Massie
Maybe one last question. You mentioned that, for the genetic test, the PCR tests, there is a clear regulation that it cannot be imposed.

Ryan Orydzuk
Correct.

Commissioner Massie
What about a rapid antigenic test? Is that also covered under the same rule or is it somewhat different?

Ryan Orydzuk
I would have to look more into the rapid antigenic one myself to see if it's analyzing for RNA or DNA. I don't know specifically, a hundred per cent. I do know that some of the PCR testing, I've looked into that, is sampling for RNA. I would say that is definitely a violation of the *Non-Genetic Discrimination Act*, yeah.

Commissioner Massie
Thank you.

Commissioner DiGregorio
Thank you so much for your testimony today. You've spoken about quite a few statutes and regulations—the Criminal Code, the Labour Code, OHSA regulations, and the *Genetic Non-Discrimination Act*. I'm just wondering if any of those statutes or regulations, as far as you're aware, contain provisions that are specifically addressing vaccines and vaccination requirements with employees?

Ryan Orydzuk
No, there wouldn't be.

[01:05:00]

Because, again, employers never really implemented that. It would have been something, I think, that the medical industry would have dealt with at the time. But employers typically never asked employees to take this kind of product before or implement it. It was the first time they ever did it. So I would say no.

When it came to the vaccine ingredients, though—and this is an important fact—it does fall in relation to the *Hazardous Products Act*. Because SM-102, ALC-0159, ALC-0315—all the proprietary lipid layers there in all the different vaccines—those are all registered as dangerous goods. Literally. They have the signal word "danger" on the SDS sheets. They carry safety data sheets, meaning they're a dangerous chemical. The employer never gave this stuff to the employees. They never even knew about it when I brought up, you know, "Are these concerns with them?" As far as I know, they never informed any employee to date that these were the ingredients that they were being injected with, right?

So the employer would have had to disclose that as one of the pieces of this. But there were no regulations prior to that that, I think, would have really affected vaccines specifically. Because nobody did it.

Commissioner DiGregorio
Right. And so then I think I heard you say that what employers were really dealing with were trying to use rules that are not designed for vaccine mandates to figure out whether or not they could impose them. And that maybe they were relying on these— Well, I don't know if they were relying on them but there are rules that say that they have to take

reasonable steps to protect the health and safety of employees. Which is presumably what employers relied on to impose the mandate.

Ryan Orydzuk
Exactly.

Commissioner DiGregorio
But it's not really fit for service in terms of this particular category of potential harm in a workplace. Do you think, then, that we need specific regulations to address this type of scenario going forward?

Ryan Orydzuk
The truth is, all the regulations were there. The employer just blatantly—They decided to break every single bloody law there was. That's all I can say. Like, they're all there. This should have never gone forward. The second the employer looked at section 2 of the Labour Code, if they did any due diligence into the vaccines, how they worked, the technology, the ingredients— No. It would have stopped it immediately. Immediately.

Commissioner DiGregorio
And I think I also heard you in your presentation talk about an employee's right to refuse to work in a situation where they feel that they may be put in danger. Isn't the point of that kind of rule to ensure that you're not going to lose your job if you're put into a situation where you feel you're being faced with a danger?

Ryan Orydzuk
Absolutely. It's actually part of the process that there is no reprisal in any way from the corporation before, after, during—any of it. So you're paid during the whole process and the employees are entirely entitled to that.

It's my perception that they avoided that because there were so many employees that didn't want to take the vaccine. And not only that, it was just easier for them to mark them non-compliant rather than have all these employees—maybe thousands of them—bring forward medical studies and concerns in an official work-refusal capacity that would have to shut the process down. And then not only that, if people already went out and took the vaccine as part of the employer's practice then they would have been held liable. So I think that's why the employers just decided to say "you're non-compliant" this time instead of saying, "Well, this is technically a work refusal." Because under section 128 of the Code, they need to ask that question: "Are you refusing under the Canada Labour Code or the collective agreement that you're under?" And that wasn't even asked at all. It was just, you're non-compliant, suspended.

Commissioner DiGregorio
Thank you. One last question, and maybe I just missed this part of your testimony, but you mentioned that you're no longer employed at Canada Post. How did your employment end with Canada Post?

Ryan Orydzuk
They suspended the vaccine mandates there in 2022, I believe, in June. That in itself should show that this was never about safety. Because it basically shows that the vaccines didn't provide any safety if they're going to suspend the mandates after they told everybody to take it.

Sorry, I lost my train of thought. Can you ask that again?

Commissioner DiGregorio
The question was just: How did your employment end?

Ryan Orydzuk
Oh, yeah. Sorry. No, I originally was suspended. And then after the suspension ended, they invited, I think, some folks back into the workplace. For me I knew that legally, that wasn't a very good decision for me.

Not only that, given what I had gone through with the employer and what I had felt was just the most deceit and the most immoral conduct I've ever seen in my life, I would never go back and work for them. Ever, in my life.

Commissioner DiGregorio
Thank you.

Louis Browne
Thank you, Commissioners.

Mr. Orydzuk, just two final questions here. I just want to establish jurisdiction. Throughout all of this time that you were involved in doing all of this, where did this occur?

[01:10:00]

Where were you? City and province, please.

Ryan Orydzuk
I was living out of Spruce Grove at the time. And yeah, I mean, the work refusal itself took place in Edmonton, at the mail processing plant.

The first part of the work refusal was by Zoom call. And then I think I had a phone call with the NJOSH [National Joint Health & Safety] Co-chairs. But, yeah, everything took place out of Edmonton and I was residing in Spruce Grove at the time.

Louis Browne
And both of those are in the province of Alberta in the country of Canada. Is that correct?

Ryan Orydzuk
Correct.

Louis Browne
Okay, final question. Just in summary, sir, in, you know, 60 seconds-ish, what is it that you want this Inquiry and Canadians at large to take away from your evidence today?

Ryan Orydzuk
For me, I'll be honest— And there's so much more.

If folks are interested, they can always reach out to my community, because we're working with a group called Posties for Freedom. There's so much more information that people need to hear when it comes to this safety aspect. Because this is only 20 out of 80 slides I have, that you saw today. There's so much that I could talk about with you and I just hope that folks decide to look into what their employers were doing when it came to safety: Look into their national safety minutes. Ask their unions why none of this was addressed, why work-refusals were never afforded to them, why they were marked as non-compliant.

I just want people to start to understand what their legal recourse is and what they could actually do—and still do—in terms of following up with their employer. Because this isn't secret information. It's all written into our legislation. It's been around forever. You might want to question your employer as to what's going on.

Because I think it's the best way to kind of get some accountability going in Canada for what's taking place. Because this is just terrible.

Louis Browne
Mr. Orydzuk, thank you for your evidence today.

Ryan Orydzuk
Thank you.

[01:12:01]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 7: Adam Konrad
Full Day 2 Timestamp: 07:28:47–07:45:45
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Wayne Lenhardt
Okay, Mr. Konrad, could you give us your full name, please, and then spell it for us. And then I'll do an oath with you.

Adam Konrad
My name is Adam Konrad, spelled A-D-A-M K-O-N-R-A-D.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Adam Konrad
I do.

Wayne Lenhardt
First off, where do you live and what do you do for a living?

Adam Konrad
I live here in Saskatoon, Saskatchewan, and we run a fishing guiding business on Lake Diefenbaker. We have a lodge and I'm part owner with my wife and my brother. And so, basically, a fishing guide, and I'm a family man.

Wayne Lenhardt
AV people, are you able to hear him? Oh, there we go.

Adam Konrad
Sorry, I'll speak up.

Wayne Lenhardt
Okay. So you own a lodge at Lake Diefenbaker and you basically take clients fishing. Is that fair?

Adam Konrad
Yes.

Wayne Lenhardt
And you've done this for a few years, have you?

Adam Konrad
We started guiding part-time in 2008. We got pretty recognized in the fishing industry in 2007. I caught a world-record rainbow trout at Lake Diefenbaker. During that time, I was apprenticing as a mechanic and became a journeyman mechanic, 15 years. I worked through a few dealerships here in Saskatoon.

Wayne Lenhardt
Okay, so you've done it for a while.

Adam Konrad
Yeah, so, three years full-time. Ever since COVID came— In 2020, when COVID came I got laid off as a mechanic and I started guiding more. It just kind of went from there and we got really busy and I never turned back.

Wayne Lenhardt
Your season starts in mid-May, am I correct?

Adam Konrad
May 5th is opening day.

Wayne Lenhardt
Okay. So, in April 2021, you got your first shot of Pfizer, correct?

Adam Konrad
Yeah, I believe it was April 23rd. My wife and I went in and got our first shots of Pfizer.

Wayne Lenhardt
And what happened next?

Adam Konrad
We started guiding May 5th, 2021. And, I don't know, it must have been about 10 days after my shot, my heart was feeling a little weird. I had no idea why it was feeling weird. I didn't even think anything of it; we've never had any heart issues in our family.

It was May 16th. I had just finished a day of guiding on the lake and I was back at Lake Diefenbaker. I was just staying in an RV. And I just finished watching a movie at about 10 o'clock. And I got up to get a drink of water and then go to bed. When I got up, my heart started feeling weird. It was pounding really hard. And I really had no idea what was going on. But all of a sudden, I could feel a really big pounding in my chest, so I called a friend who came over. I called a lady; she said I should take Aspirin because I might be having a heart attack. So I chewed Aspirin as quick as I could. A friend came over and put an Apple Watch on me. And there was a nurse that was nearby that came over and took my rhythm.

My heart actually went out of rhythm and my heart was beating at about 240 beats a minute.

Do you want me to continue with the story?

Wayne Lenhardt
Yep, sure.

Adam Konrad
Okay. So basically, I thought I was having a heart attack. I was having a heart attack, in my opinion. Got rushed to the Outlook Hospital. Felt like a lifetime to get there. I was seeing stars and passing out. And in the Outlook Hospital, my wife got there from Saskatoon; she drove in from Saskatoon. They put the maximum dose of metoprolol in me to try to control my heart. My heart rate did not come down. It was sitting 230, 240 beats a minute and out of rhythm. Basically, my chest felt like it was exploding. I was saying my goodbyes to my family.

They had to call an ambulance to ambulance me to Saskatoon.

[00:05:00]

During my ambulance ride there, laying in the ambulance, there's one lady that was— I bet she was in her mid-30s. She asked me what shot I got. And I had no idea why she would ask me that, I still didn't know what was going on. Basically, I was having a heart attack.

And I told her I had the Pfizer shot. And she asked how long ago I had it. I said, "about two weeks ago." And she said, "Oh." I said, "So, why do you ask me that?" She said, "Well, I had it." Sometime after, her heart rate increased significantly and didn't come down for over a week, she said. And I still didn't know what was going on. I really didn't care when I was feeling like that.

They cardioverted me in Saskatoon—put me to sleep, cardioverted me—and I woke up and my heart was back in rhythm. My heart was at 240 beats a minute for eight-and-a-half hours. And I do have heart damage now due to that. I was prescribed blood thinners. The doctors basically said, "Stop drinking so much caffeine. It was probably a coincidence that just happened."

So I just continued with my life. I was on blood thinners. I had to take four or five days off of work and cancel trips to rest up. I felt like I had just ran a marathon. Two weeks later I had another attack at night. And my friend was there with me, rushed me into the hospital. And you know, it just continues after that.

Basically, once a month, it was like clockwork: I would wake up at two in the morning, sleeping, and my heart would just be pounding out of my chest. I'd stand up and then my heart would go out of rhythm and peak out at 200 plus beats a minute. This lasted seven months. I think I had eight or nine attacks. I was on the maximum dose of metoprolol and diltiazem to try to get my heart rate down. Mentally just broken, because—ever have heart issues like that and it happens at night, you know that your sleep goes to zero pretty much, after.

Moving forward to October 1st, when they put the mandates in where, in order for you to buy alcohol you had to be fully vaccinated. My father, Otto, he had been an alcoholic for 30 years and he was very set against the vaccines. He knew what happened to me. And my sister in Toronto, they had friends and were pushing him not to get the shots.

He was set on not getting any shots. He was living alone in a condo in Saskatoon. But when you take alcohol away from an alcoholic, they're going to do what needs to be done to get their alcohol, so—

On October 15th, I called my dad and I asked how he was doing and he said he's doing good. I said, "Well, how are you getting your alcohol, dad?" He said, "Well, I talked to my doctor and he said it was okay for me to get the shots." I said, "Well, okay. Well, that's your decision." Everybody makes their own decisions in life and, once your decision is made, it is what it is. I'm a person that lets people—I learn from people and my father made the decision and it was his. I said, "Okay, well, how are you feeling?" "I feel good."

Fast forward to October 26th. I knew he was getting his shot again in late October, I didn't know when. My brother had called me from Spruce Grove—I'm actually an identical twin; there's two of me. He called me and he said, "I just talked to Dad." It was 6 p.m. on October 26th. And he said, "He just didn't sound right." I said, "What do you mean he didn't sound right?" He said, "He sounds like he has dementia. He couldn't keep track of his conversation. He was asking me over and over again"— why Sean called him, when my dad called him.

I just told Sean, "He's probably drunk." He said, "Well, he didn't seem drunk. He just seemed different." I said, "Well, whatever." I was dealing with my family, my issues, business, my heart. I had just talked to my dad on the 25th, so I didn't really think anything of it.

November 1st was my last day of guiding for the year, as the weather came in. I finished a day of guiding November 1st.

[00:10:00]

I drove in from Lake Diefenbaker. I got home at 9:30. I was happy the season was over. I was in a good mood. I was doing great. I sit down at 10:30 and my heart flips out of rhythm again. And I just was mentally broken, you know. What do you do? You feel helpless.

Hospital again. Again, cardioverted back into rhythm. And I laid in bed at home for four or five days and recuperated again.

And on November 6th, I was wondering why my dad hadn't called me. I called his phone and it went straight to voicemail. And it never goes to voicemail because he always answers on his first and second call. He doesn't have much to do and, when I call him, he's always excited to talk. I knew that something was wrong, so I kind of blacked out. My wife took over and—excuse me—and since he was in a condo, we didn't want to go in. We called the police and they did a wellness check. And they found him laying on his floor, dead.

I'll just fast forward. They pegged his death to October 27th or 28th. He had been laying on his condo floor for over 10 days, dead and decomposing. They recommended me not to look at the body, so, I didn't. We never did. After I was just out of the hospital, too. You got to stay strong and you got to keep moving forward, right?

So we made preparations. We weren't allowed into the condo. About a week later, I feel like it was November 10th, things were very blurry at that time. Walked into the apartment and you could smell the smell: You'd never get rid of that. I reached out and his wallet was on the countertop. I pulled his wallet out. And in his wallet, I pulled out a vaccination card that said, "Congratulations, you're now fully vaccinated."

After that, I just blacked out. And broke. And that's when I—

Wayne Lenhardt
Do you have any formal cause of death on your father?

Adam Konrad
No. They said, "We can try to do an autopsy, but since he had been passed for such time, it would be difficult." And we just opted not to. So they just wrote it off as natural causes.

Wayne Lenhardt
Okay. And are you still having your monthly attacks?

Adam Konrad
No. Fast forward from the November, I was scheduled for a cardiac ablation. I had a cardiac ablation performed on February 1st of 2001. And ever since that, once my heart healed up a month or two later, I was having slight palpitations. But ever since that, my heart has stayed in rhythm now.

Wayne Lenhardt
And I'm assuming you have not had your second Pfizer shot.

Adam Konrad
No. About that, though: I did call and I sent in an adverse reaction request for me and one for my father.

I did get a call back, eventually. The lady was kind of explaining to me at the start that maybe I had a problem with an mNRA or something. I have no idea. And she said maybe that, "I recommend getting the Johnson & Johnson shot." And then I said, "Well, okay." And then, by the end of the conversation, she told me that it was a coincidence. And that if I

hadn't got the Pfizer shot, I would have been worse off. And I told her, "What's worse off than almost dying? I'd rather not take that chance."

So she says that it's a coincidence but before, she said it could be from an mNRA.

Again, I don't study anything: I'm a fisherman and a mechanic. It's just weird how they would consider that a coincidence. Two weeks after a shot, I have a heart attack. I'm a healthy person. I played soccer my whole life. I eat healthy. I do drink alcohol—I don't anymore.

[00:15:00]

I stopped, actually. After my first attack, I stopped alcohol. But nothing seemed to help. Anyway, it's just weird how they can write that off as a coincidence. And my dad's death as natural causes, even though I pushed and tried to call people, and nobody really seemed to care.

Wayne Lenhardt
Is there anything you think the government, or anyone in this scenario, should have done better in your opinion?

Adam Konrad
You know, I'm not a professional. I know that COVID is out there. I know that there are people that have died from COVID.

For me the only thing that I live my life is: If I'm doing something and it's not working, I wouldn't continue doing it. Like, if I'm a fisherman and I go to a spot and there's no water in that spot, why would I fish there? If it's not working, why do you continue doing it? Like, nobody's taken accountability for anything. And, it's just— Nobody's ever provided me answers to anything. It almost seems like they really just don't care. They make their decisions and they're sticking to it, but things aren't working out.

In my opinion, if something's not working out, why don't you pull back and do more research on things instead of injuring people over and over again? It just doesn't make sense.

Wayne Lenhardt
Are there any questions from the commissioners for the witness? Anyone?

Okay. On behalf of the National Citizens Inquiry, thank you very much for coming and giving us your testimony today.

Adam Konrad
Thank you.

Wayne Lenhardt
Thank you.

[00:16:58]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 8: Elodie Cossette
Full Day 2 Timestamp: 07:46:13–08:02:51
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Wayne Lenhardt
Could you give us your full name, Elodie, and then spell it for us? And then I'll have you do an oath.

Elodie Cossette
My name is Elodie Cossette, E-L-O-D-I-E, Cossette, C-O-S-S-E-T-T-E.

Wayne Lenhardt
Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Elodie Cossette
Yes, I do.

Wayne Lenhardt
Where do you live, Elodie?

Elodie Cossette
I live in Estevan, Saskatchewan.

Wayne Lenhardt
And were you living there when this whole COVID mandate thing unfolded?

Elodie Cossette
Correct.

Wayne Lenhardt
Tell us what you were doing for a living at that point.

Elodie Cossette
I was a direct care support worker for a group home. There were several group homes. I worked particularly in one for the last three years. There was two ladies in that home. They had different challenges that made it so there was only two in that home.

I excelled at my job. We were given, kind of, parameters as to the rights of the clients, the rights of us, and we were told to never treat them as kids. We were given the training every year. We were told they had to consent to things.

I started to see things come down that weren't consistent with giving them the right. One of the things that I noticed was the clients did not want to take the vax. And so what they did is they asked their living family to encourage them to get the vax. When that didn't happen, I was told they made them make a doctor's appointment and then encouraged them to get the vax.

Wayne Lenhardt
How long had you been doing this kind of work?

Elodie Cossette
I did that for 10 years. It was my passion. I absolutely loved it. I love those two ladies. I found that they would do anything for me. I asked them, "Could you do this? Could you do that?"

In meetings, I found they were not treated that way always, or they didn't feel safe with the other workers so much as they did with me. I would sit at meetings and think, man, are these two people that I don't know of? Because I never had any difficulties with them.

I was passionate about my job and it was very difficult for me to lose my job.

I had seen inconsistencies for a while. I was not always an anti-vaxxer, but I had been encouraged by my company to start getting the flu vaccines. I started to get that flu vaccine. When I got the flu vaccine, later on, I got an autoimmune skin disease. When I checked with a doctor—a specialist—I said, "I think from what I find, that is a result of the flu vaccine not being tested properly." And she agreed. I said, "I don't think I should take the vax." She said, "I agree."

My boss had, in a group setting, in a team meeting, mentioned she would never get us to that place where we had to be vaxxed. I was quite happy with that. Lo and behold, I'm not too sure how it came down—whether it was the board or her—but they started to implement the need to be vaxxed or to test.

Wayne Lenhardt
Okay.

Elodie Cossette
At that point, I began to try and educate her and let her know why I didn't want it. She asked me if I could get this doctor to sign the exemption for me. I believe she liked me as a worker and knew that I did a good job. I had, up to that point, no problems with her.

[00:05:00]

I tried to go back to that specialist. She was scared for her job and said, "No way, that's up to you." You know.

At that point— I had had a mask exemption as well, and I was not allowed to do that. I worked nights for 10 years. It was totally nights. I had been wanting to get a daytime job in that home because I liked it so much, but there wasn't an opening. And by this time, the mandates came down from my boss.

As of October 30th, I had to come to work and either present a test or my vaccine. No, that's not true. The vaccine, she gave me a religious exemption; and I think it's because she knew I was a good worker—I have submitted an evaluation of me that was of excellent report—but then she said I didn't need the vaccine, but I needed to test.

At that point, I knew family members that had believed the science, that had tried to do the test because they were a teacher or something. They tested positive. They stayed home for their duration, never had any symptoms, and I didn't want to become a statistic.

Plus, I knew there were different people that, if you had the COVID shot, you could still get COVID. So therefore, if I came exposed to one of my workers who was vaxxed and allowed to be at work, I would be off two weeks. And there was just no reason why I was going to play that game.

Wayne Lenhardt
So at some point you were terminated. You tried various options.

Elodie Cossette
October 30th of '21.

Wayne Lenhardt
Okay. Yeah. So, I assume that had some effect on your financial situation.

Elodie Cossette
Yes. I've been one who pays her bills the day I get them. I hate being in debt. I hate it with a passion.

Wayne Lenhardt
Yeah. Did you try to apply for unemployment insurance? And what happened there?

Elodie Cossette
Yes, I tried. I exhausted— Pardon me.

I exhausted every road. I went up four levels and was denied. The last one was the— I can't think of the name of it. I can't think of the name of it, but it— Not a tribunal, but—

Wayne Lenhardt
Okay. So, you went to more than one level of appeal and you were denied.

Elodie Cossette
Yes, I went up four levels.

Wayne Lenhardt
Okay. But you never did get the vaccination, is that correct?

Elodie Cossette
No.

Wayne Lenhardt
Okay. Yeah.

Elodie Cossette
No. After I saw what the flu vaccine did, I wasn't going to do that.

Wayne Lenhardt
Okay, so you tried to get other employment.

Elodie Cossette
Yes, and it was stressful for me, so I decided— My passion was people, so I started my own business. It was slow going taking off, as any business at its beginnings. I did everything I knew how to get my name out there.

It was difficult, so I tried to take on other jobs that weren't my passion and consequently, was still taking money out of my retirement and had pretty much gone further than I was hoping with that.

Wayne Lenhardt
Did the COVID situation cause you any problems with your children, your family?

Elodie Cossette
I'm passionate about my kids. God is first in my life. And work and my kids and my brothers and sisters: they're at the top of the list. I had, as a parent— They're all adult kids. I've got seven wonderful grandchildren.

Wayne Lenhardt
Okay.

Elodie Cossette
They're all adults and I trained them to excel at getting education and making their own decisions and whatnot.

[00:10:00]

I believed they could make the decision on this. If my kids ever ask me advice, I look at it as a privilege to give them advice, but I feel they are adults now and I am there to support them. So consequently, with that, they make their decisions. In light of that, I care about it, I've spoken up as much as I can, but I will not sever any relationship because of my belief system.

I tried to win them. I'm proud of all of them, but they have their belief system that I don't cross unless they open the door for it.

Wayne Lenhardt
Were your siblings vaccinated, as well? Were there any problems there?

Elodie Cossette
Some of my siblings were vaccinated, some weren't. I had a sister that— She believed what the media had said to do and felt she was right to get fully vaxxed. And I had a sister-in-law that was fully vaxxed as well. And within a while, both of them, their livers shut down.

And with my sister, her stomach would get to about a nine-month pregnancy. She would have that drained: a six- to seven-hour procedure, every 10 days, for a long time. She ended up passing November 11th of '21.

And then my sister-in-law also started to have her liver shut down. And her legs would go twice the size and it was painful, with the water not draining. And she passed February 12th of this year.

Wayne Lenhardt
Okay. Did you ever catch COVID yourself?

Elodie Cossette
Pardon me?

Yes, I did. I did catch COVID. I started to notice that it was getting difficult, and I knew if I didn't act fast, it would be me going into the hospital. So I phoned a couple of reliable friends who knew what to do. One brought me ivermectin; another one got me an antibiotic and a nebulizer. And within a day or two, the tenseness was gone, but the lasting— And I stayed home for, I believe, 10 to 12 days. And then I had a lasting cough for a couple of months and another physical ailment that I had to do exercises for, for a couple of months, and then I was back to normal.

Wayne Lenhardt
Okay. Is there anything final that you would like to comment on with respect to the COVID-scenario?

Elodie Cossette
I guess the thing that hurt me most, in light of our Prime Minister, is that he made it so that people were looked at as uneducated and stupid—I don't know his words; I don't have the memory of it—for not being vaxxed That is a stigma that I just had a problem with. And so, I gave a lot of leeway to people who were struggling with things, because— I don't know how to say it, yeah.

Wayne Lenhardt
Okay. Are there any questions from the commissioners?

Commissioner Kaikkonen
Thank you for your testimony. Do you consider the EI decision to refuse you benefits as a form of institutional segregation that made you an outsider to a system that you had no choice but to contribute to throughout your working career?

Elodie Cossette
I'm sorry, I did not follow that. Could you repeat that?

Commissioner Kaikkonen
It's my voice today, let me try that again. Do you consider the EI decision—when they refused you EI—to be a form of institutional segregation?

[00:15:00]

Elodie Cossette
Correct.

Commissioner Kaikkonen
Where you had contributed to this EI program throughout your working career and then you—but not by choice, because you have to—and felt like an outsider?

Elodie Cossette
Yeah. And what happened to me is I had bought the science at first as well. I started masking. I started doing the things at the very beginning, before all this. I started to buy it from the media.

About two days after I was fired, I went up to the parliament buildings in Saskatchewan to protest, peacefully. I won't be involved in bullying or lying, so I was part of that as well. That night, I went home to watch the news. It said that there was— There was several hundred, possibly 1,000, of us there. And they said there was a few dozen there, and they felt unsafe, and they went indoors—the Province did.

So that's when I stopped the main media. And that's when I gave grace to family members that don't get it.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Are there any other questions from the commissioners? Okay.

Okay, on behalf of the National Citizens Inquiry, thank you for your testimony today.

Elodie Cossette
And I want to thank you for allowing me to say it.

[00:16:38]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 9: Steven Flippin
Full Day 2 Timestamp: 08:15:37–08:52:21
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Dellene Church
Welcome back to the National Citizens Inquiry. Our next witness is Steven Flippin. Steven, can you please state your name and spell your first and last name for the record?

Steven Flippin
Sure. My name is Steven Flippin, S-T-E-V-E-N. Last name Flippin, F-L-I-P-P-I-N.

Dellene Church
Thank you. Steven Flippin, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Steven Flippin
I do.

Dellene Church
Thank you. Steven, you're a pastor who was faced with several government restrictions and mandates that affected your church body as well as your congregation. How did your church react to the initial period of lockdowns and restrictions?

Steven Flippin
Sure. So two weeks to flatten the curve is what we were told. Fellowship Baptist Church here in Saskatoon were completely willing to follow the guidance of Saskatchewan Health, giving them the benefit of the doubt that they had some science to support the idea that a short-term shutdown would be beneficial to helping maintain our healthcare system. We closed our doors in March of 2020—moved our services, our teaching, to online.

We quickly realized that two weeks was going to be a significantly longer period of time. A two-and-a-half-year nightmare, really, of this COVID disaster. And there was very little, if any, science involved in any of it. And this was our biggest problem.

We found that people were falling prey to the repercussions of isolation: anxiety, depression, loneliness, uncertainty, distress, hopelessness. We soon began questioning the wisdom behind these decisions of our government and mandates. Our services remained limited to less than 10 people in-person until June of 2020, when we finally decided that we could no longer impose such limits.

We did try to meet other requirements as we could. We've got big wooden heavy pews. We moved pews out of our facility to accommodate social distancing. We provided masks and signage and hand sanitizer and arrows on the floor to control the flow of traffic—and everything else that we now know is absolute and utter nonsense. We cancelled our children's ministry. We did everything we could to try to comply. We segregated families as best we could. We cancelled social events like potlucks and weekly in-person studies and nursery. But what we could no longer do was limit our service to 10 people. And frankly, what we found was that our people's mental and spiritual health were being far more threatened—as was everyone in society—by the COVID lockdowns than they were by COVID itself.

To our delight, in June of 2020 the restrictions eased, giving us more capacity for in-person attendance. This would be enough to accommodate, at that time, the people who wanted to attend in person. We breathed a sigh of relief at the time, but we knew: come the next flu season, those restrictions would be returning. And so our membership met and discussed the issues. We decided that, should those restrictions return, we would not be imposing capacity limits. At all.

The problem for us is that the King of the Church is not Scott Moe, and it is not Dr. Shahab, and it is not Justin Trudeau. The King of the Church is Jesus Christ and Him alone. And so, Christ orders us to regularly gather together as a local assembly. Christ orders us, over 30 times in the New Testament, to practice what we call "The One Anothers." And you cannot practice those commands of Christ apart from gathering together.

Christ's commands were far more important to us. Christ's commands are non-negotiable. Christ's commands are not subservient to public health, nor will they ever be. And so—

Dellene Church
And also, your concerns over the well-being of your congregation's mental state.

Steven Flippin
Absolutely! Absolutely, so one of the other restrictions that was placed on churches was the prohibition of singing.

[00:05:00]

The problem is, Christ commands us to sing. I probably don't need to tell you where we landed on that command. In the fall of 2020 restrictions did tighten again, back to 30 people in person—and of course that was plus staff and volunteers.

The interesting thing for us at that time was that the local Costco here in Saskatoon was permitted to have 818 people in their store at that point. At one time. And they were able to rotate new people in and out of the store all day long, while our church was permitted to have 30 people.

We simply did not have room in our mandate from Christ to accommodate such limits. Because Christ welcomes all who come to Him, and as His ambassadors in this world, we are expected to do the same.

Our church was not in any way flaunting our choice of disobedience. We were simply going about our business quietly, peacefully, and allowing any who chose to come in person and worship with us a space to worship.

Dellene Church
Steven, can you give a little bit more information on the process that your church went through to reach that decision? Was it a board? Was it a congregation meeting?

Steven Flippin
Yeah, we have elders of our church who make all spiritual decisions for the church. We did consult with our members of the church, and we came to an agreement—yeah, fairly unanimously.

Dellene Church
Okay.

Steven Flippin
We had cancelled a ton of services for our people, but we could not compromise the Sunday morning worship. And we began to grow as a church, as a result of people finding out that we were allowing all who would choose to worship to come and join us. They were being neglected by their churches and we gave them a place to find teaching and fellowship. We would not turn them away because for us, to turn people away from worshipping our Christ is for us to flagrantly disobey our King—and we couldn't do that.

So we quietly continued peacefully gathering. And by the way our COVID numbers, as far as spread within the church, weren't any worse than the world around us. In fact I would say, because we left masking decisions up to the individual— After all, each individual in Canada has the right to personal bodily autonomy guaranteed them in the Charter. And so **we left those decisions to the individuals. And because most of our people chose not to wear masks, not to place a "COVID-collector" over in their respiratory path, I would guess that actually our sickness in the church was far less than the world around us. That's science, of course.**

I believe it was in early December 2021—sorry, 2020—that I received a complaint from Sask Health that someone had levied against us. We responded truthfully, letting Sask Health know that we were doing everything we could to accommodate the mandates. And we were. Everything we could.

We heard nothing further until mid-January of 2021, when we received a second complaint. The following Sunday, we had a member—a constable from the Saskatoon Police Service—

visit. He had received a complaint regarding the number of cars in the parking lot, wanted to give us a warning, but his supervisor insisted that he come in and do an investigation and report to Sask Health.

He arrived after our service had concluded. We proceeded to allow him into our facility. He looked around, made his observations. The following week we were visited covertly by a health inspector with Sask Health. He arrived as our service was already underway. As he tried to enter he didn't identify himself as a representative of Sask Health, but it was fairly easy to spot. We informed him at that time that *The Criminal Code of Canada*,

[00:10:00]

section 176, prohibits the disruption of worship services or disturbance to the solemnity of worship services in Canada.

Allow me, if you would, to read from Section 176 of the Criminal Code. It says this:

> Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than 2 years or is guilty of an offence punishable on summary conviction who (a) by threats or force, unlawfully obstructs or prevents or endeavors to obstruct or prevent an officiant from celebrating a religious or spiritual service or performing any other function in connection with their calling, or (b) knowing that an officiant is about to perform, or is on their way to perform or is returning from a performance of any of the duties or functions mentioned in paragraph (a) assaults or offers any violence to them, or arrests them on a civil process, or under the pretence of executing a civil process. (2) Everyone who willfully disturbs or interrupts an assemblage of persons met for religious worship or for moral, social or benevolent purpose is guilty of an offense punishable on summary conviction. (3) Everyone who, at or near a meeting referred to in subsection (2) willfully does anything that disturbs the order or solemnity of the meeting is guilty of an offense punishable on summary conviction.

I read those words because I think it's very important that those words be entered into the public record. Those words have meaning. They're not difficult to understand. You do not need a law degree in order to recognize what it is that statute prohibits. Yes, it does apply to law enforcement. In fact, that statute was put in *The Criminal Code of Canada* specifically to protect the church from the state. It is statutes like this that separate Canada—or are supposed to separate Canada—from communist and totalitarian states.

We have the freedom to worship in this country. And yes, section 176 does apply to public health. They are not to disrupt, obstruct, prevent, interrupt, interfere, prohibit, disturb— In any way. Bringing police officers into the service to check for social distancing and masking and capacity limits and hand sanitizing? Yes, most definitely, that does qualify as a disruption to the solemnity of the worship service. It moves people's focus from our worship of God to the happenings of the world around us as imposed by the state.

We could also think of: what other aspects of the Criminal Code of Canada were absolutely set aside for public health? I can think of none.

Dellene Church
So Steven, what was the outcome of these investigations by the police and public health?

Steven Flippin
Yeah, so SHA did— They weren't allowed in our building, which they tried a number of times. We would allow them in after our services concluded, but not during our worship service. A number of times they tried gaining access. Eventually, we were given a number of tickets. Three tickets: two given to individual elders of our church, and one to the church as an entity for obstructing a lawful investigation.

Frankly, that's laughable because a lawful investigation does not violate the law in order to investigate. That's number one. So, three obstruction charges, one ticket for $14,000 for a mass gathering and three charges to individuals in the church for failure to wear a face covering as per the SHA requirements. [START HERE]

Dellene Church
And what were the amount of these fines?

Steven Flippin
Well, there was the $14,000 public, the mass gathering. The obstruction charges written to the two individual elders of the church could potentially be as high as $75,000 a piece. I believe it was. And the obstruction charge written to the church

[00:15:00]

as an entity could have been as high as $250,000. So, yeah.

The other thing that's interesting is: We were the only corporate entity in Saskatchewan that I'm aware of that was ticketed by Sask Health and not reported to the media. And I think that's very interesting. Why would they not fully disclose the fact that Saskatchewan Health was targeting churches, was targeting worshippers for simply coming to worship and practice their faith? My guess is they didn't want the public to know. And we'll leave it at that. They were probably ashamed. They should be ashamed.

Dellene Church
So, what happened with these tickets?

Steven Flippin
Well, I would say— our government spied on churches, threatened churches, imposed huge financial penalties on churches for worshipping. We, of course, were fully aware that there were pastors in Canada— Like, this is Canada. This isn't China. Pastors in Canada went to jail for worshipping.

The Charter of Rights and Freedoms, which is supposed to be the supreme law of our land, recognizes—and that's an important word, "recognizes"—that the Government of Canada does not give us our rights. If we read the preamble to the *Charter of Rights and Freedoms*, we recognize that our rights are granted us by God Himself, by the sovereign God. That's very important for us to understand.

In order for the government to limit our rights in Canada, the *Charter of Rights and Freedoms* requires them to demonstrably demonstrate that the things that they're putting into place are needed and reasonable for limiting such freedoms. They hadn't even tried.

They just assumed that, "because we say so, that means it is what it is." And the problem is, the courts of our land gave them carte blanche access to do that.

There was no accountability whatsoever.

Our day in court finally did arrive: September of 2022. The prosecution extended to us a deal at that time, which our lawyers urged us to accept based mainly on the obstruction charges. We were told that no court would ever read section 176 of *The Criminal Code* the way we did.

Now it's important that I read that for you. It's not difficult to understand. If a court can't read that document the way we did, then the court is not capable of reading. It's that simple. That statute is clear—exceptionally so.

The government sought to amend the charges from the church as an entity to myself as its pastor. Which they did. And again, seeking to limit the government's exposure to the public, knowing that they were targeting and financially penalizing a church. In the end, our church—or our pastor, which is the same thing—we were fined a total of $19,600 for obstruction, a mass gathering. And those were both given to myself. And then two face mask violations, which were given to individuals of the church. So in total, $19,600. For worshipping. In Canada.

By the way, this—today—is the first time that those fines are being exposed publicly. The Government of Saskatchewan never exposed the fact that they charged our church. It was reported in the newspaper, the "mass gathering" at one point about a month after it happened but other than that—

Dellene Church
And, Steven, another thing I wanted to bring up is, as well as you being forced to take responsibility,

[00:20:00]

personally, for these charges in the deal, you also had a very unusual quarantine experience when you and your family contracted COVID.

Steven Flippin
Yeah. In March of 2021, my wife— We had three foster children in our home at the time, along with our two sons. And one of the foster children contracted COVID from school. And we know that because of the contact tracing and all of that. And of course, it made its rounds through the whole house. We were all contacted by SHA [Saskatchewan Health Authority], ordered to quarantine and all of that, which we did. Every day throughout our quarantine, we were contacted by Sask Health. And on the last day we were called—each of us individually—by Sask Health to release us from quarantine.

It was about three or four days later that I got a call from the public health inspector who had been harassing our church. I would ask, one, how did he have my personal health record? Because legally, he had no right to my personal health record; he's a health inspector. So that's number one. He called me and informed me that he was, of his own authority, rescinding my release from quarantine because there was a new variant of concern and there was a new protocol put in place. The problem was, he didn't rescind any

other member of my family's quarantine. The kids were all back in school. My wife was back at work. Everything was fine for them. But I was to remain in quarantine for another—I think it was seven days.

Dellene Church
And what was happening during those seven days coming up?

Steven Flippin
Yeah, that was the interesting part. It happened to be the Easter weekend of 2021. And we had three worship services planned that weekend. And this health inspector was trying to shut down the worship of our church during what is one of the most important weekends of our year as we celebrate the death, burial, and resurrection of Jesus.

So why does all of this matter? The church in Western culture has always been seen as of benefit to society. And for very good reason. Where the Christian gospel flourishes, crime and poverty are reduced. The gospel message is that man is sinful, that man is answerable to a holy God who must, by nature of His character and righteousness, punish sin and sinner. And of course, our problem is that we are sinners who can expect nothing from God but wrath and punishment. But God, being rich in mercy, with great love that He had for us, gave His son. He sent His one and only son. That whoever would believe on Him and His payment on our behalf, to cover the cost of our sinfulness that we would be saved from that vengeance of God. Those saved are given a new heart, a new direction, to love God and to keep his commands.

I mention all of that because our Canadian law is actually based on the moral law of God—or at least historically it has been. Therefore, where the gospel impacts men and women, society is bettered. Allow me if you would to quote from the first president of the United States, who said this: "We are persuaded that good Christians will always be good citizens, and that where righteousness prevails among individuals, the nation will be great and happy."

Now, sadly, a pastor here in Canada—Pastor Steve Long, a Canadian Baptist minister—met three times with Prime Minister Justin Trudeau. Our Prime Minister, instead, referred to evangelical Christians in Canada as the "worst part of Canadian society." Hopefully, as I read those two quotes, you can spot the difference between a great leader and someone that history should wish passes quickly and is forgotten just as quickly.

Dellene Church
One more thing I wanted to ask you, Steven: You mentioned that your congregation grew over this time. How much did your congregation grow?

[00:25:00]

Steven Flippin
Pre-COVID, we were running about 90 people per week in in-person attendance and we lost a few during COVID. By the way, we didn't lose any that I'm aware of because of fear of COVID. We lost a few out of fear of losing their jobs if their employers were to find out they attended that church. We lost some because they didn't feel like they could bear the

financial penalties that could come upon them should they continue to attend our church. Well, today, we're running probably an average of about 220 people at Fellowship Baptist.

Dellene Church
Okay.

Steven Flippin
So, God has blessed us a great deal.

Dellene Church
I'd like to turn it to the commissioners to see if they have any questions for you.

Commissioner Kaikkonen
Thank you for your testimony.

Steven Flippin
You're very welcome.

Commissioner Kaikkonen
I just would like some clarity. You made a comment about disobedience, and I'm just wondering, is it peaceful civil disobedience, or as you allude, obedience to a different king?

Steven Flippin
Well, I would say both. So, number one, within the church, we have a responsibility to be obedient to our Lord. That's what matters in the church. But we are also citizens of Canada, and as our government infringed upon rights that are guaranteed to us in the Charter, unless they are demonstrably demonstrated to be needed to be curtailed, we have the right in Canada to submit to our conscience and uphold those rights.

Commissioner Kaikkonen
In 2015, the P.M. also said that Christians need not apply; that was, I think, before he was P.M.

Do you remember that comment, and did you see the writing on the wall for his personal bias towards Christian churches?

Steven Flippin
Yeah. I think the writing on the wall has been clear for some time, certainly.

Commissioner Kaikkonen
And in Ontario, where I am from, one of the questions we often asked is, "Why it was only the Jesus-believing churches that were being targeted and the police were surrounding? So in other words, what we found in Ontario—and it might be just because it's a greater

metropolis in the City of Toronto—is that the other churches were not being targeted: the non-Christian churches, so that would be the atheists, the mosques, et cetera. And you may not have had it because of population here, but it was something that was happening there. Do you have any reference points to their thoughts on that?

Steven Flippin
Yeah, I don't know why that is. I think that we believe fervently that obedience to our King is necessary and that, should we be placed in a situation where we are forced to choose between obedience to Christ and obedience to our government, we must choose obedience to Christ. And I think we're unique in that fashion.

Commissioner Kaikkonen
My next question is: you alluded to having moved all the furniture and tried to implement all the mandate measures within the church building. And I'm just wondering if you were to turn the tables a little bit with the government or the health authorities, would they allow you to go to their bulletin board and put a sign up that said Jesus loves you?

Steven Flippin
Yeah, my guess is not. Yeah.

Commissioner Kaikkonen
And you refer to the court; the lawyers had advised you not to pursue this in one way. I'm just wondering what that legal precedent will do going forward if you chose to go the other way or the fact that you made that decision.

Steven Flippin
Well, it's interesting because, I believe it was in 2017, the Prime Minister and the Liberal Party of Canada sought to remove Section 176 from the Criminal Code. That's interesting to me. What we found in the last few years is that the reason that statute was not removed from the Criminal Code is because there was an outcry from Canadians saying, "No, that's important that it remain in our Criminal Code." So rather than remove it from the Criminal Code, we just ignored it.

[00:30:00]

And what precedent is set when the courts ignore the fact that it's in the Criminal Code? I **think that's very dangerous. What other sections of *The Criminal Code of Canada* will our courts decide they can impose if they choose to? That's dangerous.**

Commissioner Kaikkonen
And that comment segues into my final question. What recommendations do you have for the courts when it comes to dealing with our Charter rights and freedoms; our ability to have the right to worship; or to have a conscience to believe, thought; all of those freedoms and rights that we have? What recommendations would you give to the courts and the institutions that are in this country, that might facilitate less—maybe facilitate more understanding of freedom of religion?

Steven Flippin
Yeah, I'm not a lawyer, but I will say: reading the Charter and watching how the Charter has been manipulated and ignored, number one, get rid of section 1. When the government is allowed to determine how we should limit freedoms willy-nilly, which is exactly what happened here—

There has been no evidence given, whatsoever, that masks work. So why are masks imposed? What's the evidence showing that Costco should have 800 people and the church should have 30 people? There's no evidence for that. It's all arbitrary. What's the evidence for two meters of social distancing? All of this. None of it was needed. None of it was helpful.

So, number one, get rid of the section 1 of the Charter. I don't know. There's a lot we could say, I think.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good afternoon, Pastor Flippin. You said that prior to COVID, your congregation was around 90 and now it's around 210 people, something like that, attending Sunday service?

Steven Flippin
That's right.

Commissioner Drysdale
Some people would say that Canada is becoming more secular and, as such, some people in this country might not understand exactly who your congregation is made up of. Can you comment on what kind of people go to your church?

Steven Flippin
Well, we have a very broad spectrum of folks at our church. We have a lot of young families and our congregation spreads the entire age gamut. We have a number of people who have, in the last 10 years, immigrated to Canada. We've got— You name it, we've got it in our church.

Commissioner Drysdale
So, you would say that it's a broad spectrum of everyday Canadians—

Steven Flippin
Absolutely.

Commissioner Drysdale
From all walks of life, all backgrounds—

Steven Flippin
Absolutely.

Commissioner Drysdale
Ages?

Steven Flippin
Yep.

Commissioner Drysdale
So, kind of a representative slice of Canada.

Steven Flippin
Certainly.

Commissioner Drysdale
Can you describe the nature of the relationship between your congregation and its pastor?

Steven Flippin
And it's pastor?

Commissioner Drysdale
And it's pastor, yourself.

Steven Flippin
Well, I would say the relationship between the church and myself is a very close relationship. The church relies on the service that I provide in teaching and counselling and just being there for them. I'm not sure what else you—

Commissioner Drysdale
Well, what I'm trying to get at is that you serve a community support.

Steven Flippin
Absolutely.

Commissioner Drysdale
So you've created community, you're supporting community. You're trying to, if you will, provide a social fabric in which your congregation can live and prosper.

Steven Flippin
For sure.

Commissioner Drysdale
During the lockdowns and during the times of isolation, was the government doing anything to promote that same social environment, that sense of community amongst people,

[00:35:00]

to give them hope, that you were trying to do?

Steven Flippin
No. Not only were they not doing that, but they were pressing further; they were threatening. I mean, we as a church, my family, our congregation—we believed sincerely that I was going to be going to jail for keeping our church open. So not only was our government not filling that void, they were threatening to jail those who were.

Commissioner Drysdale
I'm not from Saskatchewan, but I did hear you say that, during the time that you were under lockdowns and that you were restricted, Costco was open. And were liquor stores open?

Steven Flippin
Yes.

Commissioner Drysdale
Were marijuana stores open?

Steven Flippin
Yes.

Commissioner Drysdale
But churches were under restriction, were under inspection.

Steven Flippin
Yeah.

Commissioner Drysdale
How many people in your congregation died from COVID-19 to your knowledge?

Steven Flippin
To my knowledge, we had one individual who died with COVID. And I would question whether it was COVID that killed them.

Commissioner Drysdale
Thank you, sir.

Dellene Church
On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, pastor.

Steven Flippin
Thank you.

[00:36:44]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 10: Charlotte Garrett
Full Day 2 Timestamp: 08:53:04–09:17:45
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Louis Browne
Good afternoon, Miss Garrett. Can you please state your name and spell your last name for us?

Charlotte Garrett
Charlotte Garrett, C-H-A-R-L-O-T-T-E G-A-R-R-E-T-T

Louis Browne
And would you prefer to swear an oath or solemnly affirm?

Charlotte Garrett
I'll swear an oath.

Louis Browne
Do you swear that the testimony you are about to give in this National Citizen's Inquiry will be the truth, the whole truth, and nothing but the truth?

Charlotte Garrett
I do.

Louis Browne
Ms. Garrett, what city or town do you reside in?

Charlotte Garrett
Saskatoon.

Louis Browne
And how long have you lived here approximately?

Charlotte Garrett
About 18 years.

Louis Browne
And what is your profession?

Charlotte Garrett
I'm a teacher of English language.

Louis Browne
Okay, and are you currently employed?

Charlotte Garrett
I am.

Louis Browne
Have you been employed throughout the evidence that you're about to give to here today?

Charlotte Garrett
Yes, I have.

Louis Browne
In your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then afterwards we'll go back and ask some specific questions. The floor is yours.

Charlotte Garrett
I feel that many people do not know the inside stories of schools or occupations or the punishments that many people suffered through COVID. And I would like to be able to contribute to the truth.

Louis Browne
Sure, go ahead, Ms. Garrett, and just tell us why you're here today. You can start from start to finish and then we'll come back and ask some specific questions.

Charlotte Garrett
Okay. I'm here because, as a language teacher, I teach refugees and newcomers who— My particular bunch are illiterate, and I have a responsibility to be honest and truthful with my students.

And then, as when COVID came, my family was absolutely convinced that I needed to have a vaccine. I had one. And work was also a great deal of pressure to have one.

I had AstraZeneca in April of 2021. And I was sick for three days, and then a few days later I developed tinnitus—quite rapidly, it was just like a tap turning on. It was very strong and deeply uncomfortable, very hard to focus.

Does that answer your question?

Louis Browne
Sure. Yeah, you bet.

Let's just start then in April 2021. You said that you received the AstraZeneca vaccine. And did you do that willingly? Were you happy to do it?

Charlotte Garrett
No.

Louis Browne
Had you thought about it? What was the process that you went through?

Charlotte Garrett
Thanks. No, I was not happy. I did not want to do it. I have three adult children and five grandchildren. And between my family and my work, I felt totally pressured to do it. I really didn't want to, but I did.

Louis Browne
Okay, and how did you feel after that?

Charlotte Garrett
You mean physically how did I feel?

Louis Browne
Yeah. Was there any reaction? Did you have any sort of symptoms or anything or were you just fine?

Charlotte Garrett
Well, I had the flu-like symptoms. I was achy and I had a fever for three days. I was in bed. And then about 14 days later is when the tinnitus began.

So that was—I can't say it's painful. What it does is it's a noise in my brain and it interferes with being able to think or focus.

Louis Browne
Okay, and how long how long did the tinnitus last?

Charlotte Garrett
Well, I actually still have it.

Louis Browne
Okay.

Charlotte Garrett
But it's not quite as strong as it was in the first year and a half.

Louis Browne
Okay. Now you mentioned that you had your first shot in April 2021. Did you have to take any time off of work as a result of any of this, or did you work straight through regular?

Charlotte Garrett
In May I took two weeks just to— I was teaching remotely, and I needed to be able to just rest, so I took two weeks. And then later last year, actually, I took two months away from work.

Louis Browne
Okay. Now, at any point did you consult with your family physician? What role did your family physician play in all of this, if any?

Charlotte Garrett
He was very doubtful that my reaction was the vaccine.

[00:05:00]

Although later, I found that many, many, many people had the same reaction. He still wanted me to continue getting vaccines, but he decided to get me tested to see if there was something that could prove that I had a reaction to it. Although I don't know how, because they didn't know what was in the vaccine.

And I wound up having to— I refused to get further vaccines and didn't want mRNA in my body, and I decided to ask my doctor if he would support me to have an exemption. And he did.

I guess the ability to get an exemption in Canada is very limited: you have to have a severe allergic reaction, anaphylaxis or myocarditis. I didn't have either, but he said he would give me an exemption based on that I wasn't ready to get more and that he would recommend testing. My employer actually accepted it.

Louis Browne
Okay. And as far as masking, what was the role of masking at your place of employment, if any?

Charlotte Garrett
It's an absurd policy that my employer— In fact, he wears two. Still. It was so intense at my work that people are still wearing masks. My employer will not drop the mandate for our work, for our students, even though the Saskatchewan government made it very clear that we didn't need them anymore. And he won't accept that.

Louis Browne
Can I ask you, Ms. Garret: you mentioned earlier that you had been teaching remotely. Are you teaching remotely now, are you or are you back in the classroom?

Charlotte Garrett
No, we're back in the classroom.

Louis Browne
Okay. I want to ask you about when you are teaching remotely.

Are you able to give us any rough dates or any rough timelines as to when you were teaching remotely?

Charlotte Garrett
So remotely began, as with all the schooling, in March of 2020. And then we went back to the classroom in a very limited manner almost a year ago. But I was teaching remotely for almost two years.

Louis Browne
And while you were teaching remotely, what was happening with the so-called vaccine mandate?

Charlotte Garrett
Well, it didn't matter whether I was teaching remotely or not, I still had to have the vaccines. Which meant that I had to— Even though I had an exemption, I still had to test. And even in order just to go into the building, even if it was empty, I would still have to prove a negative antigen test.

I would have to go into the building in order to prepare mailing materials, to do photocopying, to check some materials there. So even if I, if there was nobody there, it didn't matter. I still had to have the antigen test.

Louis Browne
Okay. And I understand that at your place of employment there have been regular bimonthly meetings on Zoom, is that correct?

Charlotte Garrett
Yes. And they still continue on Zoom.

Louis Browne
What was your experience? Or what can you tell us about those bimonthly meetings and your response or reaction to them?

Charlotte Garrett
It felt like I was sitting in the middle of a propaganda campaign, where the employer and the employees were all— It's all safety-jabber. It's all about keeping everybody safe. It's all about how dangerous COVID is. It was about encouraging the students, insisting that the students get vaccinated.

I actually had to record how many vaccines the student had, when they had them, which I thought was illegal. I asked my employer. He said, "No, it's fine in this circumstance." I felt like I was complicit, that I was committing a crime. I hated it.

The Zooms continued; they're still continuing. Last week was the first meeting in three years where we did not discuss COVID first, for at least half an hour.

Louis Browne
And as you described this, where you felt you were committing a crime, essentially on behalf of your employer and whatnot, how did that impact you? How did that impact your own mental health, your own physical health?

Charlotte Garrett
I was deeply demoralized, actually. I trust the Nuremberg Code.

[00:10:00]

I think that my job as an educator is not to insist any kind of medical practice, but to support the students as best I can in their learning journey.

Can you repeat the question again? Would you mind?

Louis Browne
No, of course. Just how, you're enforcing essentially the mandates, you're asking the students about their medical status, you said that you felt like you were committing a crime. I wanted to ask you a follow-up: How did all of that impact your mental health? How did that impact your health?

Charlotte Garrett
Well, at the time and it still is. I'm finding— I'm quite discouraged by it all. Because the students trust me, and they trust me to give best information.

So other teachers were teaching people how to do the antigen tests. One teacher was doing demonstrations online. They told they had programs up for vaccinations and I felt that that was not my purpose to do that. I felt that it was a violation of my students' trust.

It still bothers me. I still feel— During the online classes, I would have students coming into a Zoom class, huddled in blankets or lying down and then I'd say, "Maybe go to bed." Or a young woman came to me secretly, two weeks or three weeks ago, to tell me that she had had two miscarriages. I was just so heartbroken by that, because I know that— At the time, I wasn't her teacher, she came to my class a little bit later. But I still felt that we were doing the students a disfavour. We weren't helping them.

I knew that, in my research, the vaccine could cause all of these consequences with fertility and with damage to the fetus, and with future problems. And the spike protein going to the womb and going into the ovaries, the testes. We don't know what the consequences are. And yet part of my job, supposedly, was to tell the students to go get vaccinated. I was appalled by that.

Louis Browne
And Ms. Garrett, since you were the one asking them about their vaccination status and whatnot, you were in a position to know when they were vaccinated. Did you observe anything among the student body as they were getting their jabs?

Charlotte Garrett
I noticed they were more tired, less focused. As I said, some were sick. As far as I know, not one of my students— Maybe, actually that's not true: two had COVID. The rest, nobody did.

Louis Browne
I want to ask you about your decision with respect to the jabs. Did you feel like people respected that? What was your response vis-a-vis other people? And we can talk about your friends and family and invitation to family events and these sorts of things.

Charlotte Garrett
Two of my children live outside Saskatoon—one in Ottawa, one in Calgary. They were very displeased that I wasn't getting more vaccinations. They didn't understand it. We actually have very damaged communication for the last number of years, because they felt that I needed to do it.

I've lost friends. Most of my social circle has changed completely. People at work, at first, did not know that I was not vaccinated. In fact, it only came up actually a week ago. Everybody I work with has five, so that's pretty appalling.

I was invited for Thanksgiving dinner, or for Christmas dinner—and then immediately, an hour later, I was uninvited because I hadn't had more vaccines. One of my neighbors is quite angry with me, but she's tolerating me.

It's been incredibly challenging, very demoralizing, very isolating. Almost a sense of like I'm a carrier of disease or something and people don't want to associate with me. Very, very painful.

Louis Browne
And those who were in your circle of trust prior-to shall we say: what was their response when you shared information with them that question, shall we say, or undermine the COVID narrative?

Charlotte Garrett
They become angry with me. They think that I'm a conspiracy theorist.

[00:15:00]

Even my own family. My son told me once I was crazy. My son-in-law refused to speak to me. It's terrible.

Louis Browne
And Ms. Garrett, you mentioned earlier— I just want to get a sense of how this factors into your analysis, but you mentioned the Nuremberg trials earlier. Can you just tell us a little bit about how did that impact you? How did that impact your decision-making throughout all of this?

Charlotte Garrett
Well, I'm older than a lot of people in the education field. When I was a very small girl, my father introduced me to the Nuremberg trials. We watched something on TV. I think we were six when we got a TV.

I remember him explaining to me what was right and what was wrong, and the sense of medical experimentation on human beings is not right.

And that has stayed with me. I really feel that people need to have autonomy and to make their own choices. And that we need to be honest with each other and not impose laws that limit our freedoms and our expressions, which is what's happened across Canada for three years, and is continuing.

Does that answer your question?

Louis Browne
It does, thank you. Now, Ms. Garrett, I'm not sure if you wanted to maybe explain to the Commission that you also had some exemptions from your family physician regarding masking and whatnot. And there was a bit of an exchange between you and your employer. Are you wanting to go into that or read anything into the record, or have we covered it?

Charlotte Garrett
Actually, I'd like to.

Louis Browne
Okay, yeah. Just go ahead and explain to the Commission what you're doing.

Charlotte Garrett
Sure. As a teacher, one of the things I did was, I questioned all along. Why are we doing this, why are we doing that? I'm not accepting it. I filed a grievance. I filed an update to a grievance. I gave a PowerPoint presentation on science and what was happening statistically in Canada.

And I did wear a mask at first. But I discovered that there was something happening with my breathing. And I went to see a specialist and found out that actually, when I had fallen as a child, I had broken my nose, and nobody knew it. And so breathing was difficult. So putting a mask on was torture.

I had several— My employer basically has accused me of being an incredibly difficult person, undermining the health and safety of our students, because I keep questioning, "When are we going to drop the mask mandates?" I mean, as far as the government is concerned, we no longer need them.

He has actually sent me some rather difficult things. He said to me, maybe I'll just read this. He said,

> I am sorry to hear that you have a medical condition that causes discomfort. However, I need to point out that since the start of the pandemic, we've had a lot of communication in written form, where you've questioned the necessity of steps designed to provide reasonable protection, in line with expert and public health guidance on a repeated basis. Whether that is masking, vaccination, or other means of reducing the threat to others. This dialogue, including over issues not related to breathing at all, creates great concern that you're bringing into the workplace the whole of a body of thought based on resistance to measures designed to protect our clients.

Louis Browne
And just to be clear, Ms. Garrett, that was part of an email exchange between you and your employer where you were providing your employer with your medical exemption from your doctor.

Charlotte Garrett
Yep. I got my mask mandate, and it was not accepted. He still does not accept it. I mean emailed him again on April 18th and said, "You know, in light of the change, we are stopping now, I would expect." And he responded not even with a hello. Just, "nope."

Louis Browne
Okay, we are running short on time, Ms. Garrett, so I just want to check in with the commissioners. Any questions?

Commissioner Kaikkonen
Tell us how remote learning affected the students' education, mental health, or social wellness.

Charlotte Garrett
Could you say that again? I couldn't quite hear you.

Commissioner Kaikkonen
Can you tell us how remote learning, for two years affected the student's education mental health or social wellness?

Charlotte Garrett
I would say for one thing, it delayed the learning process; it slowed that down. The other thing, though, is that if I did group lessons, then nobody missed them because they were desperate for contact.

[00:20:00]

And so, the lessons became more important than just about anything. Because then they could— Even on a WhatsApp call, then I might have eight, and they're able to see each other and speak to each other, and that was a good thing.

But it was so hard for them, because: they're new in the country, they don't have that many people that they can see, and so they're isolated. So, they were also demoralized, it was hard on them, and I felt terrible for them.

Commissioner Kaikkonen
And you mentioned that the school has, for the students, a record of the students that were vaxed. Where would that information go? Just to the school? Did it go up to the health people?

Charlotte Garrett
As far as I know, it just went to the employer. Because what they were doing is they were trying to figure out how many students would be coming back into the classroom when we opened. They would have to have the minimum of two vaccines to get into the building.

So as far as I can tell, it only went to the employer and then I deleted my files. I was so embarrassed to have them, so I just got rid of them.

Commissioner Kaikkonen
What was your employer's response to the students who were still not vaxed?

Charlotte Garrett
They couldn't come to school. They would have to do some kind of online learning.

Commissioner Kaikkonen
Thank you.

Charlotte Garrett
Thank you.

Commissioner DiGregorio
Thank you so much for coming today to give us your testimony. Did you say that you taught English to newcomers to Canada?

Charlotte Garrett
Yes.

Commissioner DiGregorio
These are people who English is clearly not their first language?

Charlotte Garrett
That's right, second or third.

Commissioner DiGregorio
And when the mask mandates came in, you were teaching English with your mouth covered?

Charlotte Garrett
Yes.

Commissioner DiGregorio
Do you think it's important when learning a new language to see the speaker's mouth?

Charlotte Garrett
Let me share my experience. So if you can imagine a fairly small classroom with the white board behind me, an air cleaner directly to my left— If this is my table— An air cleaner and the smart board and a fairly small room. And in order to access the laptop, I have to stand right beside the air cleaner. And then the students all are masked.

They're illiterate in their first language. So speaking is hard. Then they put their mask on and they mumble to begin with. So then they have the mask on and they're mumbling. And I get desperate. I ask them to pull their mask down to speak. I make sure the door is shut so my employer can't see it. I pull my mask down and I show my, I explain my lips. This is how you make the "s." This is how you do the "th." It's hard. It's really hard. And my employer has no understanding of that. Does not respect it at all.

Commissioner DiGregorio
Thank you.

Louis Browne
Thank you, commissioners. Ms. Garrett, I just have two questions left. We're almost done, so second-last question. In summary, in 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

Charlotte Garrett
That it seems that employers— I think it's because of the federal government and the Saskatchewan government and the way that they put through their mandates: they made it possible for an organization such as mine to do whatever they wanted. If they want to continue on with isolating students, they will. If they want to continue on with mask mandates, well, they will.

It's almost arbitrary. Well, it is arbitrary, and I find that deeply insulting—and dangerous! Masks are not healthy.

I think it's really important for Canadians to know the extent to which people were affected, even the English language learners—like, how hard it is for them to be in a classroom right now.

Louis Browne
Thank you. Last question. Is there anything else you would like to share with us today?

Charlotte Garrett
I don't think so.

Louis Browne
Okay, Ms. Garrett, thank you very much for your evidence here today.

Charlotte Garrett
Thank you.

[00:24:41]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 11: Krista Hamilton
Full Day 2 Timestamp: 09:17:54–09:36:07
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Dellene Church
Krista, can you hear me?

Krista Hamilton
Yes.

Dellene Church
Our next witness is Krista Hamilton. Krista, can you please state your name and spell your first and last name for the record?

Krista Hamilton
It's Krista Hamilton: K-R-I-S-T-A H-A-M-I-L-T-O-N.

Dellene Church
Thank you. Krista Hamilton, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Krista Hamilton
Yes.

Dellene Church
Thank you. Krista, you were forced to take COVID vaccines in order to keep your job. Can you tell us what you did to try and avoid that?

Krista Hamilton
I went to my family doctor for an exemption and he told me I didn't meet the requirements to be exempted.

Dellene Church
And what was your health condition that you thought would qualify for an exemption?

Krista Hamilton
I have a lot of allergies, so I just was kind of hesitant to take it. So I thought that would be enough, but— And I also have asthma and that wasn't enough.

Dellene Church
Okay, what did you do then at your employment?

Krista Hamilton
I did end up taking my two vaccines. Sorry. I did take my two vaccines and I just had to show proof so then I was able to continue working.

Dellene Church
You did hold out as long as you could until you felt you were forced, or you were going to lose your job.

Krista Hamilton
Yeah, I was hoping they would roll out an exception, or that you didn't have to have one to go back. And they didn't. I went on my very last day that I could to have my second vaccine. So I waited as long as I could.

Dellene Church
Okay. And how did you react to those vaccines?

Krista Hamilton
The first vaccine, I had zero symptoms. And the second vaccine: on my second day, I started to have chest pain, and I couldn't inhale all the way. I couldn't get out of bed without help.

Dellene Church
You were immobile? You couldn't move all parts of your body, or a portion?

Krista Hamilton
I couldn't move, like, my torso. So if I was in a standing position I could walk slowly, but I couldn't move my torso. At all.

Dellene Church
Okay. And at that point did you seek medical care?

Krista Hamilton
Yes. I went directly to the ER. From there I had a bunch of tests, and they thought I could have the beginnings of pleurisy or indigestion. So they told me to go home and rest for five days because all my tests panned out okay.

Dellene Church
Okay.

Krista Hamilton
I think I had vitals, x-ray, and of your basic stuff. And the ER doctor wasn't really sure, she said.

Dellene Church
They were aware that you had recently had the COVID vaccine, your second?

Krista Hamilton
Yes.

Dellene Church
And they made no link between your symptoms and that vaccine 24 hours before?

Krista Hamilton
No.

Dellene Church
Okay. So you went home for your five days of rest. How was that?

Krista Hamilton
I mean, I was in a lot of pain. I was shallow-breathing for three days, in and out. When I inhaled, it felt like sharp stabbing pain in my chest—upper chest—so it was really hard to inhale. I was fine when I exhaled, but just, each breath hurt. And it took about four to five days to go away.

Dellene Church
And what about your ability to move, did that improve?

Krista Hamilton
It did. For three days, just from standing to sitting, or sitting to standing, or getting in and out of my vehicle was very, very difficult without feeling a lot of pain.

Dellene Church
Okay. And were you developing any other symptoms during that time?

Krista Hamilton
Well, I developed— My voice, as you can hear, I lose my voice a lot, and I have to clear my throat often. And I also have a dry cough with that.

Dellene Church
Okay. And did you have any mental symptoms?

[00:05:00]

How was your energy level?

Krista Hamilton
Well, mentally, I was okay. I just was a little scared of the unknown, like what was happening, because I've never had those symptoms before. Also, just the house-cleaning or mowing my lawn—I felt like I couldn't do a whole lot. I had to stop and take lots of breaks, whereas before, I felt I could do quite a bit, whether it was mowing the lawn or house-cleaning or whatever I was doing.

Dellene Church
Okay. And you're a mother, and you work full-time, and before this you were doing all of those things without problem.

Krista Hamilton
Yes.

Dellene Church
So after five days, things had improved some. You still had symptoms. What did you do from there?

Krista Hamilton
After five days, I started to feel better. I could move my body. But I was still having sharp, stabbing pains in my upper chest, in my left side. So from there on, I had a second— About four weeks later, I had another attack similar to this one. Went in for a second visit to the ER and they thought I had a blood clot, which, turns out, I didn't. And they sent me home and told me I had a pulled muscle, to rest for five days.

So I went home, I rested, started to feel better, but then the pain continued after that. Like, just randomly, and 4 minutes to 20 minutes at a time. But nobody could really explain it.

Dellene Church
Okay, and were you able to return to work during this period of time?

Krista Hamilton
Yeah, after about a week I returned to work. And then I did a follow-up call with my doctor. When I went in to see my doctor, he told me the x-ray for my second ER visit showed spots on my lungs on my x-ray. And he sent me to a lung specialist, which showed it led to sarcoidosis. So I was diagnosed with that.

Dellene Church
And can you tell us what sarcoidosis is?

Krista Hamilton
Actually, it's like an inflammation. I think it, well, it's spots on your lungs. I have nodules or spots on my lungs, they call it. I have several tiny spots and two larger spots.

Dellene Church
And are you being treated for that condition?

Krista Hamilton
They said eventually I could take prednisone, I believe it's called. I said no to it at first, but I think they're just going to keep an eye on me to see if I need it in the future.

Dellene Church
Okay. And still no connection made by medical that this may relate to your COVID vaccine?

Krista Hamilton
No. Nobody said anything. No.

Dellene Church
So also, then you were never provided any information on how to report what you thought had caused this or make any claim for compensation?

Krista Hamilton
No.

Dellene Church
Okay. Do you have anything else you want to add about your diagnosis and your condition, how it is now, and your treatment with the health system?

Krista Hamilton
I just found it really funny that— I did have asthma prior to my vaccines. But I just found it really odd—I was stopped in my tracks, or it wakes me up from my sleep; even a year later I still feel the effects—that no one can really say why. Maybe it points to sarcoidosis, but I don't know.

The other thing I had was eye inflammation for four months after my second vaccine, which—I don't know if it's related. Often, I have shortness of breath, even after taking my regular puffer. But I just can't explain this sharp stabbing pain and not moving my torso, which is really scary. So nobody can really explain that to me.

Dellene Church
And your pre-existing conditions with the allergies and asthma, have those worsened as well?

Krista Hamilton
I would say, I can't really tell if the— Because I take a puffer once or twice per day.

[00:10:00]

I would say shortness of breath has worsened, and just the random sharp pain that I feel, and just being tired. So those three mainly.

Dellene Church
Now, you also had a son that had an adverse reaction that required hospitalization. Do you want to talk about that?

Krista Hamilton
Yeah, so my son Liam, who was 21 at the time: he took Moderna. So his second shot of Moderna, he, I guess, was having heart pain and he went into the hospital. He ended up in Halifax—the QE2—for a week because his enzyme levels were really high.

So yeah. They did believe it was the shot and told him not to take any more. They advised him that. There's not much I know about that because he— Yeah, I don't really know much, but he was on three months of medication. It was called Colchstream, C-O-L-C-H-S-T-R-E-A-M.

Dellene Church
That was the medication?

Krista Hamilton
Yes. So they prescribed that for three months. And then he went off it. And he had a follow-up and I think that was about it. They kind of released him.

Dellene Church
And what was his diagnosis?

Krista Hamilton
Myocarditis.

Dellene Church
Okay. And they did, in his case, admit that was directly related to the COVID vaccine?

Krista Hamilton
They did. Yes.

Dellene Church
Okay. And was he provided with any information on how to report that, or make a claim for any compensation?

Krista Hamilton
That I'm not sure of.

Dellene Church
Okay. And another unfortunate instant related to COVID you had was your father passing away.

Krista Hamilton
Yes.

Dellene Church
Can you tell us how COVID impacted that?

Krista Hamilton
At the time, the nursing home here in Nova Scotia that he was at— It was December of 2020 and so each patient had two caregivers. I was one and my mom was another. My brother at the time was working in Winnipeg.

They told us my dad had less than a week left before he passes. My brother flew home from Winnipeg and he had required permission to see his father: a letter to get into the nursing home. So he got the letter. I think he arrived, went in, and then after he'd seen my dad and said goodbye, my dad was alive for another six days, and he was not allowed to go back and see him.

Dellene Church
Okay. And it wasn't like he was easily admitted to say goodbye to your dad. Is that correct?

Krista Hamilton
Yeah. They told him he had to quarantine for 14 days after seeing my father because he flew back as an essential worker.

Dellene Church
And did they also firstly try and prevent him from coming in because he was not one of the two designated caregivers?

Krista Hamilton
Yes.

Dellene Church
And he just ignored that and decided he was going?

Krista Hamilton
Yes.

Dellene Church
So what do you think could've been done better in your situation, your son's, your dad's?

Krista Hamilton
I think for myself, who— I didn't want the COVID shot— Even though I have four kids and they're all vaccinated, all the way to 18. But for me personally, I did not want the shot and I feel like I should've had the choice. And continue to work if I didn't have it, and just wear all the precautionary measures.

For my son, he just wanted the shot. So definitely his choice.

And as for my father, I just think that, if someone is dying and it's their last days— I think family—all family—should be able to go in. Especially immediate family.

Dellene Church
Right.

Krista Hamilton
I think that was very unfair.

Dellene Church
And with your son that had the reaction,

[00:15:00]

you said it was his choice. Do you know what his choice was based on?

Krista Hamilton
I don't. I mean, he did his own research. I don't know where he found his information, but I think that he chose to do it because he was around his grandparents a lot and he didn't

want to make them sick. So I think he was thinking of his grandparents more so than himself.

Dellene Church
And was he working or attending post-secondary schooling that also required that?

Krista Hamilton
No. He was working from home. He lives on his own so— At the time. But he was really afraid, because of what he heard in the news and whatnot, that he would make his grandparents sick. So he chose to get it.

Dellene Church
To protect others.

Krista Hamilton
Right. Yeah.

Dellene Church
Is there anything else you'd like to add before I turn it over for questions from the commissioners?

Krista Hamilton
No.

Dellene Church
Okay.

Commissioner Massie
Well, thank you for your testimony. Can you clarify something for me? You said your four kids are vaccinated. I'm wondering: Were they vaccinated after you've learned about your adverse effect or before?

Krista Hamilton
Oh no, I'm sorry. I should clarify. My children are— So I have three over 20 that live on their own. And then I have a daughter who was 15 at the time. She wanted to get her vaccine. Myself and her father told her to wait a few weeks to learn more about it. We provided her with information. She still chose to get her vaccine, but this was all before I had mine. And she chose to get it.

As far as my other three, they went and got it, so there's nothing that I can do. But they didn't learn about my symptoms and what happened to me until after they got theirs.

Commissioner Massie
So did they believe that you were actually injured by the vaccine, or are they not sure?

Krista Hamilton
I guess they weren't sure. Yeah. But I did feel like, within two days of me taking the second vaccine, I felt like it wasn't an allergic reaction. Like it was something more.

Commissioner Massie
Thank you.

Dellene Church
On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, Krista.

Krista Hamilton
Thank you.

[00:18:13]

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Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 12: Bridgette Hounjet
Full Day 2 Timestamp: 09:36:28–09:56:34
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Louis Browne
Good afternoon. Can you please state your name and spell your last name for us?

Bridgette Hounjet
Bridgette Hounjet: H-O-U-N-J-E-T.

Louis Browne
Ms. Hounjet, would you prefer to swear an oath or solemnly affirm?

Bridgette Hounjet
Oath, please.

Louis Browne
Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Bridgette Hounjet
I do.

Louis Browne
Ms. Hounjet, what city or town do you reside in?

Bridgette Hounjet
Saskatoon.

Louis Browne
Okay. And how long have you lived there approximately?

Bridgette Hounjet
About 20 years.

Louis Browne
And I understand that you worked as a federal public servant. Is that correct? —Sorry, can you say that again?

Bridgette Hounjet
Yes.

Louis Browne
Okay. Thank you. And how long were you so employed?

Bridgette Hounjet
It's been— Going on sixteen years.

Louis Browne
Okay, and are you still so employed?

Bridgette Hounjet
Yes, I am.

Louis Browne
Okay. Ms. Hounjet, in your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then we'll ask some further questions after that. The floor is yours.

Bridgette Hounjet
So I guess my story starts— I gave birth to my son in 2019 and so I started maternity leave August 2019. And things were great on maternity leave. Come March 2020, the world starts going in a bit of a panic. We don't finish the first swimming lesson. That's kind of when things started to happen: March 2020.

And then fast-forward to August 2020, when it's time for me to return to work. And my first day was— Already, at that time, they had started working from home, so I went into the office to pick up my laptop and kind of ease back into work, and catch up on a bunch of emails and that sort of thing. And then proceeded to work from home from there.

There was not really too many rules in place. We were supposed to stay under a certain capacity in the building. We weren't forced to work from home, we weren't forced to go in the office. Just that we couldn't be more than a certain amount in the office. I personally

chose to work out of the office full-time. I was pretty much the only one who chose that. And then others would just come in as they needed, to do certain tasks or that sort of thing. And then, I believe, that went on for the rest of 2020.

And then kind of at the beginning of 2021, the guidelines were changing, that sort of thing. Masking came into place when you were in the office. And then we were going to start setting up a schedule to do a rotation in the office. Half of us would work from home and the other half would work in the office. And we would kind of do a rotation every month just to kind of allow equal workload type of thing, as only certain duties could be done in the office. So just to kind of share those tasks, that sort of thing.

We did that for a while—well, working from home in general for a year. And then there was some chatter about—as the vaccines were being developed—that there was a possibility that they would be mandated in our workplace. And that's when my anxiety started to go up. Because I knew, just the little bit I had read and I continued to read, that that wasn't something I was ready to rush into. There were things unfolding, information was still coming out.

For me, there were a lot of red flags just surrounding the vaccine, so it was certainly something I did not want to rush into, but there came a point where my employer was mandating these vaccines.

I think that came into play, I think, October 19th—somewhere around there.

[00:05:00]

The rules came out that we needed to "attest" to our vaccination status by a certain day and—sorry, my memory on dates is not great, but somewhere around there—there was a date in October that we needed to attest. And from there, there was about a— If you weren't fully vaccinated or if you did not disclose your vaccination status, you had about two weeks to either get vaccinated or submit a request for accommodation.

Now the request for accommodations were based on either a medical exemption, or a religious exemption, or a human rights violation essentially. I knew I there was medically nothing that would stop me. I knew and I had heard, you know: doctors weren't just giving exemptions medically willy-nilly, so I knew that that was going to be impossible.

Religious? Yes, I do have a faith background, but there was nothing there that I felt I could work with.

Human rights? I had little knowledge to how that all really worked, but I tried. I tried to go with a human rights discrimination, and so I put in a request for accommodation for the human rights ground of sex: being a female and I had not ruled out having more children. And prior to having my son, I had suffered a miscarriage. So for me, there was nothing that I wanted to do to my body not knowing how it could affect my body. I didn't want to take a chance that— If I did choose to have another child, I did not want to take the chance that something I inject in my body could have a negative effect. So that is the route I chose to do: discrimination against sex. And, honestly, reading the human rights, and kind of how it's laid out, I was pretty certain that that's not what they meant by "sex discrimination," but I tried because what do I have to lose to try?

So I tried, and I sent my request for accommodation to my manager. It had to go through a process and it then had to go to nationally for the committee to review and that sort of

thing. In that time frame, while it was being reviewed, we continued to work from home, work from the office. And it was taking a little bit longer than anticipated to get a response. It was going to be in December 2021: my turn to work out of the office.

At that time—as the vaccine mandates had come into play—they requested that I test: do rapid tests three times a week, Monday, Wednesday, Friday. Didn't matter if I was at work or not: Monday, Wednesday, Friday I had to test. And I didn't have to show the result. I just had to text my manager and give the result. So I did it! Because—yeah, I did it—I wanted to keep working. I love my job and I wanted to keep working to support my family. So I did it.

And on December 23rd, I got a response that my request for accommodation was not supported. So that was a great Christmas gift that year.

On that letter telling me that it was not supported, they gave me till, I believe it was January 5th, 2022 to either change my vaccination status—and they allowed, I believe, two-ish weeks to then again either go get vaccinated so that my status has changed, in that I could go to work, continue going to work—or I would be placed on unpaid leave starting January 19th.

[00:10:00]

January 19th came and I received another letter saying, "You are being placed on unpaid leave." January 20th: I meet my manager outside our office. I hand over all my work, computer, and that sort of thing. Really felt like a criminal handing over everything; you know, it didn't feel great. And, yeah: I was on unpaid leave for five months, until June 20th, when the federal government decided to get rid of the mandates.

It was really bizarre. I mean, our provincial government had already done away with mandates—I don't remember the exact time, but certainly months prior. So why it took that much longer for ours to be lifted, I don't know. But those five months was the worst time of my life. I was in a really dark place, and it was really hard.

June 20th came around and I messaged my manager saying, "Okay, I see in the media that the federal government is doing away with mandates. When can I come back?" And she had not seen that quite yet. There was no kind of communication that had come out for her to be able to reach out to me first. But anyway—so we made that communication and I did return to work shortly thereafter. I had taken a few weeks off just due to family commitments but I did go back to work.

I am still at work. I forgot to mention: As part of my request of accommodation, I did express to my employer that I am willing to continue testing as I had done—it had been **working and there was no reason why all of a sudden it would not be acceptable—or continue to work from home. I was still so very willing to continue working. And it just wasn't good enough, and I was placed on unpaid leave for those five months.**

Louis Browne
Thank you, Ms. Hounjet, for that account. I wanted to ask you a few follow-up questions. You mentioned that you put in an application for an exemption and you were denied ultimately.

Are you aware of anyone at your workplace—and I mean, personally aware of anyone at your workplace—who was granted such an exemption?

Bridgette Hounjet
I am aware of one person who was granted a religious exemption.

Louis Browne
And are you able to advise, or do you know, what religion that person belonged to?

Bridgette Hounjet
I cannot 100 per cent say which religion. No.

Louis Browne
Okay. That's fine. I'd like to ask you about— I mean, even though you're back to work now, nonetheless, you were on unpaid leave for a while. How has that affected you still today? In terms of, let's just talk— Let's start with mental stress. How's your mental health doing today, even though you're back at work but yet you had that L-walk?

Bridgette Hounjet
It's not great. I still have a lot of anger and bitterness, resentment. I see my counselor a whole lot more regularly. And I have breakdowns, I would say, quite regularly. I mean the greeter was nice enough to greet me here today and I broke down, so it just it doesn't take much. I break down at work. It's kind of embarrassing, but it is what it is. It's my reality right now. But yeah, my mental health is not great. I'm working on it.

I guess to add to that, in 2021— I play adult rec hockey and I had signed up for the 2021 season and that usually starts in September. I played two games. They made us mask while we played, skated on the ice—it was the worst thing ever—and then shortly thereafter the mandates came into play so my season was cut short.

And that, for me, is a big— That's what I do for my mental health. That's my physical activity to help with my mental health.

[00:15:00]

So that was taken away. So yeah, things were taken away: those kind of supports. But thankfully, between my family and some friends I was able to get through it. But yes, my mental health. And finances— obviously, I depleted my savings to try and support my family during this time. And I continue to have to pay back my pension, some benefits, so I'm still financially hurting from it.

Louis Browne
Thank you for that, Ms. Hounjet. And because the Commission doesn't necessarily know you from how you were before, I just want to be clear: When you say that you break down, and even the greeter was nice and you broke down: just to be clear, that's different than how you were prior to all of this? Can you just clarify that?

Bridgette Hounjet
Yes certainly. I did not break down near as much. I know, after having a child, things—your hormones—are different, so yes. But like weekly, every other day, something triggers me. I

could be driving in my vehicle and tears start flowing. It doesn't take much to— At work, certain conversations will trigger me and I sometimes have to remove myself to go have that moment. And that was not the case before that.

Louis Browne
Thank you for that clarification. Can you advise, Ms. Hounjet: Has this experience impacted your trust in government and public health authorities?

Bridgette Hounjet
Yeah, certainly. I've lost a lot of trust in some of those institutions. Just yeah, simply lost a lot of trust. I question a lot of things—which doesn't feel great to question some of those things you used to place a lot of trust in. But yeah, sadly, I do question a lot of things.

Louis Browne
And how about your impact on relationships and, you know, all manner of relationships—family, friends, workplace. Has this impacted your relationships at all?

Bridgette Hounjet
Yes, it certainly has. As I explained, I have anger and sometimes—unfortunately—that gets taken out on my family, my close friends. When you have your friends and family tell you that you're different, that you've changed, it's hard to hear.

Louis Browne
You're doing great and we're almost done. Let's just hang in there. At this point, I just want to invite the Commission members if there are any questions.

Two more questions, Ms. Hounjet. And for those who have been around a while, they know what they are. In summary, in about 60 seconds or so: What would you like this Inquiry, and Canadians at large, to take away from your evidence today?

Bridgette Hounjet
I guess, and I was one of these people, like: Read for yourself. Do the research. Be open to other views. Don't just be quick to take what is thrown at you through media, or friends or family even, for that matter. Sadly, until it affects you directly, we don't fully understand. It's hard that it has to get to that point. But just have an open mind, and let's be there for one another, so that we don't repeat this sort of thing.

I think of myself as a high-functioning person in life. If it has affected me this much as a high-functioning person, I can't imagine those who were affected medically and in other walks of life. I can't imagine what our society as a whole is going through. And let's try and move forward in a positive direction and not let this happen again.

Louis Browne
Thank you for that. Last question: Is there anything else you'd like to share with us today?

Bridgette Hounjet
I don't think so. I just want to thank everyone. This, for me, is part of my healing—to be able to tell my story. So I thank everyone for being inviting, welcoming, and open to hear my story.

Louis Browne
On behalf of the NCI, we thank you very much for your evidence today. Thank you.

Bridgette Hounjet
Thank you.

[00:20:06]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 13: Kelcy Travis
Full Day 2 Timestamp: 09:57:07–10:07:47
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Wayne Lenhardt
Kelcy, could you give us your name, please, and then spell it, and then I'll do an oath with you.

Kelcy Travis
My name is Kelcy Travis, K-E-L-C-Y T-R-A-V-I-S.

Wayne Lenhardt
And do you promise to tell the truth today, the whole truth, and nothing but the truth?

Kelcy Travis
I promise, I do.

Wayne Lenhardt
Thank you.

Due to the late hour, I think I'm going to lead you a little more than I might otherwise. You suffered certain negatives because of the COVID situation. Could you go back and tell us when it started, and perhaps tell us what financial impact it had on you, as well as on your children.

Kelcy Travis
Absolutely. I have six children. We're a blended family. We had our daughter in December 2019. I believe we had a COVID infection. I cannot prove that, but I believe we had a COVID infection in the hospital. At that time, I was then pregnant again and I had our son in 2021.

Being pregnant through this and seeing some of our systems from a different angle has rocked my world forever. I won't ever be able to look at things the same, because I saw evil and I saw corruption, and I saw a lack of transparency and accountability at all levels. The voice that I sent you, my story, I sent across the world. I sent to the United States; I sent to Dublin; I sent to municipal, provincial and federal levels; I sent to the Minister of Government Relations and I was ignored.

I was told it would be better by the end of the year.

I was unable to watch my son Archer in taekwondo. Because I was pregnant and nursing my other son, so I had to make that choice, and I wasn't allowed in recreational facilities.

Wayne Lenhardt
So you did not get the COVID shot.

Kelcy Travis
I did not. My OB-GYN, at the beginning, told me she understands why I can't trust the science because it is too new. Halfway through my pregnancy, I was told by Public Health, as I was there with another, older child for an immunization, that I should get the COVID vaccine that day, but I would have to sign a waiver. I'm experienced with non-profits and waivers, and I know when someone's trying to indemnify themselves and that sent off every warning flag in my body. My partner did get the vaccine because his grandma was dying. So he got two doses of the Moderna vaccine and I'm still scared for him because I can't lose him.

What I've seen—the good and bad in humanity—has shaken me forever and I can't unsee what I've seen.

Wayne Lenhardt
Okay, so you weren't able to attend your child's activities and you didn't want to take the vaccine because you were pregnant. And that had an impact on your ability to earn?

Kelcy Travis
Yes. During COVID, my work was basically shut down. So to try to get maternity leave, I had gotten another position in a similar field. And I was so scared, being eight months pregnant and training and going out into the community, and I kept seeing all the articles from Ottawa of these pregnant women in ICU. I knew I was making the right decision, but I was **still scared for myself and my baby. And after I went through all the training and did a skin test, then they put a vaccine mandate in place at the job that I had started,**

[00:05:00]

so I was never able to get my hours for maternity leave.

The last four years have been extremely difficult in all senses—not just because of COVID, but largely. And I didn't realize how much I needed people. I didn't realize how depressed I was.

Wayne Lenhardt
And you have a fairly large family. So you weren't able to attend your child's activities, to begin with—

Kelcy Travis
No, and we were one day away from eviction. My partner got laid off and my work refused to give me shifts. I was testing once a week, on Monday, at one of my positions. But what if I got it on Wednesday and carried it through the place? It didn't make sense to me.

Wayne Lenhardt
Were you able to go to medical appointments with your family?

Kelcy Travis
No, my partner missed the ultrasounds. And I thought, you know, I'm not a new mom; I'm not a first-time mom. I felt really bad for the first-time moms that didn't get to experience their pregnancy in the way that they should have.

Wayne Lenhardt
Were medical and health appointments a problem?

Kelcy Travis
Yes, they were missed. If they were non-emergent, we weren't to bring them in, and I'm still dealing with cavities and things that wouldn't be there if I would have been able to take them in. And a cavity is small, but all these things add up.

Wayne Lenhardt
Did you have any problem getting maternity leave while you were pregnant?

Kelcy Travis
I did not get it. I didn't qualify for even the reduced hours, because of the vaccine mandate coming into effect at the new job that I had found at eight months pregnant.

Wayne Lenhardt
Did you consult your doctor about getting the vaccine, and what did he say?

Kelcy Travis
I didn't. I had had family who had consulted our doctors, and I pretty much knew it would be a losing battle for me, so I just stood my ground and I just waited it out.

Wayne Lenhardt
When were you able to get pretty much back to normal?

Kelcy Travis
Now.

Wayne Lenhardt
Have your children—are they behind in school in any way?

Kelcy Travis
My son Archer was about to start kindergarten, so that's why I put him into taekwondo, so he had some form of socialization outside of his sibling interactions. And that was really good for him. And the day that I was first able to go watch him. I cried in that gym to be able to see him and have our other son, Atlas, in there with us.

This picture I just found last night and my 10-year-old drew this. One house is like a happy house and the other house, in the smoke, it says "Alone." And she is 12 now and she's suffering because she's so social. I homeschooled multiple children because I was scared of them getting sick. When I did get COVID, I thought I was going to die. I had to do my will quick. I was going to leave my babies without their mom. I was so scared, and I think they used our hearts against us.

Wayne Lenhardt
I think I'm going to ask the commissioners if they have any questions at this point, then I'll come back and wrap up. Are there any questions, Commissioners? No? If there's anything that you could change about the COVID situation you went through, what would it be?

Kelcy Travis
It would be to have some accountability and some transparency at every level. In all of our institutions, at all of our workplaces, that's what we deserve. We pay the bill. In more ways than one, we pay the bill.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, thank you very much for your testimony.

Kelcy Travis
Thank you for letting me speak.

[00:10:40]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 14: Chantel Barreda
Full Day 2 Timestamp: 10:08:30–10:22:21
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Wayne Lenhardt
Chantel, if you could give me your full name and then spell it, then I'll do an oath.

Chantel Barreda
My name is Chantel Kona Barreda. So my first name is C-H-A-N-T-E-L, middle name K-O-N-A, last name Barreda, B-A-R-R-E-D-A.

Wayne Lenhardt
Okay. Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Chantel Barreda
Absolutely.

Wayne Lenhardt
You were teaching at an Indian band in Lac La Ronge, I think, prior to COVID and then as it came on. Could you tell us what happened at that point?

Chantel Barreda
At the time when COVID began, I was teaching Grade 7. And we all had to go online. We finished the year kind of like that, doing homework packages and home visits. And then, at the beginning of 2021, we were back in the classroom and we had barriers, which were flimsy plastic. We had to wear masks and try to stay six feet apart. But if you know kids, that's not going to happen.

So things are going pretty good and then I got an email—well, all of us got an email. It was sent out on September 14th saying that they had a new vaccine passport mandate and that

it would be effective on September 20th. So we had six days to get all of our ducks in a row. The policy stated that if you did not get vaccinated, your employment would be terminated. And that's what happened to me.

Wayne Lenhardt
Did they give you a time period to comply?

Chantel Barreda
Oh, they did, yes. I was given until October 18th to comply with the mandate, but I was not planning on getting vaccinated because I felt that it was an experimental procedure that wasn't a real vaccine. I like to do research, so I just noticed that the definitions started to change with what a vaccine is. Anyway, so things started to change and I thought, "Well, that's weird." And then— Oh, shoot, I lost my train of thought.

Wayne Lenhardt
Correct me if I'm wrong, but I think your last day of work was September 17th.

Chantel Barreda
Right. My last day of work, physically, was September 17th. The mandate came into effect on the 20th.

So just to backtrack just a little wee bit, my daughter was also attending the school that I was teaching in, so she had just started Grade 7. And so we were suddenly out of a job and out a school as of that Monday.

Wayne Lenhardt
Okay, so you were basically not working after September 17th. Did they call that a leave without pay or was it a termination?

Chantel Barreda
Yes, I was put on leave without pay.

Wayne Lenhardt
Okay. So you were allowed about six weeks or so to comply then?

Chantel Barreda
Yeah.

Wayne Lenhardt
Okay.

Chantel Barreda
I had till October 18th. In that time, I did end up getting COVID—I ended up getting very sick. But somebody saved my life and gave me some ivermectin and I'm here today. I believe strongly that we have an immune system, and a lot of the research was saying that only those really elderly or with comorbidities were really at risk, so I just kind of wanted to trust that.

Wayne Lenhardt
It was in October—I believe, October 18th—

[00:05:00]

that you received a letter saying that they had terminated you, or you lost your job, something along that line.

Chantel Barreda
Yeah.

Wayne Lenhardt
Okay.

Chantel Barreda
I received my termination letter. In the meantime, I started the EI process. I applied for EI. They changed that too, and so I was denied my claim. And then I put in a human rights claim. And I think that was changed too, so that was denied.

Things kept changing, including "the science." Yeah, so there I was, no job. I had natural immunity because I just had COVID and recovered, and still not able to work.

Wayne Lenhardt
Your daughter was going to that same school that you were working at, correct?

Chantel Barreda
Yes.

Wayne Lenhardt
Okay, and what happened after you were terminated? Did she continue to go to that school?

Chantel Barreda
No. No, so I had to pull her out and I enrolled her in online school. So basically, for the rest of the year, she was stuck in her room by herself.

Wayne Lenhardt
Right. And what grade was she in at the time?

Chantel Barreda
She was in Grade 7. I think our mental health at that point started to decline because I started getting the rejections from EI and the Human Rights Commission, and I started to lose hope.

Wayne Lenhardt
What effect did that have on your daughter?

Chantel Barreda
She became depressed. Well, we got her counseling. I'm not sure if that worked. I don't know.

Wayne Lenhardt
This is when it started that you couldn't go to restaurants or various stores if you were not vaccinated. Is that correct?

Chantel Barreda
That's right. We weren't allowed in restaurants. We weren't allowed in certain stores. I started to get worried. I had to— I enjoy some wine, at times, and I had to get people to go buy me wine.

Wayne Lenhardt
Where, physically, were you in the province at that time?

Chantel Barreda
Yes, I was in Saskatchewan.

Wayne Lenhardt
Did you try to get another job at that point?

Chantel Barreda
Oh, yeah. I was applying for jobs anywhere I could. One thing: when you're applying for jobs in education, if you're applying for a job at a bigger school division, you have to fill out—I think it's a 26-page online form, it's called AppliTrack. There is a section in there, and it asks if you have ever lost your employment. And I have to say "Yes" and then I have to explain why. There's a little box there where you have to explain why. And I feel like once they see that—that I'm unvaccinated—that I'm discriminated against.

Wayne Lenhardt
What qualifications do you have in teaching?

Chantel Barreda
I have a Bachelor of Education and a Master of Education, which I just received.

Wayne Lenhardt
And, I presume, a teaching certificate from Saskatchewan?

Chantel Barreda
Yeah. Yeah, I've got a valid teaching certificate. No criminal record.

Wayne Lenhardt
And with those qualifications, you're still having trouble?

Chantel Barreda
Yeah.

Wayne Lenhardt
Okay. What about health issues?

Chantel Barreda
I think the biggest thing is mentally. I feel like I was getting into quite a depression. I felt isolated, I felt alone. I lost friends. My relationships with so many people changed and disappeared, and it was a very lonely time.

Wayne Lenhardt
Okay. Did you get any kind of employment at all after you were terminated?

Chantel Barreda
Yeah, I did get a job, and I didn't have to disclose my whole medical history.

Wayne Lenhardt
Was that a permanent or part-time job?

Chantel Barreda
No, it's like a temporary contract, yes.

[00:10:00]

Wayne Lenhardt
Okay, so is it fair to say you were largely unemployed after this happened?

Chantel Barreda
Yeah, I've been unemployed. Except for last summer, which I was going to school.

Wayne Lenhardt
And is your daughter's mental outlook still rather dark, or has it improved?

Chantel Barreda
She's back in school, physically, and she's doing better. She's not stuck in her room day after day. And she's got friends, so things are improved.

Wayne Lenhardt
Okay. Are there any thoughts you would like to leave us with respect to this whole scenario, and how things could have been better?

Chantel Barreda
For sure. The first thing is: When I tried to talk to my Chief and Council about what was going on, I got blocked and ignored. And I don't think if you're in a position of leadership that that's appropriate.

I would like for people to use their critical thinking skills and to stop being afraid to stand up for what's right. I try to teach my daughters to stand up for what's right.

And one other thing is that I tried following the science, but it led me to the money. And, so I just want to leave with Mark 8:34-38, which is: "For what shall it profit a man, if he shall gain the whole world and lose his own soul."

Wayne Lenhardt
Okay, I'm going to ask the commissioners if they have any questions now, and then I'm going to come back and I'm going to go through the documents that you're going to leave with the Commission in case they're useful.

Chantel Barreda
Okay.

Wayne Lenhardt
Okay. Any questions from the commissioners? Okay, I think that's a no.

Okay, you have given me some documents, which I'm going to leave with the Commission. They include, on Lac La Ronge Indian Band letterhead, and you've labeled it "new policy," given to you on September 14th, 2021. And it's entitled Workplace COVID-19 Vaccination Passport Policy. You have some correspondence relating to your request for an exemption with HR. There's a Notice of Liability that you gave to your employer back then. There is a *Public Health Act* and affidavit—it's a Xerox of part of the *Public Health Act* and your affidavit with respect to vaccination. There is a Saskatchewan Human Rights complaint relating to violation Section 13.1, the right to education. There is your complaint form to the Canadian Human Rights Commission. There is your Termination of Employment letter

from the Lac La Ronge Indian Band. There's your Record of Employment from Service Canada, which you would need for unemployment insurance, and there's your Witness Release form. So those I will hand over to the Commission on your behalf [no exhibit numbers available].

On behalf of the National Citizens Inquiry, thank you so much for your testimony today.

Chantel Barreda
Thank you very much.

[00:13:51]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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

NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 2**

April 21, 2023

EVIDENCE

Witness 15: Lee Harding
Full Day 2 Timestamp: 10:22:21–10:47:10
Source URL: https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html

[00:00:00]

Shawn Buckley
So we'll call our final witness of the day, Mr. Lee Harding. Lee, can you please state your full name for the record, spelling your first and last name?

Lee Harding
Lee Andrew Harding, L-E-E H-A-R-D-I-N-G.

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

Lee Harding
Yes, I do.

Shawn Buckley
Now my understanding is that you have a Bachelor of Arts in Journalism from the University of Regina.

Lee Harding
Yes.

Shawn Buckley
You have a Master's degree in Public Policy from the University of Calgary.

Lee Harding
That's true.

Shawn Buckley
You interned as a reporter for CBC and then CTV in 2004 and then worked as a casual reporter and cameraman for Global.

Lee Harding
That's right.

Shawn Buckley
You are a research fellow with the Frontier Centre for Public Policy.

Lee Harding
Yes.

Shawn Buckley
And you're a regular contributor to *The Epoch Times* in Canada and also *Western Standard* online.

Lee Harding
Yes.

Shawn Buckley
Now, my understanding is that you had an interesting experience as a reporter during the COVID-19 pandemic, where you got to know our law enforcement people a little better. Can you tell us about that?

Lee Harding
Sure. There was a freedom rally in Victoria Park in Regina and I was there covering it as a journalist. I got in there a bit late in the event and heard Laura Lynn Thompson's speech and then they were walking away, her and other speakers, to travel together—I believe it was to Saskatoon because there was going to be a similar event that immediately followed. So I did an interview and talked with them as I was walking in that direction and the police were there at the parking lot of the Hotel Saskatchewan to issue tickets. So Laura Lynn Thompson got one, Maxime Bernier received a ticket, Mark Friesen did, and R.B. Winteringham did as well.

Shawn Buckley
Right. And what was the amount of the ticket?

Lee Harding
It was $2,800. And I think they had actually increased the amount that they were eligible to receive just shortly before the event. It was a little bit of management—I think politically probably more than health-wise. And at the time, there was no outdoor gathering of more than 10 people that was allowed. So the entire gathering was against the public health regulations.

Shawn Buckley
Right. But my understanding is that you had identified yourself as a journalist.

Lee Harding
Yes, I did. I spoke to them. And—

Shawn Buckley
Can you tell us about this? And the reason why this is important is because the police are— Their attendance, it's more than 10 people by them attending there. I would assume that journalists are allowed to go and report on things that are happening that are important to the public. So I actually think it's important for you to share this part about you being a journalist.

Lee Harding
Right. I had said to them, "I'm a journalist and I'm covering this as a journalist. I want to know, if I go back there, if I'm going to be ticketed." And I received an indirect answer. They said, "Well, you probably shouldn't go back there." So as everyone had left, I heard a rapper who was performing there. And I thought, I want to interview this guy. So I walked back into the park, talked to him after his performance. I had an idea for a photo because Victoria Park is right at the edge of the Towers downtown. I thought I'd take a picture from below. It'd be a nice backdrop for his image, an urban image in behind.

When we got to the edge of the park, that's when the same policeman who had been there with his partner at the Hotel Saskatchewan parking lot served me a ticket and he also served the rapper a ticket. I was upset because I said, "Look, I'm very clearly here for this reason and I made that plain to you." And that didn't make any difference. I'd had some people say to me later, "Well, if you were with CTV or Global, they probably wouldn't have done that." And I tended to think they were right. But maybe they thought, "Well, maybe you're activist media, maybe you're part of what's encouraging this." I really don't know, but I got a ticket for $2,800 as well.

Shawn Buckley
So you're just raising an interesting point. Because, just at the back of my mind, I seem to recall a Rebel News reporter being arrested or ticketed maybe in connection to the trucker protest. Are you aware of anything like that or am I—

Lee Harding
That kind of rings a bell. I think that happened. I mean, we saw lots of double standards with all of this. You know, if it was the Black Lives Matter Protest, everyone's there

[00:05:00]

and they're all— They're not social distancing. But if it's anything else, no. I mean, some things got a complete free pass and others got the full brunt of the law, whether it was reasonable or unreasonable.

Shawn Buckley
And just because there would be a lot of people watching this internationally, who won't be aware of when the Black Lives Matter protests were happening in Canada. But they were basically happening around the same time as freedom protests.

Lee Harding
That's true.

Shawn Buckley
And so just for the international community, so the Black Lives Matter— You could have large protests. We had Mr. Abbott, I think it was, who was an Edmonton police officer, a commissioner at the time. And he entered an exhibit literally, of Edmonton police on their knees saluting the Black Lives Matter protesters. Nobody's getting arrested or ticketed but, if you had the next day a freedom protest, people are going to be getting ticketed or photographed and ticketed later.

Lee Harding
Oh yes, we saw the Premier of Ontario and the Prime Minister—lots of public figures that were involved in this, getting on the bandwagon.

Shawn Buckley
You seem to be suggesting, perchance, that there was a double standard, I think you even said that. Are you aware of any mainstream media people, CTV, CBC, any reporter such as that being ticketed or arrested?

Lee Harding
I'm not aware of any that were. I just think that's something they probably wouldn't want to do because they know how bad that is. But I think there was a perception that the alternate media was something else.

Shawn Buckley
Okay. We all had different things that we became concerned about. You became concerned about contact tracing. Can you share first of all, again maybe perhaps for the international audience, what we're referring to and what your actions were?

Lee Harding
Sure. In this province they had something going where if you went to the restaurant, not only was the capacity limited but you had to be socially distanced and the tables were apart and you couldn't have more than four at a table, which was sort of inane because as if we wouldn't breathe each other's air as we walk out the door. This was silly but, anyway, we're all doing this. But they also had something where they said you have to write down everyone who's come and their phone number and maybe their email so that you can contact them. So that if anyone had a COVID case, we could go back and track all these people. Which to me was very overbearing. This is more of the realm of a totalitarian state and a surveillance society. And that was one thing that I actually did talk to the Premier's office about, to express my displeasure with the way this was being done. I remember one

time though at a McDonald's, I was sitting there and the lady took her obligation, "What is your name?" I said, "I'm Dr. Shahab." "Oh," she says, "And what is your phone number?" "It's 306-555-1212." So sure, if you have all these spurious test results, where they're cranking up the PCR cycle so high you could find anything in anyone. And then what? We're going to be found, "Oh you were there when someone had it, now you're all locked down." This was a complete joke. And of course she knew that I wasn't Dr. Shahab so I'm not really deceiving anyone. Everyone just going along doing all these silly things that we were being made to do.

Shawn Buckley
And just for those that aren't in Saskatchewan, Dr. Shahab was the public health officer.

Lee Harding
He was the public health officer [Chief Medical Health Officer] in this province, yes.

Shawn Buckley
Now, I want to switch to experiences you had in trying to get stories out during the COVID pandemic. And my understanding is that you made some early attempts—early on, as the pandemic is unfolding and the vaccine is rolling out—to warn about the vaccine. And can you tell us what your experience as a journalist was? And then I'm going to ask you as you might as well answer too, if that ever happened to you before on any other topic?

Lee Harding
Sure. I had a YouTube channel and there were some reports coming out very early that there were some very adverse reactions to this vaccine. That did not surprise me because we had some people that were warning of such and those people were getting suppressed and dismissed and censored and everything else. So many people didn't get to hear about them. Well, somebody compiled a whole lot of public accounts of this—so this was social media postings, people telling their stories, it was some articles that did make either the alternate press or perhaps even the mainstream press in some places in the world—and put them all together. I did nothing but read them online for three hours. And I didn't even get through them all.

[00:10:00]

That site was taken down. I cannot recall to you right now what it was. My YouTube posting was taken down. The thing that was really astonishing to me was, some people went through some absolutely horrible experiences with their first shot and they were still thinking about taking another one or saying, "I'm going to get the next one, but I sure hope it's not as bad as this." I couldn't believe that people would keep going when it was so plainly evident in their experience how risky it was for them.

Shawn Buckley
And I'm sure they would say they weren't anti-vaxxers also.

Lee Harding
Oh, there's lots of labels going around.

Shawn Buckley
Early on, you were also trying to get some stories published about the testing on the vaccine. What happened with that?

Lee Harding
Well, I had an article early on that was talking about how the process was rushed; it wasn't as thorough as it should have been; that the mRNA technology had not really been used in a mainstream vaccine and there were a number of problems with it. I had an article that I tried to submit to Frontier Centre first. And the feedback that I got, and I don't know if this was internal feedback or if it was people within the circle of an organization that they drew upon to assess submissions that were made, because I was writing policy commentaries, but there were three sources there that were dismissed. One of them was RFK Jr., Robert F. Kennedy Jr. He was dismissed as a legitimate source because he was an anti-vaxxer. Another one was RT.com, which is Russia Today, and they said, "Look, this is a Kremlin disinformation site." Well, the doctor who had submitted this article was Malcolm Kendrick and Malcolm Kendrick had a column in *The Guardian*. And so for whatever reason he couldn't get this printed in *The Guardian*. Russia Today would print it, so they did. There was a third one, Michael Yeadon, and they said, "Well, he's an anti-vaxxer." Michael Yeadon was the V.P. of Science at Pfizer in the past. And there's no way you can have that position and be an anti-vaxxer. So you have these authorities that were being dismissed. And I'm happy to say since then, we've run articles on RFK—

Shawn Buckley
I'm just going to slow you down. So you've submitted an article. You're an investigative journalist, you would have done your research. And you're reporting on how this was rushed and about the testing standard. Is that basically what you were writing on?

Lee Harding
Yeah. Now there were aspects, I think, that maybe if I had climbed that mountain a different way, I might have been able to get through. But the problem that we kept having was that everyone who was raising an alarm about this had the Big Tech censorship, had the authorities at WHO and at the FDA and whoever else and Dr. Fauci that were all dismissing them. So now it's hard to get credible voices. You can't get credible local voices because if you spoke out about this you were risking your medical licence and you were going against your board. And a lot of people just wanted to keep their heads down because anyone who stuck them up lost this game of Whack-a-Mole. You stick your head up and this hammer comes.

Shawn Buckley
Yeah, and you're making such an important point. I don't know if you listened to the opening this morning but we were talking about labels and— How we actually had witness after witness after witness yesterday who are clearly concerned about the current COVID vaccines and yet they would volunteer in their evidence, "But I'm not an anti-vaxxer," "I'm not an anti-vaxxer," "I'm not an anti-vaxxer." This concern about that label, I just find it interesting that you mentioned that two of your sources—RFK and then Dr. Michael Yeadon— My understanding is he was V.P. of Pfizer for decades in the U.K., that he would have brought vaccines to market, but because he's now being labeled as an anti-vaxxer, all of a sudden, he's not credible.

Lee Harding
Right, yeah. And so if you ever took a surface kind of view of these things, that's what you would get. You would Google it, you'd see this person's name and you'd see a whole page of denunciation. And you would conclude that in the sum of human knowledge, this person was no good. It took somebody who had some discernment or had been exposed to some of the things before the narratives had formed in order to have enough open-mindedness to look deeper to see the other side of it.

Shawn Buckley
My understanding is you also then did a story you tried to get published in the *Western Standard*, where a lady's husband had died within three days of the second Pfizer shot.

Lee Harding
I did get that one in. I wanted to say, with the other one with Frontier that I couldn't run, also *Western Standard* turned it down and they said it "wouldn't be good for our brand." So that's their prerogative, that's fine. When I tried this later story, I did get a couple of stories in.

[00:15:00]

One of them was just as you had mentioned, with this couple in Saskatoon where the wife had deep concerns, did not take the vax. The husband took the vax and he died three days after the COVID shot. I did that story. Then someone else that I had acquaintance with—

Shawn Buckley
Can I just slow you down? Because there's something else important about that story and that's cause of death.

Lee Harding
Oh yes, well—

Shawn Buckley
And so can you share with this? Because, you know, you dug this out as a reporter and I think it's important for you to share it here.

Lee Harding
Sure. The coroner had mentioned that they had taken the vaccine. The emergency people that came to take away the body had mentioned that. But they could not get a doctor to say so. The M.D., their local doctor, said, "I'm going to talk to the smartest person I know about this and see if they think that that's possible, that there's a connection." And the so-called smartest person they know said, "I haven't even heard of any adverse reactions, so no, it couldn't be." And so they went back and she would not attest that it was that. At that point, my interview subject said, "That's when I stopped trying because I knew they were all lying."

Shawn Buckley
Right, okay. And then I had interrupted you because you were then sharing about a subsequent story.

Lee Harding
Sure. So after that, I did a story of a vaccine injury, someone who developed Bell's palsy and that one was acknowledged by the doctors. And then Carrie Sakamoto—that you'll hear from her tomorrow—I talked to her as well and she said to me, "I looked all over and you are the only one who has run a vaccine injury story in all of Canada." So I talked to her but in the meantime something else had happened, where I had tried to do a story for *Western Standard* saying that we should not be vaccinating the under 12s. And how people like Dr. Jay Bhattacharya—I hope I'm not butchering his name—had said that if you looked at the odds, it was worse to take the vaccine than not for the small risk, acknowledged already, of vaccine reactions versus your chance of getting a serious case of COVID.

I was told by the publisher, "Look, I'm not a doctor. I can't have you write a column like that. I don't know how to vet a column like that." And I said, "Well, it's the same way we draw on any other field of experience. We look at the witnesses and see what they have to say. And, is it reasonable? And let the reader decide." So then I had done a story on the— So this was another one and this was a breaking point: where there was a lady in Alberta who could not get a double lung transplant because she would not get the COVID-19 vaccine. I did a story on that and the publisher said, "Hey, I know from experience with my family that you need to have your shots because your immunity is very vulnerable in this transplant. So it's important to have them. So this is not a nothing issue. So find a doctor who will talk to you about this." Well, Dr. Hoffe had gotten back to me finally after an earlier request. I talked to him. I bounced it off of him. He said, "Well, it's absolutely absurd that they're asking her to do this. This is an experimental vaccine." And anyway, the article went up and then when the publisher saw it, he yanked the article. And—

Shawn Buckley
Oh, so the article actually went up?

Lee Harding
Yes, it did.

Shawn Buckley
So we have a retraction here.

Lee Harding
Yes, but I wasn't told that it was taken down. And then I found out and we had a conversation and I was dismissed. I patched it up maybe three or four months later. I'm very proud to be writing for *Western Standard* and for Frontier Centre. We've been able to talk about a wide variety of things, much wider than the mainstream. And I'm just telling you some of the experiences so that you can have a first hand— When the rubber hits the road, how do these things work themselves out? So eventually, actually I did an article on Carrie Sakamoto because her vaccine injury claim was accepted and she's getting some compensation and we ran that story. The reason it didn't run the first time was I was dismissed right then on the basis of the other thing, so that one never got in.

Shawn Buckley
Right, so how long was it that you were kind of dismissed?

Lee Harding
Well, I mean, it was indefinitely. But I made an overture maybe three or four months later. And so what happens now is I'll submit it. Most of the time it works. If it doesn't, I'm not going to put up too much of a fuss. And that's a working arrangement we can handle. The only time I had one lately that was not allowed was in January, when Dr. Fukushima was a Fukushima reactor of his own against the Japanese Ministry of Health.

[00:20:00]

And I ran a story on that and how other Japanese scientists were finding spike proteins in skin lesions of people who had taken the vaccine and had some very strange growths. And I talked to a guest editor and I said, "Is that story going to run?" They're like, "No, they're not going to run that one." And he says, "The same thing happens to me sometimes. There's just some places where they're hesitant."

So journalistic institutions feel they have a moral responsibility. And if their coverage is going to influence a person's choice one way or another, that's something that they think about. The other thing I know from my work with local news is that it's not just that they are a media outlet, they consider themselves a community partner, and a lot of their advertising dollars come from crowns and government organizations, come from unions, and that's in the back of their mind. I remember one time I filmed a nice little event for the kids that SaskTel was putting on and they said, "When the tape is done give it to sales, so maybe they could use it for a commercial for SaskTel." The anchor at the time said to me, "You know, we used to have a brick wall between sales and news and right now, it's paper thin."

Shawn Buckley
Have you done any investigations into the amount of money that the federal and provincial governments and the pharmaceutical companies have spent on the media in the last two or three years?

Lee Harding
Well, the $600 million of tax relief from the federal government for media institutions is well-known. There was also something called the Local Journalism Initiative that came out around the same time— I think started in 2018. So they will pay local papers through this thing. And I remember one time doing an interview with Brian Peckford and he had been called an anti-vaxxer by one of these Local Journalism Initiative journalists. I think he was writing for the Halifax paper, and it had also run in the *Toronto Star*. And later on, the journalist found the article—it took him quite a few months—and he says, "Hey, you could have talked to me first." And I'm like, "Well, we're talking now, would you like to say anything?" And he says, "No, I'm sure I'd just be speaking the mind of my corporate and government overlords." So he had that sort of sarcastic response. Anyway, there was another exchange and I said, "You may have come by your conviction sincerely." And he responded, "It's not just my convictions, it's the convictions of the medical authorities. And ivermectin is a faux cure and all you have to do is a simple Google search to find that out. And you let— You didn't challenge what Mr. Peckford said and you allowed him to say all this stuff." Well, we were getting enough of the mainstream message dismissing these

people. Let's hear about the other side. So he doesn't view his work as being influenced unduly by this money.

But I think in the back of the minds of these publications, when they know their survival may depend on it— And probably the organization that sucks up to Trudeau the most will get the most money. I mean, why wouldn't they be falling all over themselves? That's why the *Western Standard* applied for the money to see what they'd say. They acknowledged that we were a legitimate journalistic organization. And then we said, "Thanks but no thanks. We're not going to take it. Because we're not going to be influenced by this money." The bureaucrats weren't so happy.

Shawn Buckley
Now I'm going to have to cut us short because we've got a hard stop at 6:45 for an auction. But I'll ask the commissioners if they have any questions. Okay, so we're just about at 6:45.

Lee, on behalf of the National Citizens Inquiry, I sincerely thank you for testifying. You've given us some really valuable information this afternoon.

Lee Harding
Thank you very much. I want to thank everyone—from the volunteers to the commissioners, to you, to the audience—for being here. It is very difficult to hear such awful truth go hour after hour but this needed to be done. And we're going to make an impact and the whole world's watching.

You know in the pandemic, we heard a lot of people say, "be safe." It's not time to be safe. It's time to be bold.

Shawn Buckley
I think that is an appropriate ending to our day, so we will adjourn until tomorrow morning at 9 am for the third day of hearings in Saskatoon, Saskatchewan of the National Citizens Inquiry.

[00:24:49]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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

NATIONAL CITIZENS INQUIRY

EVIDENCE
SASKATOON HEARINGS

Saskatoon, Saskatchewan, Canada
April 20 to 22, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 00:52:49–01:25:27
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry as we begin Day Three of our hearings in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to take care of a number of administrative matters. I'm told, "Oh, ask for this, ask for this, ask for this." Just because we are a small volunteer organization and we truly need your support. I'll ask that everyone who has not gone to our website and signed the petition to please sign it. We want you to sign the petition for two reasons. One, the more people that sign it, it's just a show of support and a show of demand to get to the truth. And secondly, you have to give us your email address and that allows us— Usually when we do a call out for volunteers, we do it by way of email. And then also we have a donate page on our website. Please donate. Every set of hearings, of three-day hearings, costs us roughly $35,000. We truly are a citizen-funded initiative, where we have not had a single big supporter. We rely on sending out emails and doing call-outs to the citizens to support us.

Now somebody sent a really funny video to my wife this morning, who is a volunteer for the NCI. We're going to put that in the chat for you watching online. I encourage you to see it just so you know what it's like to be a volunteer at the NCI. But we really just kind of get you organized and cut you loose. And it can be quite an experience.

Now, there's several things that are happening. I made a call-out a little while ago for embalmers. And so we're still doing a call-out for embalmers. We had Laura Jefferey who was an embalmer that testified in Toronto and she did a call-out. I'd like everyone to know that on Monday—so this Monday at 6.30 Eastern time—we are going to have a roundtable discussion hosted by Dr. Mark Trozzi with some embalmers and a funeral director. We'd like to add some more embalmers to that and we'd like to carry forward. And the reason is, and Laura Jefferey made this point when she was on the stand, it's hard evidence. If you recall what she had testified—and we had an embalmer in Winnipeg confirm this—is they are finding these dramatic changes in the bodies of people that are vaccinated that they'd never seen before. There's three exhibits that we entered which are photos of these things.

The embalmers— Literally, to embalm a body, they basically pump out the blood and pump in embalming fluid. And they're finding that they can't because there's blockages. I call them, they're almost like earthworm-things, the embalmers are calling them "calamari." They're these very strong and sometimes very large blockages that they're only finding in vaccinated people and they'd never ever seen them before. If my memory serves me correctly, Laura Jefferey—it's at least 25 years she was an embalmer, at least—had never ever seen anything like this before. And the other embalmers are saying the same thing.

Well, that's hard evidence that you can't discount. There's been a change. And we need to wake people up about this so that we can get to the bottom of it—so that we can come up with medical solutions so that this stops happening to people.

You see, when I'm telling you that you need to speak out, that we can't be silent any longer, it's just: If we can't break through this spell that people are under—that they think reality is something different than it is—then we can't get together and solve the problems. Because we're good at problem-solving, we're good at crisis once we understand what we're in. So I'm calling out for embalmers.

We also are really weak in getting our message out to French-speaking Canadians. We have a small team. But we're pumping out all this content. And because we've been marching through English Canada, our witnesses are testifying in English. We need people who are bilingual and have the technical skills to put the French text on video clips.

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Because we don't have enough resources there. We want to be putting out the evidence of these witnesses that are brave enough to come and testify, so that our brothers and sisters in Quebec can also see and learn and become part. And obviously we're going to have to do the same thing when we have our hearings in Quebec City because almost all of it's going to be in French and we'll want the same courtesy. So I'm doing a call-out for people that not only are bilingual but also would have those technical skills or be confident that they could obtain those technical skills.

Another thing is, you know: the media is conspicuously absent, the mainstream media, from these proceedings. And even the alternative media. We had Rebel News in Toronto. We didn't have them in Winnipeg. We don't have them here. We didn't have them in Truro, just to pick an example. We had the CBC show up for one day and actually, they did a fair story in Winnipeg. But they're not coming out. And I think we need to start pressuring the media. But we don't have the resources to do that. So I'm doing a call-out. Our schedule is online. Next week we're in Red Deer. I'd have to pull my calendar out but I think we start on Wednesday. What if we had thousands of people contacting all the mainstream media and **Rebel News and everyone else and *Western Standard* and the like and saying, "Are you covering the Red Deer hearings? Why aren't you there?" And same with Vancouver and same with Ottawa. We basically need your help because we just don't have the resources to do it.**

We are trying, but this is—we're in this together. We all know that we've got to stop pretending that reality is something that it's not. And we need to get everyone else to stop pretending. For that to happen we need to get them watching the National Citizens Inquiry. Because this is where people are learning the truth. So that's a call-out.

And then the last thing is, we want this to be a balanced inquiry. We send out summonses to public health officials and ministers of health and the like inviting them to participate in

these proceedings. But we know they're not going to come. They're going to be told not to come. And then there's a tricky little legal problem. Because if I was counsel for them, I would say, "There's no—no, no, no, you're not going. Because you're going to be sworn to tell the truth and this isn't a government inquiry. What you say can be used in other proceedings." You see, if you testify in a court or you testify in a government inquiry, what you say can't be used against you in other proceedings except for perjury. And there's good policy reasons for that.

Well, we're not going to get one of those people to come and take the stand despite our invitations. But one of the things that we can do is—there's been a lot of lawsuits. Well, the lawsuits, we're all learning, have failed. There's not a single lawsuit that I can think of, not a single legal proceeding where the court has put a brake on such government action going forward. And James Kitchen spoke about that yesterday and our first guest this morning, Leighton Gray, will likely say similar things. But the governments had to respond in these court proceedings. And they've had health officials swear affidavits. They've had health officials be cross-examined. And we actually need a team: I'd prefer a team of lawyers, but any lawyer that says they want to volunteer, I need them as counsel in Red Deer and Vancouver and Ottawa and Quebec City. But I do need a team to actually be identifying these lawsuits and obtaining copies of the cross-examinations and affidavits and things like that so that we can enter it as a record. Because we want the record of the NCI to be as accurate as possible for both sides. So understand that we're trying to do that, and I'm just doing a call-out for volunteers.

I mean, what we're doing here—and what we're hoping to continue to do—is start a conversation so that we can all discover what happened. Now, we all know the government narrative. We all know it. We can probably recite it in our sleep. And in fact, the problem is we actually know it so well,

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we've been conditioned to resist any information that goes against the government narrative.

That's why I was speaking yesterday about these labels of shame. I brought up that we had witness after witness after witness at Day One say: "I'm not an anti-vaxxer." "I'm not an anti-vaxxer." I'm not an anti-vaxxer." And that's because we've been conditioned to fear being an anti-vaxxer. It's a term that was created so that it could be a propaganda tool against us. And it works. So we have to understand that. I think most of us in this room do, but there's a large number of people that don't. And the wonderful thing is people that don't know, a lot of them are starting to watch this because you are spreading us on social media. I'll encourage you to keep doing that. I don't care if you've got 20 Twitter followers: put out our stuff, retweet it, especially when we're going to have a hearing. But get involved in getting the message out because it is something you can do and it's something that you must do.

But, you know, when I talk about the mainstream narrative, how is it? Anyone that is confused by anything I'm saying that happens to come across this video, ask yourself this question: How is it that every single mainstream media outlet in the Western world, not just Canada, whether it's a government-funded one like CBC or BBC, or whether it is a private news organization— And they're all supposed to be competing with each other right? Aren't we a capitalist system in theory? They're supposed to be competing with each other. How is it that they all had the same narrative? How is it that they silenced the same people? You know, if CNN was calling Dr. Peter McCullough a spreader of disinformation,

well, how come CTV didn't speak up and say, "No, actually, he's one of the most published and respected doctors in the world today. And if you check his information, what he's saying, you can verify it." How come there wasn't a single one?

And I think you need to ask yourself that question. Because, unless you have an explanation, that is proof right there that something is being imposed upon the media. We're either in a complete mass hysteria event or something else is going on. But you don't get truth when all of the media in the entire Western world—whether government-funded or private—are all reporting the same things and, more importantly, all participating in the exact same censorship.

Can anyone please tell me: when one of these doctors, I just used Peter McCullough as an example. Can anyone give me an example where one is being labeled as a misinformation-spreader, where another mainstream media outlet said, "No, no, that's not correct?" And I mean, what a coup that would be from a news story. I mean, back when we used to live in the real world, if one media outlet put out a story that was false, the others would jump all over it to try and reduce the trust so that they would have more viewers. So how is it that we have this? And how is it that even the word "misinformation" and the word "disinformation" have become so absolutely common? How is that? And we have Dr. Christian Francis [sic], our first witness on day one, explaining to us that those terms actually were invented in Stalinist Russia as police state controls.

You know, I've been preparing witnesses. For some of the experts, one of the first things I do, because I have to introduce them—I have to come up with, "oh, so you're this and that," just to introduce them to you so you know who they are—and so I just do a Google search if I'm not familiar with them. Or even if I am, just to see how somebody else has couched it to save me some work. And Wikipedia keeps coming up. In every one of these ones, Wikipedia goes out of their way to say that they're a spreader of misinformation. And that's just an example of this propaganda machine, this censorship machine. So they have been tremendously effective at casting— And I call it a spell. I think it's a spell.

You know, when we have Stephanie Foster—so I'm just switching off the media because I'm still shocked by this—where her mother is standing in the line to get vaccinated. She gets the vaccine. She's still standing. You know, so there's obviously a group of them because this is a production line.

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We all know there's a lineup of people there just getting their shots. And then she falls down. And the reports are that she was dead before she even hit the ground. Well, all the people in the line see this. You can't not notice somebody falling down dead. And they **stayed in the line and they continue getting vaccinated. How does that happen if we're not in a spell? If you didn't believe in things like that before, you just have to ask, "That can't be mass psychosis, can it? What is going on here?"**

And how is it that in April of 2023 there is still a group of people that believes the mainstream narrative? I mean, how is it? What part of the mainstream narrative has not been proven to be false? Like, from the beginning of COVID to the end? What part? And I mean, there probably are some parts that haven't been proven to be false. But they've been— You know, "Who cares if 90 per cent of everything that has been shoved down our throats has proved to be false?" And when I say false, you know, we lie more by misleading, by stating half-truths than we do by outright lies. And that's just a human characteristic and we learn that in law.

So we have still a large group of people—and I don't know if they're the majority anymore—but we have a large group of people that still turn on the news, still get hypnotized. Understand: people way above my pay grade, and lots of them, spend their entire lives figuring out how as soon as you turn that on, right down to the sound and every colour and flash, how to hypnotize you and how to control your mind. And if you don't believe that, there's book after book after book; just do your research. But there are still people that are turning on the news and accepting that that is reality. And some still believe, they actually still believe that narrative.

But there's a group of people that are supporting the mainstream narrative that don't believe. And some of them don't believe because they're not willing to accept the cost of not believing. So let's say you're a doctor or a nurse. And you have— You participated in all of this. Surely, there's a large group of those. We're hearing person after person after person going to the hospital with what are clearly vaccine injuries.

And I'll let everyone know: before we put a person on the stand to give a story that would suggest that there's a vaccine injury, we have them interviewed by medical doctors that have gotten together and put together a set of questionnaires to rule out pre-existing conditions and other things. So that in their opinion, no, this is a legitimate story and it's a realistic conclusion. So just so that everyone knows: we don't let a single witness on the stand to speak about vaccine injury that has not been vetted by medical doctors beforehand.

I have trouble believing that the majority of doctors and medical people don't understand that there's something seriously wrong and that it's connected to the vaccine. But they'll still lose their job. A medical doctor today, if they start reporting vaccine injuries or saying it's vaccine injuries or speaking out like our first witness Dr. Christian did—they're in trouble still. And they're in trouble because we're not speaking out and demand that they do speak out and demand that they don't lose their job for speaking out. So they're still afraid because we're not doing what we need to do and give them a safe space to speak.

There's also, I think, a group of people that are supporting the mainstream narrative and may still believe it because they're protecting themselves psychologically. So we're hoping to call—if she's well enough—in Red Deer, a witness that it was severely damaged by the vaccine and the doctors agree. And she had a pre-existing condition that would put her at great risk,

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and consulted her doctor and then, "No, no, no, it's all okay." And then gets severely injured and is disabled for a significant amount of time and then yet is encouraged by her doctor to **get vaccinated again. And now her life is over. I mean, you'll hear, on a good day maybe she can walk around the house with a cane a little bit, where she used to be a power yoga instructor, a super-fit person that could outdo anyone in this room hands down.**

We had heard people in earlier proceedings here, not in Saskatoon, who were either injured with the first shot and basically a panel of doctors have told them to go ahead with the second shot. Like, do you not think that some doctors that participate in this are having trouble accepting that they made a mistake and people got hurt?

And what about parents? If I had young kids—my kids are all adults—and I had had them vaccinated, and then I come to realize that that was a terrible mistake. How do I get to the place in my mind where I'm able to accept that? I mean, we really are going to need to be

sympathetic. But we have to end this charade. Because we'll go out of this room. Those watching online, you'll go out of your house or your office and you'll enter a world which is pretending that there is a reality that isn't true. And you have to think about that and think about: How long are you willing to pretend that things are different than they are?

Because the reality is people are dying and people are sick. And if we don't collectively come to the point where we can honestly say, "No, we've made a mistake. There are problems, but let's solve it," we're making it worse. That's the problem. When I was talking the other day about how we're personally responsible now for the hurt and death going forward— We're personally responsible. If you're not speaking out, if you're not willing to go, "I don't care. I don't care if I lose, if these people get mad at me. I've got to start speaking out and I've got to start calling out the media." We have to stop being afraid because do you understand? People are being hurt. And we can solve this. We can make it better and we need to. We need this spell to break.

Now, understand—and I mean this to encourage you—there has been a shift. Think about what we've just experienced over the last two days. And you know, you can't go through a full day of NCI hearings and not be changed. You just can't. We have been hearing from people that basically are showing us the way.

I'll go back to our first witness, Dr. Francis Christian. He spoke out early. And for him, it's just he could not tolerate us vaccinating children when they had zero risk of dying from COVID. But, you know, the vaccines had just been rushed out and the danger was just too great. He was just speaking truth and he got punished. I mean, he lost his contract. He lost his position. He was attacked in the media as a misinformation person. He's not practising as a surgeon. But he showed us the way, didn't he?

You know, we had Joseph Bourgault, who—his family collectively, they run quite a significant number of businesses with what is it, seven, eight hundred employees. They didn't require masking. They didn't impose a vaccine mandate. In fact, they were doing research and doing weekly newsletters so that their employees actually could make an informed choice. And they weren't saying don't get vaccinated either. But wasn't that showing us the way of how we could have acted and how we can act going forward?

We had a teacher on the stand yesterday talking about how they're still masked at her school. This has to stop.

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We had Lee Harding yesterday, who was saying that he was having trouble publishing vaccine injury stories and the story on how the vaccine had been rushed. And there were **questions about safety and efficacy and they wouldn't get published. And he actually lost his job for three months until he kind of was able to approach them and come up with a reconciliation. But he paid the price. For speaking truth.**

And then we've been seeing person after person who has been hurt and has been beaten down. But they're showing us the way. Last year, these stories would have given us fear. So think about this. I'll go back to Francis Christian. He spoke out and he lost his job. And why he lost his job and why he was publicly humiliated, called a disinformation person, was to scare us, so we'd be afraid of losing our jobs or being labelled a misinformation person.

But here's the shift: He's inspiring us now. He's testifying at the National Citizens Inquiry and he's inspiring us. He didn't give me any fear and he didn't give you any sense of fear. In

fact, we found it encouraging and we found it empowering. And same with Lee and same with Joe. And the reason is because there's been a shift. Because we're getting tired of living a lie. There's been a shift. These people now inspire us. And I tell you: when these people that are injured and suffering, whether vaxxed or not, take the stand, they're inspiring us.

And do you understand we couldn't have done this? We couldn't have done the NCI before. We couldn't have been holding this inquiry before. Let's go back last year, 2022. We had just had the mandates stopped because of the truckers. That was just one year ago. They rolled—it was January 2022. And we were all in this dark gulag, lock-down, masking, absolutely everyone censored. We're all afraid. There was no way any provincial government was going to be backing down on the mandates. And then those truckers did something the rest of us weren't willing to do. Take a risk, put it on the line. Some of them are still facing charges. Some of those people involved in that. They're, in my opinion, political charges.

We watched what happened with the *Emergencies Act* being invoked and this violence on protesters. We watched a video in Toronto of a disabled and decorated war veteran being pulled from the War Memorial, thrown to the ground and kicked by the police. And a year ago that was frightening. I watched that live. I think a lot of people did. We were shocked. But those truckers: we owe them. I'm choking up because I'm so grateful for what they did. Because in my experience, watching those trucks roll and then watching Canadians all along the way with their flags and paying for their gas and all of this gave me hope. I wouldn't be here speaking to you if those truckers—

And we need to now act and give the next group hope. We need to give other Canadians hope. We need to show the way. You see, because the secret about the truckers was they're no different than us. They're ordinary Canadians of all walks of life, from everywhere, every background. They were just willing to say, "Enough. I will take a risk. I will not live the lie any longer."

But we couldn't have done this in 2022. We were just starting to get our freedoms back. Now, if we were to go back to 2021, there's no question we would have even thought of this. If we had been able to do this in Saskatoon—and I don't know, I'm not from here.

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We wouldn't have been able to do it in Alberta. Maybe, I think we would have had to get a special permit. And if we did, maybe, you know: 20 people, we'd all be spaced out and we'd all be masked and it'd be some authority figure coming in to make sure that we're all being obedient little slaves and wearing our mask and being all set out. But we wouldn't have gotten the witnesses coming in 2021. They would have been too afraid.

Now, could you imagine in 2020 doing this? I mean, aside from the fact we would have had still all the same problems: Would we be allowed, would it be 20 people, would I be up here? I'd be up here wearing a mask, that would look great on TV. But probably— The fear was so deep, I mean, there probably would have been violence. People probably would have come here and protested and shut us down, like the fear was so deep.

But yet here we are, in April of 2023, and we got a full house. I don't see a mask in sight. And there's no authority figure telling us that we can't do this. We still have witnesses that are afraid of repercussions in their employment and socially, but they're speaking. Most of them are speaking.

Understand, there's been a shift. And you have to keep the momentum going, you have to become a trucker. You have to be willing to step out on the line because this only works—We can hold wonderful hearings and we can find the truth, but it only works if you start taking personal responsibility and you start doing everything that you can. And that you stop pretending that things aren't the way they are.

There's enough of us now. It's going to be costly. It's going to be very costly for us going forward but there's enough of us now that we can break the spell. We can take our country back. It's just a matter of remembering who we are again and understanding that together, we can make this better.

I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Gray. Leighton, can you hear us?

[00:32:38]

NCI | CeNC

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 1: Leighton Grey
Full Day 3 Timestamp: 01:25:18–03:00:43
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Grey. Leighton, can you hear us?

Leighton Grey
Yes, sir, good morning.

Shawn Buckley
Can you turn your video on now that we're—

Leighton Grey
Certainly.

Shawn Buckley
There we go. Thank you so much for joining us. I'd like to start by asking you to state your full name, spelling your first and last name for the record?

Leighton Grey
My name is Leighton Bellamy Untereiner Grey. My first name is spelled L-E-I-G-H-T-O-N. Last name is G-R-E-Y, like the famous football cup.

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

Leighton Grey
I do.

Shawn Buckley
Now, just to introduce you, you are a litigation lawyer and you've been intensely involved in COVID-19 related cases since 2020.

Leighton Grey
That's true.

Shawn Buckley
And you're also a podcaster and you've featured COVID issues and other issues. And if people want to track down your podcasts, it's called "Grey Matter."

Leighton Grey
That is correct.

Shawn Buckley
Okay. You started publishing articles in the spring of 2020. Do you want to share with us your experience in what happened and what you were doing?

Leighton Grey
Certainly.

First of all, I want to say that it's an honour to be part of this proceeding, especially in Saskatchewan, which is the heritage of my family. My great-grandfather was the chief of the Carry the Kettle Band, which is at Sintaluta, Saskatchewan. I was born in Regina and so it is an honour to be part of this historic proceeding and to have my testimony part of that record, especially in Saskatchewan.

So going back to the early part of the pandemic as many people experienced it, everyone has different things to say about that. I was alarmed early on about the pandemic and particularly about how the federal government was responding to it. Because I'm an Albertan and so I haven't had the experience of a Liberal government that's ever been good for our province or the people who inhabit it. And I had been watching very closely the Trudeau government's encroachment upon individual rights and freedoms which, if you trace it back, started from the very beginning—from the beginning of the promise of sunny ways and transparent government.

So when the pandemic was declared, I was suspicious already about, you know, "15 days to flatten the curve." And during that time period of course— I'm the senior managing partner of a law firm and I was concerned about our employees and how we were going to keep people working. The courts were shut down. So I began to do a lot of writing and I was publishing things online. And some of the things that I said were, as you were stating earlier, counter-narrative.

Around that time, I had been appointed to a board to select judges in the province of Alberta. And because of the things that I'd been publishing online, I was attacked by the CBC. They published a hit piece on me that granted to me many of the epithets that all unvaccinated Canadians were branded with by our prime minister. Later on, I was called a racist, misogynist, something called a latent anti-Semite, I'm still not quite sure what that means.

But I was publishing things online. For example, I said that I was concerned that George Soros, for example, would use his money to influence the outcome of the 2020 presidential elections, which happened. I expressed concern about Black Lives Matter in terms of the looting and so on and that they were beholden to the left. And frankly, that turned out to be true. The thing that really got me in trouble was, I'd published in the spring of 2020 my suspicion that the Trudeau government would use the pandemic as an excuse to invoke emergency powers. And of course, that did happen. So I went through a cancel culture experience where I was asked by the Alberta government to resign from the board to select judges. And that was under pressure from the Alberta NDP leftist party that operates here in Alberta. My name was kicked around like a football and my reputation was damaged because of the things that I'd been writing, speaking out against the counter-narrative.

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Of course, this was picked up by all of the mass media, including CBC, CTV, Global and others. And not only that, but I was at that time an adjudicator in Law Society disciplinary hearings here in Alberta and had been for some time. And the Law Society summarily dismissed me from that board. And they did so publicly—they published that on their website so that every lawyer and every member of the public in Alberta would see that. It was a public shaming. It was a public whipping. I lived through that. And of course, the media picked that up and that was put out there as well.

And then, I guess the most ignominious thing that I suffered was: I was a long-time director—for decades—of the Alberta Civil Trial Lawyers Association, which is a volunteer group of lawyers in Alberta who really try to help the disadvantaged, the people who are hurt in injury proceedings, in injury accidents and the like, medical negligence in Alberta. I had just received a Lifetime Humanitarian Award from them for my work with Indigenous peoples because I spent a lot of time working with people who had been involved in Indian Residential Schools claims. And I received their highest award in October of 2019, this Lifetime Humanitarian Award. And they actually asked me to resign from the board and told me that they wanted the award back. I refused that. But ultimately, I left the board and I'm no longer involved with the Alberta Civil Trial Lawyers Association.

That's the bad news. That's the terrible part of it. The good news is: going through that **cancel culture experience, which I would not wish on anyone, did introduce me to another group of people, people like Ezra Levant and Sheila Gunn-Reid and John Carpay at the Justice Centre for Constitutional Freedoms. They reached out to me and they—especially John Carpay—gave me the opportunity to get involved and to use my skills that I had acquired over a lifetime of being a litigation lawyer to actually help fight some of these cases in the courts.**

So that's sort of— In the Marvel world, that would be my origin story in terms of a COVID litigator.

Shawn Buckley
One of the cases that you did was the Ingram case. Do you want to share with us about that?

Leighton Grey
Right.

So the Ingram case is named after a lady named Rebecca Ingram. She was not my client. She's actually represented by an excellent lawyer, a good friend of mine named Jeffrey Rath. But Jeffrey Rath and myself were hired. I was hired through the Justice Center for Constitutional Freedoms to represent some churches who were complaining about the violation of religious freedoms that all of us experienced during COVID.

Rebecca Ingram was a lady who had been a gym owner. Of course, she lost her business because it had been shut down because of the lockdown restrictions. In December of 2020, there was an application brought in that case. In this case, it was based upon two main legal arguments. One alleged violations of the *Canadian Charter of Rights and Freedoms* but the other more interesting argument—one that I think may ultimately be successful—is that our Chief Medical Officer of Health Dr. Deena Hinshaw, who is no longer our Chief Medical Officer of Health, she's now the deputy in that capacity in British Columbia, exceeded her legal authority in making all of these lockdown orders.

But the thrust of the case was to challenge the government's lockdown restrictions. And this began in December of 2020 with an injunction application, which failed. And that began really a series of losses that we suffered throughout that process.

It began to dawn on me—and this comes back to some of the comments that you were making this morning, Shawn—that we really, as Canadians, as those who were fighting government oppression and restrictions: we really were the visiting team. We really were on foreign soil going into the courts. We were arguing against masking but we were all wearing masks and the judge was wearing a mask and the clerk was wearing a mask. We were speaking through Plexiglass or speaking over Zoom, as we are right now.

Any lawyer who has practiced in the courts knows that it's more than just a screen, it's a place.

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It's called court because going back far enough, you were in the presence of a duke or a count or even a king or a queen, arguing your case. So this began to become really obvious—that something really, really important had changed.

But we went through a series of pre-hearing applications that involved striking out of our pleadings, striking out affidavit evidence. All of these applications were summarily successful coming from the government. Honestly, it felt like we were the Washington Generals that used to play against the Harlem Globetrotters, if you remember that.

Perhaps the most troubling thing was this: When we filed all of our materials in December of 2020 in support of the injunction, we actually filed substantial medical evidence, including affidavits by people like Dave Redmond, who's the emergencies expert who's going to testify in this hearing next week in Red Deer' and one of the most brilliant scientific minds in the world in terms of epidemiology, Dr. J. Bhattacharya, who I understand testified in Winnipeg. We filed all this affidavit evidence showing very clearly

that things like masks didn't work, that the risk of asymptomatic spread was minuscule, that really the weight of evidence was that this virus, the risk of it was confined to a very small, extremely vulnerable segment of the population. And more than that, by locking down everyone and wasting resources on people who are at no risk of COVID, we were really hurting the people who were most vulnerable.

And of course all of that— We filed all that evidence yet we were faced with, on the other side, the government filing nothing. In fact, they received a six-month adjournment in order to present their scientific evidence. So this is really important to understand. The entire province of Alberta was locked down, under lockdown restrictions which were very similar to the ones that were experienced by everyone across the country. And yet the Government of Alberta had not yet produced a single iota, one item, of scientific evidence to support all of those restrictions. In fact, they were granted an adjournment of six months by the courts of Alberta, just so that they could produce that evidence.

And when we finally got that evidence, with all due respect to them, it was rubbish. It was all speculation. It was all modelling. In fact, Dr. Bhattacharya recognized that the models that they were relying upon, predicting the destruction and annihilation of our healthcare system in Alberta, was based upon climate modelling. He actually recognized that they used the same models to predict climate change to predict the annihilation of our healthcare system in Alberta.

So their science and their evidence was junk. But perhaps most troubling about this is the length of time that this process took. We filed for that injunction December of 2020 and, Shawn, we still don't have a decision. On April the 22nd now, 2023, that case is still with the courts. It's sitting there, waiting for a decision. And there are hundreds of cases in the Alberta courts that are waiting the outcome of that Ingram decision, and still no decision.

There's an old adage that we lawyers know that goes something like "Justice delayed is justice denied." This is very, very concerning because, of course, those of us who have been raised up in the law, particularly during the period when I went to law school, were taught that the Charter and the Constitution—the rule of law—were sacrosanct, that these were cherished things that protected not only Canadians but protected our entire political structure in all of our institutions.

What do those Charter rights mean when you go before a court and they're not even respected in the court where you're standing? What do those rights mean when the determination of whether or not they've even been violated has to wait years to be determined? What does that mean when, as you say, the Trucker Convoy— Truckers can go to Ottawa and do more to free Canadians from the bondage of these restrictions than our constitutional law?

The lack of respect for the rule of law continues to this day. I read only this morning

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that our government in Ottawa is actually trying to pass a bill that would permit it to whitewash and to essentially give itself its own report card on how it handled the COVID-19 pandemic.

So with all of that, the Ingram case is going on. We're hopeful that we're going to get a correct decision in it. I'm not very hopeful that the Court is going to find that the violation of Canadians' Charter rights outweighed the public interest in locking everyone down,

because of course there isn't a single court in Canada that has made that determination. That alone is horrifying, frankly. But essentially, that's the story of the Ingram case thus far.

The best thing we did—sorry, I just want to finish off this point—the best thing we did is we did get the chance to cross-examine the Chief Medical Officer of Health for several days. And that was quite revealing. I like to think that we were instrumental in her losing her job here in Alberta. Thank you.

Shawn Buckley
I understood that. And I wanted to pull out of you some of the things that you learned. I don't know if you saw Professor Bruce Pardy's presentation in Toronto.

Leighton Grey
I did.

Shawn Buckley
So for those watching that didn't see that, Professor Pardy was explaining how basically, the legislative branch has been delegating to the administrative branch and then the courts are showing deference, so that basically we've arrived in an administrative state. But your cross-examination of Ms. Hinshaw revealed that actually, in Alberta, it wasn't an abdication to the administrative state, it just appeared to be. There was something else going on. And can you share with us that? I think especially Albertans need to hear this.

Leighton Grey
Certainly. And when you hear from Mr. Redmond, he'll be able to explain this better than I can. But essentially, unlike in other provinces, in Alberta, there was never a state of public emergency declared. In law, that is something distinct from a public health emergency.

What happened was, in Alberta, the Jason Kenney government—when the pandemic was declared, they made some executive changes to the *Public Health Act* in this province. And they declared a *Public Health Act* emergency. And that essentially made our Chief Medical Officer of Health, Deena Hinshaw, the most powerful person in the history of our province. It essentially appointed her a health dictator.

She had control over every aspect of our lives. And the wording of the statute actually says that she could use any means necessary to fight the pandemic. And she did use any means necessary. During the course of our cross examination, though, something very surprising happened. When I asked her about her orders, she began to disclose that in fact, although these orders were in her name, they were not her orders—they instead expressed the will of the executive—and that she was going to the Premier and Cabinet to get the content to put in these health orders. This was never fully explained to Albertans.

She used to conduct daily press conferences. In fact, there are over 400 of them that I reviewed that honestly, in my respectful view, were essentially psyops in which she would repeatedly tell Albertans to get used to the new normal and to trust government and to protect your neighbours by not leaving your house and so on and so on. Essentially, what was revealed during the course of cross examination is that she was going to Cabinet and getting instructions about what to put in these health orders. Of course, under Alberta law, this is illegal, because under the *Public Health Act* the whole purpose of creating a *Public*

Health Act **emergency for the entire province, which was unprecedented at that time—Normally, a** ***Public Health Act*** **emergency would be something that would be localized, but we had the entire province under a** ***Public Health Act*** **emergency. The whole purpose of doing that was to have a health expert, a doctor, basically protect Alberta from this great pandemic, this great threat.**

And so it defeats the whole purpose of creating a ***Public Health Act*** **emergency to go to lay people such as a premier and cabinet, who have no medical expertise or knowledge at all, and to get from them the contents of these "health orders," which of course were not health orders; they were orders concerning every aspect of our lives, from when and how we could worship, whether or not we could shop, whether we could go out and exercise, whether our kids could attend school, and on and on and on.**

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What was revealed is that the whole structure of what Albertans were told about what they were experiencing through their government, whose job it was to protect them—that was their stated task—was essentially a fraud. It was a lie. Dr. Hinshaw was not there in order to protect the public. In fact, that narrative shifted initially from "15 days to control the spread." Then it was of course, "We have to protect and preserve the health care system, we have to save the health care system." And then it turned into—it was all about vaccinations. "We have to all get vaccinated to end the pandemic."

One of the scariest things that Dr. Hinshaw said though is— In terms of the metrics of her decision, what she did is she decided that— First of all, she acknowledged that her health orders, the health orders that were passed, all violated the civil liberties and the human rights of Albertans. She acknowledged that readily. But what she did was she said that the protection of the healthcare system—a faceless, soulless institution—was more important than the violation of the individual rights. In that balancing act, and this is the way she put it: "On balance, violating the individual human rights of four million people was justified in order to protect the healthcare system." Really, the healthcare system is not what she was talking about. In my respectful view, what she was really talking about was protection of essentially autocratic executive government power. That's really what was being said. And to me, that was the most horrifying thing that I heard her say throughout the whole time that we cross-examined her.

Shawn Buckley
Right. And that I think is shocking and will be shocking to Albertans. Because they just assumed that she was the one exercising authority, not the Premier and Cabinet.

Leighton Grey
That was certainly the impression that was given. However, it's very clear from the evidence that came out that that was not the truth at all. Ultimately, what it was about was trying to shift the mindset of Albertans. Those people who are Albertans understand that. As in every region of the country, we have different aspects of our culture. But Albertans tend to be very self-reliant. We tend to be somewhat libertarian overall in our thinking.

I'm not painting everyone with the same brush, but it was very clear that there was a psy-op going on. In fact, in the course of the evidence that came out during that hearing—I cross-examined Dr. Hinshaw—the Alberta government actually commissioned a psychological report about what language and what methods to use in messaging to

Albertans in order to get them to comply with lockdown restrictions and also with, of course, the vaccination programs that rolled out in the latter stages of what we now call the pandemic.

Shawn Buckley
That's alarming. I think that's the softest term I can use. How did how did discovering all of this make you feel?

Leighton Grey
I was talking about this with Jeff Rath. He and I are both 30-plus year lawyers in Alberta and he and I sort of chuckled about this. Not in a funny way, but in a sense that we were both under the same— You called it a spell. We were under a spell such that we actually thought that our legal system was something special and that judges were fair and impartial, that there was something that veiled that in integrity and justice.

My experience of doing COVID litigation sadly has exploded that. It's actually very difficult for me in dealing with courts and judges now to get myself back to some semblance of the mindset that I had before. And so that is a struggle.

One other thing I'd like to share apart from the Ingram case that really impacted me in this way, I had the pleasure to represent two courageous pastors in Alberta.

[00:25:00]

James Coates of the Grace Life Church spent 35 days in the [Edmonton] Remand Centre because he refused to sign a bail condition that essentially would violate his religious conscience. He was given a horrible dilemma between exercising his liberty, which is guaranteed under the Constitution, and violating his promise to God as a Christian pastor, because the condition would require him not to preach the truths in the Gospel to his congregation. He put his God above his liberty and he suffered 35 days.

Anybody who has ever visited a jail or a remand centre must understand that it's one of the worst places that they could possibly go. I know as a lawyer going there to visit clients that many times, I could not wait to get out of those places. And to imagine someone to choose to be there for 35 days, just imagine the courage and the integrity of this human being. Anyway, I had the pleasure of representing him because he faced a number of COVID tickets because he and his congregation refused to comply with the government diktats about capacity limits and so on, which we now know were a bunch of bollocks, so that there was really no risk to the public whatsoever. The idea of a super-spreader event now is ridiculous, we now know in hindsight, with what we know about masking and social distancing and all the other arbitrary non-pharmaceutical interventions.

I also had the opportunity to represent Pastor Timothy Stephens of Calgary.

Shawn Buckley
Before you move on to Pastor Stephens, it is my understanding in an earlier conversation with you that when you were defending Pastor Coates in court, the provincial court judge didn't even find that his Charter rights had been violated, let alone having to go to what I would call an abomination dealing with section 1 of the Charter.

Leighton Grey
That's correct. The court essentially said that Pastor Coates' Charter right—his right to liberty under section 7 of the Charter, the right to life, liberty and security of the person—was not violated simply because Pastor Coates chose to remain at the Remand Centre. That, in fact, he was granted liberty under his bail conditions, the conditional release, but that he chose not to exercise it. And the court put absolutely no weight whatsoever in this horrible dilemma that this man had been placed in through totally unnecessary, scientifically unjustified restrictions.

It's important to note that in that hearing, the Crown prosecutors were not put to the requirement of producing a single item of scientific evidence for the court. In fact, what they produced was an Alberta Health Services investigator who had a social sciences background. When I cross-examined her about her training as an investigator, the net sum effect of that was that she participated in a single one-hour Zoom call.

This person who had received absolutely no training as an investigator was given the power—was given the incredible power—to cite Pastor Coates in violation of these health dictates. He was charged with Criminal Code offences. This Alberta Health Services investigator was given the power to summon the police, to arrest Pastor Coates, to jail him. And this same investigator, with one hour of training on a Zoom call about how to conduct investigations, was given the power ultimately to recommend and to have signed into law an order that resulted in the triple barricading of the Grace Life Church for months. Which was an international embarrassment and probably was significantly responsible for Jason Kenney's ousting as our Premier.

Just imagine—and this is not unique. Many people who are watching this probably saw Artur Pawlowski, another Alberta pastor, in a video that went viral. He was kicking these people out of his church, calling them Nazis and Gestapo. The people who were given power by Verna Yiu,

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who has also been since fired, who ran Alberta Health Services—these investigators were given this extraordinary power of law without any knowledge or understanding of how to wield it. Almost like if you watch Disney's *Sorcerer's Apprentice*, that's exactly what we experienced here in Alberta.

It really is stunning that these people would be given such power with very little knowledge or understanding or training of really what this power that they were handed, what it meant, and the significance of it, because it just had incredible ramifications for our province and indeed, for our entire country.

Shawn Buckley
Right. Before you go on to speaking about Pastor Timothy Stephens, I'm wondering if I can back you up and have you speak about more generally— You acted for a lot of employees who lost their jobs: CN employees, CP, Purolator, Canada Post, WestJet. The list goes on and on. You kind of became the go-to guy to help with these things. Can you tell us about what you encountered with that?

Leighton Grey
Yes. You know, this was a great honour to represent these people, but also a great frustration. Most of these people—we're talking about several thousands of them working for companies like CN, CP, Purolator, Canada Post, WestJet and many others, even the Salvation Army—these were people who are primarily unionized workers. Unionized workers, some of the viewers might realize, are bound by something called a collective bargaining agreement.

Bruce Pardy can do a better job of explaining this than I can because he's an expert in this area. But essentially, under a collective bargaining agreement, individual workers contract out their employment rights to a bargaining unit with the idea that this will sort of equalize the bargaining power between a very large-scale employer like CN, which is mostly owned by Bill Gates by the way, and these individual workers.

The problem is that unfortunately these unions are primarily run in a socialist fashion. They've become very much leftist organizations. And when it came to COVID, they clearly—by and large, with some notable exceptions—were not advocating for workers.

And so the process that we ran into repeatedly went something like this: a worker who refused to take the vaccination was told that they had to apply for an exemption. There were only two types of exemptions available. One was a religious exemption and the other was a medical one. In each case, there were very stringent tests created and almost nobody actually qualified for an exemption.

So these workers were told that they would be put on something called an "involuntary unpaid leave of absence," which, when you're sitting at your coffee table in the morning staring in your coffee, feels a lot like, "You're fired." Because you're not getting paid, you're indefinitely off work, and your only passport to go back to work to support your family is if you agree to have this experimental drug injected into your body.

It's significant to note, a lot of these workers that I described— These companies were impacted by federal government orders, the Ministry of Transport orders. Because of course the Trudeau government required every single federal government-regulated employer to comply and all these companies had their own vaccine mandates.

The federal government, the Trudeau government, did not have the temerity to actually impose a national vaccine mandate. That would have been clearly illegal. In fact, there's an opinion paper on this from 1996 that was given to the Canadian government at that time about this. So that gives you an idea of how long they've been thinking about this. But in any event, they did the next best thing. Most people know, the federal government is the largest employer in this country. So all these workers were impacted in this way, all of them put out of work.

Just imagine this awful choice that you're faced with. You have to decide whether or not to work and support your family or to take this drug that you know and you understand is dangerous or it violates your religious conscience or whatever. So you turn to your union for help. Your union says this, your union says, "Comply." Your union says, "We've got this independent legal opinion.

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And it says that your rights are not being violated and everything that the company and that the government are doing is fine. So just take the vax."

So of course, these people, they're being put out the door by their employer. They have no recourse there. They can't sue them because they're a member of this collective bargaining agreement. And the union won't help them. And moreover, when they complain about the union not helping them and they would bring duty of fair representation complaints, what they heard from these administrative tribunals, these government tribunals, was the sing-song "the vaccines are safe and effective" and that there's no danger.

So these people turn to outside legal counsel, people like me. And we sort of tried to pierce through the veil—unsuccessfully. We attempted to bring human rights complaints against these employers in cases in Manitoba, B.C., and Alberta. And in each case, we were told by the courts, based upon Supreme Court of Canada legislation that the court would not take up any jurisdiction. So all these people were simply sent back to their unions.

There are now still, as we sit, many, many thousands of unionized workers throughout the country who have been put out of work and have absolutely no recourse against their employers because of the workings of these collective bargaining agreements and these unions. I can't prove it but based upon their actions, I have very, very strong suspicions that all of this was calculated beforehand: that there was some level of conspiracy between the unions and these employers and the Government of Canada. Certainly, at least, that's the way it seemed to play out in real time as the lawyer representing these aggrieved workers.

Shawn Buckley
Now Leighton, I just want to make sure that people listening to you understand. So if people were unionized, they were supposed to go to the union to have a grievance filed against their employer, but the union would not file a grievance.

Leighton Grey
Correct.

Shawn Buckley
And then, if you tried to take it to court because you've met a dead end with the union, basically you couldn't. You'd get kicked out of court and be told to, "Well, go back to the union because that's where you're supposed to find your remedy."

Leighton Grey
Correct.

Shawn Buckley
So these people basically had no opportunity at all to have an adjudication for being technically fired for not taking a vaccine.

Leighton Grey
That's correct. And I think a big part of this is that none of these companies—nor the Canadian government, nor these pharmaceutical companies—want to have a court actually adjudicate upon the safety and efficacy of vaccines. Of course, given what we know now about the Pfizer dump and the fact that in Alberta alone, death from unknown causes is the number one cause of death in our province. Death from unknown causes has increased

seven-fold since the unleashing of these vaccines upon our society. None of these people want that issue adjudicated.

And that is the next great challenge for people like me: to try and bring that issue to justice, to be adjudicated by our courts. Because it must be. We must get to the bottom of the truth about whether or not these vaccines were safe and effective, whether or not companies like Pfizer and Moderna and Johnson & Johnson knew that. And also, what this means long-term for Canadians and for society because we now have these vaccines unleashed. They're in people's bodies. The vast majority of people have taken them. What does that mean? We don't know.

I know you've had doctors who've testified in these proceedings and everyone who has spoken out has been sanctioned. The vast majority of doctors, and understandably so— they don't want to speak out. They won't say that the unknown cause is the vaccine, even though that's the quiet part being spoken out loud, as you said so eloquently this morning. That's the truth about these vaccines.

But as I said, that's the undiscovered country. That's where people like me need to go. And until we get to the bottom of that, until we get a court to adjudicate on that, we're going to be living under this spell, under this lie that none of this ever happened. If we permit our governments to do it, they're going to whitewash the fact of what they did to us.

[00:40:00]

Shawn Buckley
Yeah. It's interesting just to have a dialogue with you, because you'll be familiar with the Ontario Court of Appeal case *CG vs. JH*.

Just for the listeners, I'll tell you what I just find funny about it. And then I want to ask you about an Alberta case that was somewhat different involving inmates. For those that aren't familiar with that case, it was a family law case. The father wanted the child vaccinated and the mother didn't. At the trial level, or motion level, the judge refused to side for the father and basically wasn't willing to just accept the government narrative. So it's appealed to the Ontario Court of Appeal, which basically instructed the lower courts, the way I read the case, to take judicial notice. Which means you can accept as a fact, without there being any evidence led before you that, if Health Canada approves a vaccine, that would be prima facie evidence that it is safe and effective.

This is in relation to COVID vaccines. And Leighton, what I find so interesting is— So the Ontario Court of Appeal obviously was not aware that those vaccines were approved under a test in an interim order where the words "safety and efficacy" weren't even mentioned, let alone there being any requirement for proof. The Ontario Court of Appeal is basically, in my opinion, instructing lower courts to take judicial notice of a phantom.

But I just wanted you to kind of juxtapose that with a case that happened in Alberta where basically, when the shoe was on the other foot, the court took the opposite position. Do you want to share with us about that?

Leighton Grey
Right. This concept of judicial notice used to be something somewhat extraordinary. In my experience it was often very difficult to try to get a court to take judicial notice of anything.

Courts want to hear evidence and that's rightly so. That's the tradition of our courts and that upholds a very high evidentiary standard that is necessary.

But what we experienced in *Coates* was something much different. Whenever the government asked the court to take judicial notice of something called a pandemic, or that there was a threat to the health care system, or that people needed to wear masks, or that social distancing was necessary, the courts always readily adopted that COVID narrative. In fact, our courts in Alberta were the most locked down place in the entire province. In fact, they were one of the last places to remove restrictions.

We even had a very eminent criminal lawyer in our province, he was found in contempt of court because he refused to don a mask. He was in a courtroom with a judge who, even during a time when there was no masking law in force in Alberta, was wearing a mask. The courts here in Alberta are permitted— The judges are permitted to maintain exclusive jurisdiction over the safety of their courts. She required this lawyer to wear a mask even though there was no general masking law. He refused and ultimately, he was made to purge his contempt. He was found in contempt of court.

But the case that you're referring to, this was early on in the pandemic. And this illustrates how this judicial notice concept doesn't work the other way. There was a judge here in Alberta who heard a case from some inmates at the Edmonton Remand Centre. The essence of the case was that early on in the pandemic, when it was thought that people could get COVID from doing just about anything, these inmates brought an application that they should all be released because of the risk of exposure of a mass spreader event at the Edmonton Remand Centre.

It was kind of a clever *habeas corpus* argument, but the court there would have none of it. The court said "I can't take judicial notice of the existence of something called a pandemic. I have to have scientific evidence." That is quite correct in law but that's the only case that I know of, and I've researched this carefully— in Alberta, it's the only case I know of where a court actually said that it could not take judicial notice of something called a pandemic and the risk of a mass spreader event and the like.

So that goes to show how the way that the government is treated, or was treated, in the courts of our province when it comes to this narrative is very different from when these things are argued on behalf of individual citizens; people, even when they're trying to use the government's narrative in their favour, really can get no relief from the courts.

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Shawn Buckley
Now, Leighton, can I have you talk now about Pastor Timothy Stephens and what your involvement was and what happened with his case?

Leighton Grey
Yes. Another very courageous pastor, Pastor Timothy Stephens of Fairview Baptist Church: he's a close friend of James Coates and he suffered similar treatment because at his church, again, they refused to comply with these restrictions. His church was closed, was shut down just as James Coates' was, and so he was ticketed.

At one point, this pastor was actually charged with violating something called the Whistle Stop injunction, which was really an unprecedented thing in Alberta law. There was an injunction placed on any man, woman, or child in Alberta who dared to publicly protest the government's narrative about the pandemic and lockdown restrictions. There were literally hundreds of people who were charged and some of them jailed because of it. One of them is Chris Scott of the Whistle Stop Cafe, who I understand is going to testify next week in Red Deer, but this also included Pastor Timothy Stephens.

What Pastor Stephens did: he started getting his congregation together and they would meet at undisclosed locations. This became kind of a game of cat and mouse with the Alberta Health Services employees. Ultimately, it's my understanding that they were able to detect him having an outdoor church service with his congregation and as a result of that, they arrested him.

There is a video that Rebel News produced. They were on the spot when he was arrested at his home with his six young children and his wife, Rachel. It's a beautiful sunny day and of course, Timothy Stephens, with great dignity, suffers all of this. You can see he quietly goes along but the kids are just screaming. And this is a moment that I'm sure that they will never forget. I have to say I was brought to tears watching it myself, seeing this father wrenched away from his family simply because he was conducting an outdoor church service. And of course, based upon the government's—

Shawn Buckley
Leighton, just so you know, we have the video [Exhibit SA-7]. We've had our video guy take the Rebel News reporter part out but we'll play it right now just so that those that are participating actually understand what you're saying.

[Rebel News footage is played of the arrest of Pastor Stephens before his family].

Leighton Grey
That's his wife there in the foreground.

Shawn Buckley
Sorry, carry on.

Leighton Grey
Just so people understand the level of incompetency that was involved here: when he was first arrested and jailed, he was in jail. The Alberta Health Services people had actually gone out—and the police had actually served the wrong person. They actually served the injunction order on the wrong person.

It was stipulated under the terms of the injunction that it was necessary for anyone who violated the injunction to actually be served with the document,

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so that they would know, and they would have notice of the terms. Because otherwise, how can you be in violation unless you know what the terms were?

Well, they went out and they served the wrong person. The injunction had never been served on Pastor Timothy Stephens. They went out and arrested him and he was in jail. I discovered this and I revealed it to the lawyers and to the court that he had never been served, that they had actually served the wrong person. And it still took several days. I had to actually obtain a statutory declaration, a sworn statement from the person who they had mistakenly served with the injunction, before they would finally release him.

So that was the first time he was arrested. The second time he was arrested was because he had simply conducted an outdoor church service. It's worth knowing that in the Manitoba proceeding, there was an expert that was called for the government. And they were asked under oath whether there was any scientific study supporting the idea of a super-spreader event that could occur outside. The fact is, and the answer is, no: there is no accepted study anywhere of the risk of a mass super-spreader event occurring as a result of outdoor gatherings because of the way that the virus is spread and what we knew at the time.

Notwithstanding that he was jailed. And the only reason why Timothy Stephens was freed, actually, was that on July the 1st of 2021 the Government of Alberta declared a COVID amnesty. Many of us suspect that was done in order to accommodate the Calgary Stampede because they brought the restrictions back in September. But for that he would still be at the Remand Centre because he never accepted the bail condition, nor did Pastor James Coates.

He was given the same bail condition that he would not preach to his congregation and he refused to comply with that and so he was jailed. A father of six, a leader of a congregation, just an extraordinarily courageous and brilliant man: a Christian pastor jailed. So Alberta actually became known as a jurisdiction which jails Christian pastors. So much so that recently, Tucker Carlson of Fox News—his show has created a documentary in which these two pastors are featured. The documentary is about the rise of totalitarianism in Canada. What an incredible shame and disgusting embarrassment this is for the province of Alberta, indeed for all of Canada before the world, to have these Christian pastors unnecessarily jailed for long periods of time when they had done absolutely nothing.

It's significant to note that all of the charges were ultimately, through the grace of God, dropped or defeated against Timothy Stephens. We actually had to run a trial in Calgary before a provincial court judge, who quite properly found that there was no basis for these violation tickets. But we actually had to run a contested trial before a judge in Calgary in order to have these COVID tickets thrown out against Pastor Timothy Stephens.

Shawn Buckley
Thank you, Leighton. I'll open you up to the commissioners to see if they have any questions.

Leighton Grey
Thank you.

Shawn Buckley
And there are questions.

Leighton Grey
I see my good friend Mr. Drysdale.

Commissioner Drysdale
Good morning. Mr. Grey. How are you?

Leighton Grey
I am wonderful. Wonderful to see you again.

Commissioner Drysdale
I have a number of questions. And since I'm not a lawyer, I do understand that there may be questions that you will not want to—or will not be able to—answer. Because I think you're, what's the expression, you are a representative of the court or something?

Leighton Grey
Officer of the Court.

Commissioner Drysdale
Officer of the Court. But I'm going to ask them anyway. First question: Could you please enter the transcript of Deena Hinshaw's testimony into our record. It's a public document.

Leighton Grey
Certainly. Certainly. Will do so [Exhibits SA 7-b, SA-7o to SA-7q].

Commissioner Drysdale
Thank you. That way folks will be able to access that on our website and be able to read exactly what was asked and what was said.

Leighton Grey
There's also a video recording that I think we have as well, that I could submit in addition to the written transcript if you would like that [no exhibit number available].

Commissioner Drysdale
I would very much appreciate that.

[00:55:00]

Is it not a fundamental tenet of our legal system that anyone appearing before a judge or before that system is treated equally under the law?

Leighton Grey
Yes, that's one of the principles of fundamental justice that is recognized under our Charter. It's also an age-old principle that's implied under what is commonly called the rule of law.

The rule of law of course stems all the way back to 1215 and the Magna Carta. It stands for the idea that no one is above the law—but also that everyone is equally protected under that law.

Commissioner Drysdale
Does that also include the government?

Leighton Grey
Yes, particularly the government. Because it's important to remember, again going back to Magna Carta, that that was a seceding of power from the king, a divinely anointed king, to the Parliament of England. So it's very significant in terms of the rule of law that even the king is not above the law, let alone a prime minister.

Commissioner Drysdale
In listening to the conversation between you and Shawn Buckley, there's something I don't understand, then. One of the cases that you were talking about, I think it was an Ontario case, where the one side brought evidence—scientific evidence as I understand it, about various issues with regard to the vaccines and the pandemic and whatnot—but as I understand it, the judge ruled that the government's opinion was not subject to dispute. I think the term you used was judicial notice: that the judge said that the government's opinion couldn't really be discussed or argued because it was just taken for granted.

Leighton Grey
Correct. And this is what I meant when I said those of us who went into court against the government always felt like the visiting team, because we were trying to question things that were considered to be unquestionable.

There's a great recent example of this. My good friend James Kitchen, who I understand testified in this proceeding, was recently on my podcast. He represented a chiropractor named Wall who went before a disciplinary proceeding and was actually suspended by that college for a period of time because he refused to wear a mask, even though none of his patients had a problem with him not wearing a mask.

And James Kitchen had quite properly produced some of the most eminent experts that we know of, including people like Dr. Byram Bridle, on epidemiology and so on. And the chiropractic college produced a GP, a general practitioner, with no specific knowledge in epidemiology or virology or any of these things. That chiropractic college simply preferred the evidence of the GP to this mountain of expert evidence, eminent expert evidence, that was produced by James Kitchen on behalf of Dr. Wall.

I have to say, that is precisely what happened in the Ingram case. We produced eminent— I mean, if there is a better expert than Dr. J. Bhattacharya— Just to take Dr. Bhattacharya for a moment, this man teaches medicine at an Ivy League college, at Stanford. He is one of the leading experts in epidemiology and he also has a PhD in economics. If you were going to design a human being who could talk about the science of COVID and also speak authoritatively about the economic and societal impacts of lockdowns, this would be the human being. He's almost like a human AI program. And yet all the Government of Alberta lawyers did throughout that proceeding was try to discredit him.

Commissioner Drysdale
I want to come back to this. Because what's in my mind right now is, I'm considering the testimony we've had in the last several days in Saskatoon. And I keep hearing "basic tenets" of something: basic tenets of law, basic tenets of medicine. And one of the things—perhaps you can't comment on this—but I heard in the last day or so, medical doctors talking about a basic tenet of informed consent.

Is informed consent, to your knowledge, something that is legally required or legally enforceable in Canada?

[01:00:00]

Leighton Grey
I think in terms of a legal concept, the answer is clearly yes. There are all kinds of examples of it in the law, everything from the type of a waiver that you would sign when you take your kids to go on a ride somewhere. There are all kinds of forms of informed consent.

The specific one that you're talking about really goes back to the Nuremberg Code of 1947, which came out of the aftermath of the experiments that were conducted on people in the Nazi death camps. That's clearly under international law and that concept has been imported, in my respectful view, into Canadian law as well.

When you think of people who are exposed to a surgery, they have elective surgery. They have to be informed fully of the risks of that operation and they can refuse that operation. Well, what we had with the COVID vaccines was something entirely different. The doctrine of informed consent was completely ignored. In fact, there's not a single person who was asked or ordered or mandated to take this vaccine, these experimental drugs, who could possibly have offered informed consent. Because we don't know even the short-term, let alone the long-term, impacts of these drugs for human biology and human society.

Commissioner Drysdale
We had testimony on this from various people—from doctors, Dr. Christian, and people themselves who were— I believe there was one lady who was pregnant and was under tremendous pressure from her doctor to take the shot when she was pregnant, when we know for a fact, based on the evidence that has been presented to us, that the vaccines were never tested on pregnant women.

So my question is: Are you aware of any legal actions being taken against doctors or pharmacies or whoever else injected people with these vaccines, considering that they were not provided with the opportunity to give informed consent?

Leighton Grey
I've researched this and there is one case I know of that is ongoing in Manitoba that's specific to the AstraZeneca vaccine.

I can tell you that my firm has in development right now a vaccine harms class action, which will be based in part upon this doctrine of informed consent but also simply based upon the fact that the Canadian government purchased and promoted and purveyed these vaccines to the Canadian populace—either knowing or having ought to have known that

they were dangerous, that there was no way actually to have individuals provide informed consent to the taking of them.

So this is an excellent question. I think early on, Mr. Buckley was talking about this spell. As we emerge out of that—let's say, this psy-op or public haze—I see that as the next frontier. I see that as the work that must be done by members of the legal profession and indeed, the principal members of medical colleges to carry on, to prosecute these cases, and to bring the responsible people to justice.

That's something that has not yet happened in our country. It's beginning to happen in the United States. There's a high-profile case that's been brought in the United States by a man named Pascal Najadi. I had him on my podcast actually. He's filed an action against Pfizer along these lines. I believe that these cases are coming, but they are sort of the new, that's the next wave. I predict that this is going to be a very, very significant area of litigation in the next decade or so.

Commissioner Drysdale
We're talking about different areas, medical and legal, and we're talking of the basic fundamental building blocks, those things that these institutions were built upon: that you're equal under the law, that you have a right to informed consent,

[01:05:00]

and that there is an obligation to inform the patient.

There's another part of this. And that is, at least in my mind— And I don't know what the legal part of this is, but in my mind the justice system is made up of a whole lot of parts. One of those parts are the police, at least in my mind. And I don't know if that's legally true. But we have heard a lot of things and we've seen a lot of things. We saw Mr. Buckley mention a video of a veteran being pulled off the War Memorial and beaten. We saw the video of, I believe it was Toronto horse-mounted police, trampling an elderly lady in Ottawa. We saw, or believe we saw, texts or WhatsApp messages from the RCMP wanting to "get some." I don't know if that was an exact quote.

In any case, my question is: Are the police above the law in Canada? Are they subject to the same laws that you and I and my neighbours and my children are subject to?

Leighton Grey
Well, I think they have to be. I think, how can they uphold the law and yet not also be bound by it?

But what you talk about raises a deeper question that I think is part of the COVID pandemic experience. And this troubles me deeply, because Canadian society—our country, I cherish. But what makes us who we are are our cherished institutions. Perhaps the longest lasting, most severe damage—apart from what it's done to individual Canadians, to their health and their well-being and their psyche and all of those things—is the damage to our public institutions. Confidence in public health; confidence in our professions, like law and medicine; confidence in our schools, in our universities; in our justice system, in our police: all of these have been compromised. There's just no other way to say it. I'm hopeful that this process that is happening right now, the National Citizens Inquiry, is going to do much to begin that healing process.

I'm a senior fellow of a think tank called the Frontier Centre for Public Policy. I was asked to write a review of Preston Manning's original paper on the COVID inquiry. I remember reading in there that one of the goals that Mr. Manning had was that this would begin a healing process whereby we could rehabilitate, which means to restore again to dignity. We could rehabilitate our confidence in our cherished institutions, including the police and all the other ones I mentioned. Because if we don't have that, we really don't have a functioning society.

Just think of the level of confidence that exists between a patient and a doctor, a student and a teacher, a lawyer and a client, on and on and on. And if we can't trust in the integrity of those institutions, how is it possible for them to work and to function? It almost invites chaos. I don't want to overstate it but I don't think it can be overstated in this context. We have a severe and a tragic corruption of confidence in our public institutions.

Dr. Bhattacharya put this very well actually, when he was testifying in the Ingram case. Talking about the failure of confidence in the public health system, he said, "What if we had something that was as contagious as Omicron but as lethal as Ebola? What would the response of the public be now, in the aftermath of COVID? How many people would die because more than half of the people in our society now don't trust the medical establishment? They don't trust the information they get from public health."

To me, that's maybe the ultimate example of the danger of the loss of confidence in our public institutions.

Commissioner Drysdale
That is certainly one component of it. The other component of it is: I've always considered, rightly or wrongly, that the "justice system" acts as a safety valve for our society. In other words, if you've been aggrieved or if the government has done something to you, you have the confidence that you can go to these institutions and get justice.

[01:10:00]

Which is different than legal, a legal decision is not necessarily justice. But if the Canadian population who are waking up, or who are beginning to realize what's happened—perhaps through this Inquiry—and they can't go, or they feel they can't go to the judicial system because of its performance over the last three years, do you think that's an incredible danger to our society or the civility of our society? Where else can they go?

Leighton Grey
I think it's extremely dangerous. And unfortunately, we have a government in Ottawa that's more interested in social justice than actual justice and law and order and maintenance of our public institutions.

As you described, I know one very dedicated and well-meaning individual, I believe in Winnipeg, who created a report about COVID and actually inspired many Canadians to actually go to police detachments and try to get certain people charged with criminal offences for COVID outrages. I think that sort of grassroots activism is what we need.

Unfortunately, it does not appear that we're going to get much relief or change by staring at the tops of the trees. I think that we've got to have a grassroots movement in our country. We're getting down to the roots, getting involved in our communities, and trying to solve

these problems of justice, of health, of education—all of these at the grassroots level, instead of looking to governments to solve these problems.

Because it seems as though what's happening right now in our country is that our governments are only interested in frightening us into believing that we are in a never-ending state of emergency—whether it's due to a virus or the climate or public debt or nuclear war or whatever. Of course, the government comes in and says you must cede more of your liberty to us so that we can solve this problem. It's sort of like what Ronald Reagan said back in the '80s, that the scariest words in the English language are "I'm from the government and I'm here to help."

I think we as Canadians are going to have to take responsibility, individually and as communities, over our communities and solve these problems at a local level. That might mean local policing as opposed to having the RCMP. Nothing against the RCMP but I think a very persuasive case could be made for saying that the RCMP at the highest levels has been politically corrupted. I think there's ample evidence for that in the public sphere.

Commissioner Drysdale
I just have a couple of short ones—otherwise I'm going to get into a lot of trouble with the other commissioners who are squirming to ask you questions, sir.

Did you take in, or were you aware of the evidence we heard from Ryan Orydzuk?

Leighton Grey
I'm very familiar with Ryan. I've had the pleasure of getting to know him as a safety expert who worked for CN [sic, Canada Post]. I interviewed him. There's an episode of my podcast where he talks for an hour about his safety expertise and how he presented ample evidence to his company for why everything they were doing in terms of the pandemic was wrong.

So yes, I'm quite familiar with Ryan and I think he's a very courageous and intelligent man. He could have prevented a lot of anguish for CN [sic] employees if the company had actually respected the advice that they hired him to provide to them.

Commissioner Drysdale
Could this possibly form a legal vector in which folks can have their employers who enforce mandates become legally liable, do you think?

Leighton Grey
Possibly. The impediment there is again, as I spoke earlier in answer to Mr. Buckley's question, that these unions are standing in the way to a large degree. I don't want to paint them all with the same brush but the vast majority of them really are aligned with the government narrative on COVID and did not want to have anything to do with taking up grievances or taking these companies or the Government of Canada to task over these safety concerns.

[01:15:00]

There certainly is a viable argument to be made. And actually, we have a case that is before the Federal Court trial division right now on behalf of hundreds of postal workers. They're

called Posties for Freedom. And Ryan's evidence is going to be a key aspect in that case if we can get to hearing. But of course, before we even get to a hearing on the merits and have his evidence heard, we're going to have to get past this procedural hurdle to have the court even take jurisdiction to hear the case.

Commissioner Drysdale
I guess that impediment doesn't exist for non-unionized workers.

Leighton Grey
That's true.

Commissioner Drysdale
I have many more questions but I'm going pass it off to the other commissioners. Thank you.

Leighton Grey
Although I haven't been invited yet, I would be pleased to appear on your podcast, which I follow quite regularly.

Commissioner Drysdale
We would be happy to have you—following all of the hearings.

Commissioner DiGregorio
Thank you, Mr. Grey, for coming and giving us your testimony today. I'm going to limit myself to two areas in my questions.

I think you mentioned early in your testimony that you were a member of a type of judicial selection board in the province of Alberta. Yesterday we heard from a witness, James Kitchen, about his views on needing to potentially reform the judicial appointment process. I'm hoping you can shed a little bit of light on what the process is for judicial appointments, what is the role these selection boards play in it, and whether you see any room for improvements.

Leighton Grey
It is a political process in Canada. And I don't want to suggest that there are not excellent people being appointed to the bench in Alberta and in Canada. Clearly that is true. There are excellent legal minds who are being raised up to the level of the bench.

Where I got into trouble, just speaking anecdotally, is that I actually made a public pledge that I was going to select the best candidates based upon merit and that I was going to have little or no regard to what we might call immutable characteristics. In other words, if we were selecting six judges and the six best most qualified people were black, then I would pick all black. If the most qualified people were women, then I would pick all women.

It's my particular view that in appointing someone to the judiciary, especially in Canada right now, we must have the best, most principled people appointed to that bench. We

cannot be selecting people based upon metrics like diversity, inclusion, equity. Because the problem is when we do that, it risks not getting the very best people.

And the kind of power that judges enjoy in our society right now is so great—and we've seen this over COVID—that we must have people occupying those positions who have courage and at certain times, will be able to and will exercise their authority, their discretion, even when it requires an unpopular decision.

I know James has been very outspoken about this. My concern about the process is that, particularly at the federal level, there is a screening process for appointment to the Superior Court which is done through the Government of Canada. There are people who are being appointed based upon their political allegiances. In fact, Mr. Lametti, our federal justice minister, has been really very cavalier about revealing this.

That's a very deep concern. Because of course in our system historically our judges have been a bulwark against government oppression. We need to have confidence in our judiciary that they will decide cases in a fair and impartial way. And sadly, there is ample evidence in our country that during COVID, this was not working out very well.

And it goes deeper than just the judiciary. It goes all the way down into people who are on administrative tribunals; people who are deciding human rights complaints;

[01:20:00]

or on labour boards; or at universities, who are deciding, for example, student union complaints. Or, for example, I mentioned Mr. Kitchen's client, Dr. Wall, who went before the chiropractic college. There's grave concern that these institutions are becoming politicized. And of course, that is dangerous to the integrity of our law and of our entire legal system and our system of justice.

And so there is reason to be concerned about the manner in which judges are being appointed in our country. I would like to see a thorough review of the process to determine to what extent it is in fact being politicized. And again, I have to clarify this: I'm not saying that the people who are being selected to the bench are all being appointed on the basis of their politics. I know that there are excellent people and I have friends who are judges and people I admire greatly who are on the judiciary. We have very, very talented people in our courts, brilliant people in our courts. But there is a concern about the manner in which judges are being selected in this country. And I think part of the reason why I was never given the opportunity to actually sit down and select a judge is because of my views.

Shawn Buckley
Leighton, can I just jump in for a second? I'm not trying to stop the— But if you can be a little more succinct in your answers to the commissioners, just because we've got some witnesses stacked up.

Leighton Grey
Sorry.

Commissioner DiGregorio
And so on that note, I am going to actually just note that I lied: I have three questions, not two. But this next one should be very short.

My fellow commissioner asked for the transcripts of Dr. Hinshaw's cross-examination. Were there also expert reports prepared by the Province? And if so, could we have copies of those for our record as well?

Leighton Grey
Yes. So they're a matter of public record, so we can provide you with a full documentary record of that proceeding [Exhibits SA-7a to SA-7z and SA-7aa to SA-7jj].

Commissioner DiGregorio
Thank you.

And finally, I've heard you speak today about what I think is a failure of many unions to represent employees when it came to the vaccine mandates. I'm just wondering if you have thoughts on how that process can be improved upon, assuming that the way it's been going so far is not going to reach a resolution that is satisfactory to these employees. Should they be able to have recourse against their unions when this happens? Should they be able to go around their unions directly at their employers? Do you have any thoughts on that?

Leighton Grey
I think it's something that needs to be examined. In particular, there's something called the duty of fair representation that the union owes to the workers under these collective bargaining agreements. I think one thing that's of concern is: Who are populating these tribunals who actually decide whether or not the union is discharging that duty properly? That's something, I think, that needs to be reviewed.

But I think COVID, looking at the silver lining, revealed a lot of cracks in many of our institutions. I think this whole concept of unionized labour is one example of that.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen
Good morning. I'm not a lawyer, but I do thank you for your honest testimony.

I'm greatly disturbed—maybe that's not the right word—but aggrieved by the memories of what they did to churches and how that came about in Alberta. I'm from Ontario, so I got to watch firsthand throughout the experience of this whole COVID.

But I have a question. Going back to your earlier testimony when you started speaking about the Ingram case, it's my recollection that either in late 2019 or early 2020, a Quebec lower court asked for stronger euthanasia laws, and they gave the federal government six months to put in stronger euthanasia legislation under the MAID [medical assistance in dying] program.

As we know, the federal government first asked for an extension of six months for COVID. And then they brought forward a poorly worded—and those are my words—euthanasia legislation in response to satisfy this lower court decision.

I don't want to get into regionalization and that part of it,

[01:25:00]

but the feds have had almost three years to respond in the Ingram case and no decision has been made. Do you think that the stalling by the court—and that again is my words, that's how I'm perceiving this—will result in a passage of time argument or decision or, as we heard yesterday, a moot decision?

Leighton Grey
I don't think that that will occur in the Ingram case. But we certainly have seen that happen in other cases. Of course, many people know about the high-profile decision involving Brian Peckford and Maxime Bernier with their section 6 Charter challenge. As many people know, about seven million Canadians were unable to travel on a ship, a train, or an airplane for a very long time. And those two men, through the assistance of the Justice Centre for Constitutional Freedoms, were able to, I think, bring about a change in the law.

What happened in that case is precisely what you said. By the time that they got to the Court for a determination of whether or not those travel restrictions violated section 6 Charter mobility rights, the government had already suspended them and removed them. So the court said that the issue was moot and that there was nothing to be decided.

I don't think that that will happen in the Ingram case because the Ingram case engages also— We actually asked for damages. And we also asked for a determination of whether or not the Chief Medical Officer of Health exceeded her statutory authority in making those health orders. And that's a very important determination because if that is true, if the court makes that finding—and I happen to think that that finding is inescapable—that will open the door for many, many civil lawsuits against the Government of Alberta by people who lost their businesses and so on.

I do think that we're going to get a meaningful decision in the Ingram case. I don't think that the court can escape making decisions in that particular case through mootness, although there is a concern that that could occur in cases of this kind.

Commissioner Kaikkonen
And my second question is, and you kind of alluded to this in your testimony: Do you think there will be a trickle-down effect or response in terms of the lesser magistrates, the different ones that you've alluded to, that they ought to have known?

I'm thinking specifically of the Krever Inquiry and the tainted blood scandal, when the heads that rolled were the two top officials of the Red Cross. And yet everybody who worked there, the decision-makers that were under those two, were not held accountable or responsible.

Going forward in terms of court cases, and again you've alluded to some of this, will we see some of these decision-makers who are lesser magistrates in our society, who were equally responsible for dividing the social fabric and destroying what we knew as Canadian

society—our democracy, our rights and freedoms—will they also be brought to a place where they are held accountable and responsible?

Leighton Grey
Well, that's a question that honestly, I can't answer. I don't know. Honestly, what we are seeing right now—and this gives me some degree of hope—is we're actually seeing some very rational decisions in these lower courts.

There was a recent labour arbitration case involving Via Rail in which the arbitrator actually found that Via Rail's vaccine mandate was not a reasonable basis, a legally justifiable basis, in order to terminate Via Rail employees' employment. In fact, it might be conceivable that we're going to start to get these more rational decisions at the lower levels and that they'll make their way up into the higher courts. It's my view that we are less likely to get a change, as I say, at the tops of the trees. We're more likely to get it at the lower levels, at the root, and that will make its way up.

It's of concern, and many people realize this: the Chief Justice of our Supreme Court, Mr. Justice Wagner, made some very pointed public comments in the aftermath of the Trucker's Convoy about the people who participated in that. This is most concerning.

Also, our former Chief Justice, Beverly McLaughlin,

[01:30:00]

who's sitting on a tribunal over in China: she wrote an op-ed not long after the Trucker's Convoy, again in support of the Government of Canada's narrative.

So I don't think there's a great deal of hope that we're going to get a huge change, a policy shift, at the upper levels of our judiciary—certainly not unless and until there's a change in the government narrative that we've been talking about. I'm actually more hopeful that we're going to start to make inroads at these lower levels of court and that that will make its way up to the tops of the trees, as it were.

Commissioner Kaikkonen
And my final question is about— I'm going to start off with a quote by Albert Camus: "The only way to deal with an unfree world is to become so absolutely free that your very existence is an act of rebellion."

I'm just wondering if you have any recommendations that ordinary Canadians can do—again, taking personal responsibility—that might sway the judiciary and the government to think about what they have done over the last three years.

Leighton Grey
What I encourage people to do is to get involved at the grassroots level. One of the greatest and most common shared feelings of people in our country throughout the pandemic is powerlessness. And I happen to believe that that is by design. But that's a lie. That's not true. We all have individual personal power. We all have things that we can do.

Not everyone is an eminent doctor or a litigation lawyer or a high-powered journalist or whatever, but everyone has things within their power that they can do that can make a

difference in their families. Getting involved at the local school level, getting involved in local politics, speaking out. I think we need to do more.

There's a level of complacency. There's this spell that Mr. Buckley talked about that must be broken. And the only way to do that is to do something, to take action. I think, as a country, as a nation, we've been spectators allowing things to be done to us or to be done for us. And I think the more that we get active in our own lives and within our personal reach, that's how we're going to make the greatest difference. That's how we're going to restore confidence in our communities and in our local institutions.

Where could that lead? Where could that go? The one thing that we know right now is that— I think, there's a famous quotation from C.S. Lewis to the effect of, "Be careful about putting too much faith in one person." And with all due respect to our political leaders, I don't think that we can look to them, or we can look to a ballot box, to restore our country. I think that we have to take individual responsibility for what we can control in our daily lives. And if more and more of us start to do that, I think that is the antidote to this chaos. That is what is going to restore our country to dignity.

Commissioner Kaikkonen
Thank you for taking the time to testify this morning.

Leighton Grey
Thank you, it's been my honour.

Shawn Buckley
Leighton, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Leighton Grey
Thank you.

In closing, would you mind if I just read a brief biblical verse I'd like to share with people who watch this. It's from Ephesians, chapter 3 verses 14 to 21 and reads as follows:

> For this cause I bow my knees unto the Father of our Lord Jesus Christ,
> Of whom the whole family in heaven and earth is named, that He would grant you, according to the riches of His glory, to be strengthened with might by His Spirit in the inner man; that Christ may dwell in your hearts by faith; that ye, being rooted and grounded in love, may be able to comprehend with all saints what is the breadth, and length, and depth, and height; and to know the love of Christ, which passeth all knowledge, that ye might be filled with all the fulness of God. Now unto Him that is able to do exceedingly, abundantly, above all that we ask or think, according to the power that worketh in us; unto Him be glory in the church by Jesus Christ, throughout all ages, world without end.

Amen. Thank you.

[01:35:25]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 2: Jody McPhee
Full Day 3 Timestamp: 03:16:06–03:34:17
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Dellene Church
Our next witness is Jody McPhee. Good morning, Jody.

Jody McPhee
Good morning.

Dellene Church
Please state your name and spell your first and last name for the record.

Jody McPhee
Jody Lynn McPhee, J-O-D-Y M-C-P-H-E-E.

Dellene Church
Thank you. Jody McPhee, in your testimony here today, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Jody McPhee
I do.

Dellene Church
Thank you. Jody, unfortunately you lost your dad to the COVID vaccine. Can you tell us about that?

Jody McPhee
On May 22nd, 2021, my dad went to the local grocery store pharmacy for his second dose of the COVID vaccine. He then went around the store and purchased T-bone steaks, asparagus, and ice cream sandwiches. All of which he did not get to enjoy because unfortunately, within 45 minutes of the injection, he was dying. He managed to drive himself home for the last time. He was hospitalized that night. And sadly, six days later he succumbed to his injuries.

At that time, I was working on a project in Weyburn, Saskatchewan. My mom had called and said, "He's not talking anymore." I said, "What, he's not talking anymore?" I couldn't imagine that. She said, "You should come home."

I went to work. I tied up some loose ends. I said, "I'll be back." And I made my way to Yorkton. Upon arrival at the hospital, I didn't even know if I was going to get to see my dad. I wasn't one of the people on the visitors list. I waited in the entrance to the hospital while they called the ward to see if I was able to see my dad. I had called my mom to find out where exactly they were because I was going to see my dad regardless. My mom said, "I will come and get you," and she made her way down the hallway. I ran to embrace her. She was about to lose her husband of 47 years. Hospital workers were screaming at us, "social distancing!" I responded, "This is my mother and I will embrace my mother any time that I want." Fortunately, the doctor allowed me to go in to see my dad.

I got there. He clearly was not well. I took his hand. I said, "Dad, I made it home for you." The doctor came in and said he was dying. At the time, I didn't believe it. He had survived so much I didn't think a needle would take him out. Either way, the plan was, I was going to go home. He wasn't expected to survive the night. They had actually told me I could bring my dog into the room. So I went to my mom and dad's house to get my dog and to get my clothes and I didn't even make it halfway across town and my mom said he had died. I feel like he waited for me to get there and then he waited for me to leave.

Upon his death, my immediate response was to warn people. In hindsight, I see how naive I was because no one wanted to be warned.

My dad's death was belittled and denied by friends, family, my employer, my Prime Minister, my Premier, my MLA, and my Member of Parliament.

Dellene Church
Jody, did the medical staff acknowledge that your dad's death was a result of the COVID vaccine?

Jody McPhee
There was a conversation at the time that it was a vaccine. They questioned when he had had it, they questioned which one he had. It was then reported to the— I don't remember what it's called, where they report the adverse reactions. It's actually reported by the doctor and the pharmacist who had administered the shot.

Dellene Church
And was any information given to the family, on making a claim, about compensation?

Jody McPhee
Yes, there is actually a claim for compensation right now. They've requested further information at this point. So we're just— It's just taking time at this point.

[00:05:00]

Dellene Church
So next for you, as a result of your dad's death from the vaccine and your faith, you had made a decision not to be vaccinated.

Jody McPhee
Right.

Dellene Church
Unfortunately, your private employer put in a vaccine mandate at your work. Can you tell us how that process works?

Jody McPhee
So I had basically— I had a difficult experience happen at work on September 21st, where I was bullied and harassed by a member of management to the point where he had screamed at my coworkers that they were to get away from me because I was going to make them sick. I asked for help that day from my employer and I did not get it. I ended up in the hospital. I ended up with a diagnosis of adjustment disorder with a heightened state of anxiety and depression. I ended up off work because of that for four months.

While I was off work, the company did mandate a vaccine on their workers. I knew about it because I still had friends that worked for the company. They were informing me what was going on and I was also having discussions with different management within the company as well.

I had been approved to return to work by my doctor and I also had a religious exemption letter from my pastor. I submitted both, I believe it was the same day. I'm not sure, I might have submitted one and one day and one the next day. With my religious exemption, I asked the HR director— I actually asked, I didn't want to be religiously persecuted for my beliefs and I just wanted to be treated the same way Jesus treated the people, with love and compassion. I actually asked for that and instead I was persecuted. I carried the cross up the hill. I mean, I was fully prepared for what was to come.

So it was not only denied, it came with a letter telling me that my relationship with Christ, along with my vaccination status, would cause a considerable amount of undue hardship to the company. They would lose income. They would lose business. It would be disrespectful to the other employees. They even went as far as to tell me that their clients and their business partners had requirements in place that would not allow that exception. So it was denied.

That response was promptly followed by an email saying that my employment of seven years was terminated. The email was signed by the HR director on behalf of my manager, who I had actually— It's interesting to note, I had had an employee review just months prior, where he told me that I was consistent— In writing actually, he said I was a

consistent contributor. My work was always exceptional and he was looking forward to all of my success in the coming year with the company.
It really hurt that he could say those things and then I wasn't even able to get fired with dignity. I didn't deserve a phone call. I didn't deserve a meeting. I basically got an email from a stranger saying, "Don't come back."

Seven years, you know, I worked—and it was seven years of sacrifice. I worked in construction. We worked away from home. We were on the road. We were doing an important job. We were essential workers. We worked all the way through the pandemic. We were building facilities to help feed the world. We were heroes. We were scared but we were going to work. I you know anyone that works away from home, you literally give your life to the company. We worked a four week on, one week off.

[00:10:00]

For seven years. And I was exceptional. I went from exceptional to worthless in just a matter of months.

Dellene Church
And you suffered a further indignity after you were fired. Can you tell us about that, about trying to return to work for your retrieving your belongings?

Jody McPhee
I wasn't allowed to retrieve my belongings. Right from the get-go, when I first went on to leave, I asked to retrieve my belongings. They told me that I was basically a danger to the workers. I don't— I don't know. It was, it was pretty awful. To this day I haven't even gotten my belongings back and I was fired over a year ago. I've tried numerous times, reaching out to different people in management on job sites saying, "Please can I get my things back." They respond with— I actually got an email, like, months after I was fired, telling me that I wasn't able to talk to anyone in the company without permission for any reason, without permission from the HR director. I didn't even work for them anymore.

Dellene Church
So your next involvement was with an application for unemployment insurance?

Jody McPhee
Right. So of course I applied for unemployment insurance. I was denied. I was denied based on the fact that the person who was making the decision felt that my faith and my religion was something that was in my head, which she actually said to me. I then waited a while. I mean, as a person, you're feeling defeated and you're feeling discouraged. I waited a while and at the very, very last minute I appealed it. And I'm happy to say it was approved based on my religious exemption. So I was paid the maximum amount of benefit minus five weeks, as I wasn't available for work for five weeks out of that time.

Dellene Church
And following that, you also have been involved now in a court application for wrongful dismissal from your employer.

Jody McPhee
Right.

Dellene Church
Is that still proceeding?

Jody McPhee
Right.

Dellene Church
Can you tell us about that?

Jody McPhee
Clearly, there's strategy involved and so I don't want to say too much but we are working towards getting justice. We have a strong group of eight. We're absolutely adamant that we will not waiver and we will not back down. We were all long-term employees, long-term loyal employees.

Dellene Church
And have you had court proceedings yet?

Jody McPhee
No. I believe there was an application to strike in play and then— We have a fantastic legal team. You just heard from one of them. We have a fantastic legal team and they're working hard for us. And we have complete faith and trust that this will work out in our favor. It has to. I mean, eventually good needs to prevail; it has to.

Dellene Church
So after your unemployment insurance benefits ran out, you've suffered severe economic consequences.

Jody McPhee
I actually didn't receive— I got my insurance benefits in a lump sum over a year after I was fired. So I mean, prior to that, it was the economic consequences. I didn't have a paycheck anymore. I had to cash in my savings. I had to stay with my mom; thank God. I mean, I had a place to stay. But I wasn't able to at that point anymore—I had just sold my home and then all of a sudden, I was fired. I wasn't able to secure another mortgage or even rent an apartment right away. My mom doesn't like it when I say this, but I was essentially homeless.

I wasn't able to work for several months and I'm still only working part time for myself. I am working for myself now. I'm not able to work for anyone else because I— This clearly, I mean, I don't have the work ethic of a person who gets fired. It's something that hangs over your head and I don't think I'll ever be able to work for anyone else ever again. Because of that fear and that damage that that's done to me.

[00:15:00]

Dellene Church
But the strength you've had— The hope today is that you didn't give up. You've gone through all these processes. You also completed online schooling during this time for a new profession. And you've recently opened your own business, you're going forward. You're seeing this through.

Jody McPhee
I'm going forward and I'm seeing this through, absolutely. One hundred per cent. I feel, it's so hard to talk about, but I feel like there's so many people out there that would have liked to have seen me hanging from a tree. But they don't get to win this, I do. Because I'm sitting right here.

Dellene Church
Is there anything else you'd like to share today?

Jody McPhee
Well, first of all, I'd like to say thank you for the opportunity. Thank you to everyone that's here today, everyone who's watching, everyone who's involved in making this happen. I feel like this is just the beginning. You know, I had been waiting for a platform to speak on and I believe this is it. So I'm incredibly grateful. I'd also just like to say something to my dad. I'd like to say: Dad, thank you. Thank you for giving your life so that I can live mine strong and healthy.

Dellene Church
And do you have any suggestions for what could be done so we don't face this again?

Jody McPhee
I think what we're doing right now, I think talking is important. And I know there's going to be days that we're going to be tired and those are the days that we're going to rest, but we don't quit. We don't quit. We don't back down. We don't waiver. And we just keep going. We just keep going. And I know personally, I've got to work on getting my carefree nature back because that was taken from me. I need to work on trying to believe that most people are good. I've got to try and get that back.

Dellene Church
I'll turn it over to the commissioners to see if they have any questions for you.

Jody, thank you for your courage through all of this and your perseverance. And on behalf of the National Citizens Inquiry, I'd like to thank you for your testimony today.

Jody McPhee
Thank you for having me.

[00:18:11]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 3: Dr. Christopher Flowers
Full Day 3 Timestamp: 03:34:22–05:00:29
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[00:00:00]

Shawn Buckley
So our next witness is attending virtually, Dr. Chris Flowers. Dr. Flowers, can you hear us?

Dr. Christopher Flowers
Yes indeed.

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

Dr. Christopher Flowers
My name is Christopher, C-H-R-I-S-T-O-P-H-E-R, Flowers, F-L-O-W-E-R-S.

Shawn Buckley
Now, Dr. Flowers, we have entered your CV as Exhibit SA-5 in these proceedings. But just so that people participating today have some idea of who you are, I'm going to go through a couple of highlights and feel free to say more. And then I'm going to ask you to discuss the War Room/Daily Clout Pfizer thing and even explain what the Pfizer dump is.

But you have a medical degree from the University of London. You are a fellow of the Royal College of Radiology. You are a fellow of the Society of Breast Imaging. You led the breast cancer screening program in South Wales. You are the cancer lead for the South Wales Cancer Network. You are an associate professor of radiology and biomedical imaging at the University of California. You are the radiology lead of the University of California breast cancer research program. You are an associate professor of the University of South Florida and Moffitt Cancer Centre. You are a medical researcher at the Johnson Cancer Centre. And now you are medical lead of what's called the War Room/Daily Clout Pfizer Document Investigations.

And I'll ask if you can explain, for those who don't know about what the Pfizer documents are, what this organization you are the medical lead of is?

Dr. Christopher Flowers
I'm very happy to do that, but first of all, I need to swear. I do solemnly swear—

Shawn Buckley
Yeah. I'm sorry, I forgot about that. So do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Christopher Flowers
I do.

Shawn Buckley
Oh, thank you. And thank you for reminding me of that.

Dr. Christopher Flowers
So what I'd like to do is just share some slides as I talk [Exhibit SA-5]. And you've heard a lot of the things that I've been— Basically my status, giving you some validation for my medical qualifications. But also I can enhance that, perhaps just saying I've been a clinical researcher for almost 40 years now. I've been involved in many clinical trials, mainly in the field of breast cancer screening. And in this sort of situation there is a serious balance that we have to take into account with every decision we make. And that's the benefits versus the risks, the harms. It's really paramount in our thinking. I've authored many peer-reviewed papers and also chapters and whole medical textbooks. And I've received awards from prestigious medical journals for distinction in reviewing. So that gives you a little bit of my background.

But today I'm actually standing on behalf of the War Room/Daily Clout Pfizer document investigators. We have approximately 3,250 volunteers who reviewed the Pfizer documents in response to the release of the documents via FOIA [Freedom of Information Act request] to the FDA [U.S. Food and Drug Administration] from a North Texas district court. We are a mixture of medical professionals from academia, primary care, but also nurses, pharmacists, and clinical trial specialists from research backgrounds. We also have actuaries. We have all sorts of things. And one of the key components of this that we felt was very important is that we have no financial conflicts. That means no one was allowed **to hold Pfizer shares or have any trades based on any of the Big Pharma companies. All of the members who helped me produce this presentation for you today are unpaid volunteers.**

The background to the Pfizer documents: these are the regular documents the FDA used to record. They required Pfizer to produce, as part of their application for the emergency use authorization. They were obtained firstly by a request by attorney Aaron Siri with a FOIA with a judge in the North Texas court, who granted the request in January of last year.

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Now, one of the issues that we've highlighted is that the FDA complained they would not be able to release the documents in a timely manner and it would take 75 years. So it's like they're trying to hide things—just like there have been holds on evidence for the J.F.K. assassination, for example. But thankfully, the judge ordered them to be released over the next 12 months, which they didn't do, and gave a schedule of the numbers of pages that needed to be released per month. Now, these were huge numbers of documents and number of pages.

And so only a sort of crowdfunded citizen investigation would actually work in going through all this information and pulling out the important information. One of the important questions, I think, is: When would it have been available to regulators? That means your Canadian authorities. We know for sure that the documents were shared with the European Medicines Agency as well as the agency in Australia as well as other regulators at the time, in 2020 and early 2021.

Although many thousands of these documents have been released, the way they were released and the drip, drip, drip factor of their release: they actually obfuscate the findings. Because after three months of releasing redacted documents, they started grouping files into what are called XPT files. They're a type of SAS proprietary data file. And a lot of the PDF files, the ordinary text files, if you like: they were presented as JPEG images within this file. And of course, you can't search an image when it contains words. You actually have to do optical character recognition.

And there are many outstanding documents that we need to complete the picture of both the clinical trials and the outcomes of these trials. Because the FDA actually required follow-up of a lot of these different groupings to make sure that the data was complete. So our data teams worked around the clock every month with these new files and extracted the data into searchable Excel data files. Our data team is based, in Canada, in Vancouver, all across the U.S., in London, in Paris, and in Australia.

Our team were literally able to work 24 hours of a day every time a document dump was made to produce a searchable file. They even produced an application which is available online called Abstracta, which enables you to search any of the Pfizer documents for relevant data.

As I said, many documents refer to yet another document, which in many cases have not been released. In other words, Pfizer has made it extremely difficult to get to the truth. For example, a large number of subject case report files—these are the so-called CRF files—have not yet been released. For example, female subjects account for nearly 50 percent of the clinical trials. And based on the Pfizer protocol, all females must undergo a urine analysis testing for human chorionic gonadotropin to screen for pregnancy before both dose one and dose two. So a minimum of 43,232 HCG tests would have been administered. However, so far, only nine CRF documents have been identified to date. So obviously, they're not releasing all the information.

What I would like to do is quickly go through the clinical trials and then concentrate on some of the findings that we've been able to pull out from the data.

First of all, most of the information initially came out from rat studies. These are humanized rats called Y-Star rats. And one of the very important first things was the fact that the vaccination did not remain in the deltoid muscle but spread throughout all organs of the body, including the reproductive organs. And these rats were— Basically, they were put down and analyzed

[00:10:00]

shortly after they'd been given the vaccine for testing.

The next aspect of this was the lipid nanoparticles. They were going to be containing this BNT162b2 vaccine, which is what we had as the mRNA. And they did these testing in conjunction with Acuitas Therapeutics in Vancouver. And it was noted that there was a rapid onset of symptoms from this particular delivery system. So we were told this was something that had been well-researched but, unfortunately, a lot of the rats did not do very well after injection with this lipid nanoparticle containing the vaccine.

And here is an example of the table they produced showing increasing concentrations of lipid nanoparticles over 48 hours. And it goes up from 0.01 to 12.26 in 48 hours. But we don't have any further data because that's when the rats were humanely killed. And so we presume—or at least we're told—that the dose should be falling off, but there is absolutely no evidence of it. The only data we have is that there is increasing accumulation over a short period of time. So ovaries: we're talking about reproductive organs here. And it also occurs in the male rats: it was going to the testes.

Now the Phase 1 clinical trials, these were very shortened. Normally, safety studies take at least five or 10 years. And the BioNTech studies performed in Germany and in China only really looked at 195 subjects: 45 subjects were randomized but many more were discarded. And there's no real explanation of why this was. And they tested out various doses of the proposed vaccine.

Basically, the trial was too short and had far too few subjects to come to any potential conclusion regarding safety.

Pregnant women obviously were excluded. They had not had any evidence to declare the vaccine was safe for pregnant women, foetuses, or breastfeeding of infants. And there were far too few children below the age of 16 to draw any conclusions regarding health risks to the population.

And so they started with the Phase 2 trials. They provided a number of exclusions that were required during the trial. And the interesting feature of this clinical trial was that the full trial protocol was changed many, many times during the trial. Both before the trial, during the trial, and then after the trial—which is very, very weird. I've never come across this before in any of the clinical trials I've been involved with over the past 40 years.

So there was a total of fourteen amendments, nine of which came after the start of the phase three trial and then five right at the end. These amendment dates vary from 1st of December 2020 all the way through to 2nd of March 2021.

And here is a list of the protocol amendments with the dates. So that's a Phase 3 clinical trial. You normally have a trial protocol agreed on and approved before you start the trial. And then that is supposed to help you in analyzing the results of the trial. So if you're changing the protocol, what we're talking about here is moving the goalposts at each stage. And it just brings up more questions than giving us answers.

Here is the front page of the protocol document. But one of the things that was very interesting to me—I only happened to notice it fairly recently—was, at the bottom of this very first data sheet from 15th of April 2020, the fact that the clinical protocol template for this particular vaccine was developed on the 5th of December 2019. Now, if you remember,

the WHO only declared a COVID-19 outbreak as a public health emergency of concern in January of 2020,

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and then a pandemic on the 11th of March 2020. So many months later, which makes you wonder and ask questions about: How soon did they know things were happening and was this all planned?

There were a lot of danger signals in the first 90 days after the rollout of the clinical trial. I'm talking about the 90 days after the EUA [emergency use authorization] was granted and it was rolled out, firstly in the United Kingdom and Europe and the U.S.A. These are covered in what's known as a Post-Marketing Experience document. It is the infamous 5.3.6 data dump. It was broken down by what's called System Organ Class. So they decided to say neurological, cardiovascular, things like that. But as I'll demonstrate, they manipulated these slightly—to probably hide the sheer number of severe adverse events by trickling them out into different areas.

These are the system organ classes that were used in this document. And the headline findings are that: 275 patients had a stroke; 25,957 people had nervous system disorders; 17,283 had gastrointestinal disorders; and 8,848 had respiratory, thoracic, or other chest and heart disorders. Now this is a lot of people in the first three months.

What about deaths during the trial? Now, when the trial happened, by November the 14th basically, there was a data cut off point that was required in the trial. But only 50 per cent of the subjects had been exposed for long enough to give any idea of real safety data post dose one or dose two. But it was noted that by November the 14th, there had been 11 deaths. Pfizer, however, only reported 6: they had five in the placebo but they had 6 in the vax population. So there were more people died in the trial who were vaccinated than who were unvaccinated. Of these 11 deaths, the number of deaths due to heart attacks were 2 in the placebo and 3 in the vax.

I think you can see a trend here that being vaccinated in this trial was more cause of serious adverse events and death than anything else. So the difference in deaths between the two arms didn't really become obvious until March the 13th, 2021. And that was 21 versus 17. And of the 21 deaths in the vaxxed individuals, 9 died of heart attacks. But the 17 deaths in the placebo group, only 4 of those died of heart attacks. So clearly, the adverse event signals became clearer by the end of this post-marketing document 90 days—in March the 13th, 2021. And because of all of that, really at that point, the FDA should have said, "We need to put a stop on this until we've analyzed it further."

And that's really one of the main recommendations that we would suggest for any further trials of any sort of intervention: that you don't just rush through to an emergency use authorization, but you review the actual serious adverse events and any deaths from the vaccine rollout until you've had that immediate post-marketing experience follow-up.

So to try and make the findings easier to understand, our volunteers published micro-reports based on each of these individual system organ classes. These are all available for free on the dailyclout.io website under "Pfizer Reports."

The headline findings after this 90-day rollout were that there were 1,223 deaths. Most of the severe adverse events occurred within four days post-vaccination,

[00:20:00]

and within 24 to 48 hours in 70 per cent of women and 29 per cent of men. And these were all under the age of 50. The highest number of cases were in this working-age bracket of 31 to 50 years. So if you take that overall, the main findings of the post-marketing study were that the serious adverse events were mainly affecting women in the working-age group of 31 to 30 [sic, 31 to 50 in slide]. Really quite important findings.

Also, interestingly enough in the post-marketing: there were 175 cases that were under the age of 17, which include a Bell's palsy in a one-year-old. Now remember, this is supposed to be given to people 16 and over but we had a one-year-old who had a Bell's palsy. We had another young patient, only seven years old, who had a stroke. And there was also kidney failure in an infant less than 23 months of age.

Furthermore, from this point of view there was no informed consent provided, as you know. If you compare the rollout of the Pfizer vaccine and the encouragement, we were just told it was safe and effective. But if you look at any biologic advert on TV, you'll see a quick thing about the benefits of it and then you'll have two minutes probably of, "Go and see your doctor if you report this, that and the other. Tell your doctor if this, that and the other happens." There was none of that with the Pfizer vaccine. And in fact, in the insert into the vial packet that is given out, the page actually states: "This page is left intentionally blank." Because it's an EUA product, there's no requirement to provide a fully reported insert into the vaccine packet.

Let me just mention something like Bell's palsy because this is a good example of one of the severe adverse events. I report a fellow countryman of yours, Justin Bieber, who, as you know, suffered a Bell's palsy after receiving the vaccine. And this occurred in four patients who received the vaccine but none of the placebos in the trial got Bell's palsy. The other interesting thing about this was that in the trial, the placebo patients were unblinded and then vaccinated. And those that were vaccinated, they also received similar numbers of Bell's palsy after the end of the trial, which is totally crazy. Pfizer's explanation was the numbers were small, but they made no explanation as to why they considered it to be significant. Because as you know, Justin Bieber is unable to carry on with his concerts and to sing because of this palsy; it's affecting his voice.

It's really tragic when you realize that severe adverse events are not just a one-off thing but there are chronic complications as a result because it's an ongoing situation. For example, if you have a stroke as a result of the vaccine, you're permanently injured. You were a healthy person; you received an intervention that was to stop you, in theory, from dying from an infection. But instead, you ended up with a stroke, which is now lifelong that you're going to have to suffer. And I think you can see if you follow on YouTube and search for some of these, many cases of news anchors or weathermen, for example, developing a rapid onset of a Bell's palsy on air. I've seen a number of these and it's really quite fascinating.

Let me just address something that's really, really important on this point of view. Because people have said, "Well, how do you know it's due to the vaccine?" Well, if I explain what latency is, you'll perhaps understand a little bit better. Latency is the time between giving the intervention, the vaccine in this case, and the onset of a severe adverse event. And this graph is just a compilation of all the cases from the 5.3.6 document showing the vast majority of people who had serious adverse events,

[00:25:00]

occurred on day 1 and day 2 following the vaccine.

Now, it wasn't just the post-marketing event experience documentation that Pfizer reported to the FDA. But interestingly, our friends in Europe, the European Medicines Association, required a periodic safety update report. And this is covering the first six months of the vaccine rollout in Europe. Interestingly, they gave out 238 million doses in 30 European countries. And basically, their findings are very reflective of what we found in the original Pfizer documentation. It's just scaled up to a much, much larger scale. So although people say, "Well, these side effects, these serious adverse events are very rare, we don't have to worry about it," just look at these European data if you think that.

Do you really think that 1.17 million adverse events with over 5,000 deaths in the first six months of a vaccine is nothing? You know, one third of all adverse events were serious. And the commonest age range for these, again in European data, were the 31 to 50-year-old age group. Nearly half of all of the deaths, plus 86 per cent of the adverse events, were amongst healthy people. They charted that out compared with people with comorbidities. And you'd normally expect people who have some other issue—like obesity, diabetes, and other things like that—would be more likely to have serious adverse events or deaths. But no, it was actually in the healthy 31 to 50-year-old age group. We're talking about working age people, which makes you wonder, is it targeted? We need to know. We don't have any of that information.

The other aspect of both the Pfizer document and the European Union report on the Pfizer vaccination is that nearly half of the outcomes remain unresolved. We do know, however, that 23 per cent of these patients with severe adverse events did not recover. And again, the European data confirm that women suffered these serious adverse events at a rate of at least three to one compared with men.

So a question we've been asked to address was: Was there manipulation of data? We believe the data was manipulated in a number of ways. For example, in our anaphylaxis reports, we reviewed and found they'd used what's known as the Brighton Collaborative Criteria, which is a rigorous research-orientated set of definitions, to decide whether these reports should be reported or not. This allowed Pfizer to eliminate 831 of the 1,833 reports of anaphylaxis, thereby reducing the numbers that are being presented.

Furthermore, the collection of the cases for the Brighton classification were evaluated—not by a complete chart review, which is what you would normally do, or even actual patient interaction—but it was based on very limited VAERS reports or similar sources. And Steve Kirsch and others have already talked to you in their testimony about the issues with the underreporting in VAERS. It's a very variable reporting system and often you get very incomplete information.

And to trust your data to decide whether they fitted the Brighton Collaborative Criteria is actually very concerning because we need— In a healthy population, we want to know what the safety signals are. And all these serious adverse events and deaths are, by definition, harms that need to be balanced when we're talking about doing an intervention in a healthy population. So therefore, a lack of information should not be construed as data negating the diagnosis of anaphylaxis. And we would prefer to go with the 1,833 reports of anaphylaxis.

What's the importance of revealing more clinical trial data when we're assessing medical products?

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And based on just reviewing the Pfizer documentation, we believe that access to more trial data, human clinical data collected at the site level, should actually be available as an open source. A population who are involved in a trial should be able to have their data analyzed by various people, and not just go to the sponsor—the sponsor being in this case Pfizer. Because then there's no way that the data can be manipulated in any way in the presentation of the findings to help them with a particular narrative.

So we believe that there wasn't enough information to provide the vaccine prototype being 95 per cent effective as reported. We believe that it was unsafe based on the raw data that we have managed to compile from all the CRF data and others from each of the sites during the clinical trial. We also believe that the raw trial data should, when you're analyzing it, include people who are qualified but have no conflicts of interest.

And I think this has been a really big problem with the committees that basically provide the recommendations to the FDA, for example, to rubber stamp a product for an EUA, for example. We believe that these people should not be incentivized, because if you're promised a good job with Pfizer or in Big Pharma after you've already authorized their product, then you're much more likely, obviously, to be compromised in your thinking and not being critical. Because the FDA— Back in the day, I remember submitting and being part of the submission process for clinical trials. And it was a struggle to get things past the FDA; they were protecting patients. But in the last few decades, they've really become compromised with the amount of funding coming in from Big Pharma.

We also believe there is a need for ongoing analysis of the data even after the product has had the emergency authorization or been administered to the public. As I mentioned earlier, it was clear from the post-marketing experience: There were both an unexpected number of serious adverse events—in fact, enough that Pfizer had to recruit another nearly 2,500 additional analysts just to cope with the sheer number of adverse events that were occurring. These adverse events were classified by Pfizer, by the sponsor. They consistently said in their reports of each of these as though there were no new safety signals, which we believe based on the findings that we've reviewed is not justified at all. It really should have been brought up to the FDA immediately. So this function should have been performed by a trusted public body with no conflicts of interest.

And I know we've heard from many people during the testimonies over the last couple of months that people are losing their faith in the medical profession—in the three letter agencies that are supposed to protect us from harms. And really, we need to come to some form of arrangement whereby we can have a trusted public body that is responsible to the population with no conflict of interest. Because if this had been actually done in the correct **manner, it is likely that the trial would have been stopped immediately, just like it was done many years ago when the swine flu vaccine was being trialed. They had a number of deaths and immediately they halted the clinical trial. Well, why didn't that occur in this particular trial?**

I'd briefly like to talk about the definitions of adverse events when it regards the time limit imposed. That was a question that was asked of us. Pfizer had 14,565 unique subjects who expressed 36,567 adverse events. Now, that's a lot of them. And the onset of these adverse events was anything from one day to 213 days. But as I've shown you with what's called the latency, the vast majority of these occurred within the first few days after administration of the vaccine.

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That gives us little doubt that it was associated with the vaccine itself. Anything that occurs within the first few days, definitely—but certainly up to one month after the vaccine is administered. The big problem that we have with adverse events and biologics is that they're very different from standard drugs—for example, like a toxin like a chemotherapy drug. Because they've got different metabolism and clearance, as well as the possibility of immune suppression, we believe a longer period of observation is very important, particularly when looking at development of cancers and both infertility and birth defect potential.

And that is really where the very initial Phase 1 trial should have been properly done. This few-week Phase 1 trial was very, very poorly done and you can't possibly get reliable safety signals from such a short-term trial. The other aspect of this is that, unlike small molecule drugs, where you know how the drug is eliminated from the body—whether it's through the kidneys in the urine or it's through the liver and out that way—they're well-known and well-studied. The problem is that this mRNA lipid nanoparticle platform is still being elucidated. I mean, I was very concerned when I first came across this because we know that lipid nanoparticles can traverse every membrane of the body because it's got this fatty component that enables it to pass.

You have things called membranes in the body that separate important organs—for example, the brain from the circulation called the blood- brain barrier. And it does a very effective work in preventing toxins crossing from your blood into the brain. Now that's why, for example, chemotherapy doesn't work well with brain tumors—because it just can't get across very easily. But the lipid nanoparticle goes straight through the blood-brain barrier. Similarly, it goes across the placenta, which is supposed to protect the unborn child, which is why Pfizer in their clinical protocol stated very, very clearly that you had to avoid getting pregnant and having injections if you were pregnant. They actually said in the clinical trial documents that if you were going to have sexual intercourse, for example, if a male had had a vaccination, the male needed to use at least two reliable forms of contraception to avoid pregnancy if they'd been vaccinated. So they were aware there was going to be a problem. And the reports after vaccination of what has happened with patients and the colour of their breast milk, the failures of thriving, the effects on the placenta: all of these things are concerning because of the effect of this platform being able to cross multiple membranes.

The interesting thing if you look at this is that, very recently in a viral video, Dr. Fauci was on the doorstep of someone and he was trying to encourage them to get the booster vax. And he told these residents that this platform was perfectly safe. It had been researched for 20 years. And in fact, Dr. Peter McCullough, when he did his testimony in Truro, he shared **that the platform was being researched back in 1986. The involvement of the U.S. military in the development of manipulation of viruses by gain of function, with the vaccine being produced as a prototype under another transaction agreement with the Department of Defense, really gives one pause that this potentially could have been a biomedical terrorist type of activity against our own population and the Western population. Should the Department of Defense really be involved in manufacturing and distributing vaccines? What's happened to the oversight of this? Did the world know that this was happening? I mean, we're only beginning to know now**

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the extent of involvement of the Department of Defense in the development of vaccines.

So hopefully, this will give pause to consider using this technology until we know much more about the safety profile—especially of the lipid nanoparticles, of which 50 per cent of the composition is polyethylene glycol, which you may have come across as colonoscopy prep. But it's not really supposed to be given into your blood because it takes a long, long time to try and break that down and excrete from the body.

But what about the regulators and their competence to assess a novel vaccine platform? We have to remember that government regulators are bureaucrats. They're not experts, generally, in their field of occupation. Regulators rely on outside experts like the data safety monitoring boards and the institutional review boards. However, the FDA's oversight of clinical trials is extremely lax. It's slow-moving and it's secretive. Moreover, due to the pandemic, the use of on-site, no-notice inspections was paused. So you never had the real oversight of clinical trial sites that we used to have back in the day.

We are still looking, and we haven't found, official action-indicated reports for this Pfizer study. So they're saying that, "Well, nothing serious happened." But we've seen evidence that there was fraud going on in some of the clinical sites, whereby Pfizer gave taxpayer money to these sites who basically didn't do the trial properly. For example, Brook Jackson's Ventavia case: she saw so many cases of not following protocol and so many protocol deviations that trial should have been stopped. And when she complained to the FDA, the FDA got her basically sacked from Ventavia as a clinical researcher. And that trial is still ongoing in South Texas.

So I think there are three disqualifications and closures that leave trial participants and others in danger. This includes the closure of site 1161, which was Darrell Harrington in Benchmark Research in Texas; he was found missing in action. Site 1068, the Bozeman Health Clinical Research in Montana; he had 84 out of 119 subjects with important protocol deviations and 44 exclusions and they were removed from the study in March 2021. FOIA reported violations of protocol by site 1231, which was the biggest contributor to the clinical trial in Argentina in the military hospital there in Buenos Aires. And since the clinical trial, the Argentine government have actually removed the authorization to do clinical trials with Fernando Pollock and his company, the iTrials Clinical Research in Buenos Aires, because of these protocol deviations.

I'd like to end up with some ideas on the mechanisms of harm. Because the reality that we're coming to is: yes, there are harms from the deposition and accumulation of things like lipid nanoparticles in various parts of the body, including the testicles, by the way, which also affects fertility in men. But most of the effects seem to be due to what we're beginning to call spike protein disease. The NIH [National Institutes of Health] call this long-COVID or long-haul COVID. But spike protein has now been found in every part of the human body. Autopsy studies by Dr. Burkhardt in Germany and others have actually demonstrated this when they stain for it in autopsy specimens.

So what should have given researchers pause when developing this novel vaccine platform? Well, as I mentioned, or alluded to earlier, lipid nanoparticles: they cross normal defensive membranes. So that's number one. But number two is mRNA, which can be incorporated by reverse transcription into human DNA. Now, this is supposed to be short-lived, but there is evidence from some sequencing data that it has been incorporated into DNA.

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We've effectively turned our own human cells into mini spike-protein factories with no off switch. An end codon, as it's known, was incorporated into it. We're told that spike protein stops being produced at a period after the vaccine. But it's clear that in some people, the spike protein continues to be made. And there are a lot of people looking at how one can detoxify from spike protein. But at the end of the day, we need far more research into understanding spike protein, the spike protein harms, and what potential mechanisms can we use to remove this from our body.

That has left us with many questions that still need to be answered, indeed. But hopefully, this has given you some idea of the extent of problems with this Pfizer clinical trial and the vaccine itself. So I thank you for your time.

Shawn Buckley
Thank you for that presentation. Dr. Flowers, you had just mentioned that authorities are calling this, I don't know, spike protein disease as long-haul COVID and we've heard that in the media. Is long-haul COVID caused by contracting the COVID virus, or is long-haul COVID a result of vaccination, or is it the result of both exposure to the virus and or vaccination?

Dr. Christopher Flowers
Yes, again, the NIH have set up a RECOVA program, it's R-E-C-O-V-A. And they initially appointed Dr. Fauci, would you believe, as one of the executive directors of that. That made us very concerned, but all they were going to be looking at were, "Oh, this is a result of the COVID illness, and therefore you need more vaccines to try and prevent this happening." That seems to be the thrust behind it.

But we know that spike protein disease can occur after you've been vaccinated but also after you've had COVID itself, which is why some people have really quite chronic, ongoing illness as a result. So I think spike protein disease is a good overall discussion we can have. And it's a good way to go forward, looking at the spike protein: how we get rid of it and its effects. Because only by understanding this little factory that's been put in our bodies will we actually understand how to combat it and get rid of it, maybe able to turn it off even.

Shawn Buckley
Now, you had mentioned in your presentation that females are over-represented as having adverse reactions. Can you speak to what are the main adverse reactions that females are experiencing?

Dr. Christopher Flowers
Oh, my goodness, as virtually every single type of reaction you can get from strokes all the way through to heart attacks and autoimmune disease, allergic reactions. But furthermore, I think the more concerning of these is, because they're young working-age women, that it's affecting their reproductive capability, their fertility. We know, for example, that people are having problems with their menses, their periods. They're having heavy bleeding, more frequent bleeding, lots of blood clots, pain with the menses, all sorts of issues. But also, we found people are having much more trouble conceiving.

Then there's the effect on breastfeeding and the failure to thrive of infants of mothers who've been vaccinated. We know that the lipid nanoparticle crosses the placenta and gets into the breast milk. You can see changes in breast milk, changing from the normal whitish

colour to bluey green, which is more like the feces of a baby who's been changed to cow's milk; It changes from yellow to bluey-green. So it is very worrying that this sort of thing is happening.

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Some of the midwives have recently come out and been whistleblowers, telling us about the placentas they're now seeing after childbirth—that instead of the normal plush, thick, very healthy-looking placenta, you're getting thin placentas with sort of fibrous areas and white areas which basically represent calcifications. So the placenta is not working properly either as a result of this.

So again, there's a lot of work to be done, but it seriously affects women in very diverse ways. But more concerning we believe, is the effect on fertility in women and failure to thrive of infants. So it almost is like a war on women, you know? Okay, it does affect men, but when you've got a ratio of between three and four times as many adverse events in women than men, it just raises more questions than answers.

Shawn Buckley
Now, when you speak about reproductive problems, is it possible that women are not experiencing adverse reactions but their reproduction is?

Dr. Christopher Flowers
That is very possible—but also don't forget there's the equal effect on men, with the lipid nanoparticles being taken up in the testicles. For example, one of the post-mortem studies, the autopsy studies from Germany: they did a cross section of the testes in someone who died suddenly. And it actually showed conglomerations of these hard fatty particles of lipid nanoparticles inside the testicles themselves, which were affecting both the Sertoli and the Leydig cells, which are the ones that basically both provide us with sperm and with the supporting secretions that enable healthy sperm to take part in fertilization.

So you've got the effects on both women and men: problems with ovulation, problems with fertilization. And then of course, because of their issues with menstrual cycles, we presume that there is also going to be problems with implantation, that there is probably something going on with the uterus itself. But as of yet, we don't have any firm evidence, so I can't give you any more information on that.

Shawn Buckley
Thank you. In the Pfizer documents, is there revelations about what the ingredients are? If I asked you, "are you confident that the ingredients have been disclosed to the public," how would you respond?

Dr. Christopher Flowers
I'd like to say they've been fully transparent. But—we know from their documents they have not been fully transparent about anything. We do know, for a start: there are a lot of issues with the manufacturing process, especially early on, when most people were being vaccinated. Which is why certain batches, for example, gave far more serious adverse events than others.

For example, the issues in making sure that there was equal amounts of mRNA in each of the lipid nanoparticles: sometimes it depended on whether you got one of the first shots from the vaccine or one of the last ones from the vial, because the concentration varied throughout the vial. Which is why, in the instructions for giving the vaccine, they told you to invert it gently five times before you drew up the vaccine. And so there was that issue.

There's a second issue and that's with contamination. Contamination of the vaccine itself: they found particles of steel, there have been some heavy metals present; and part of the QA process, if you like, is to observe the Pfizer vials. They have a light table where the vials go on and you can see; if it's cloudy, those batches are pulled. But also, not only that. there are some issues where people think there is graphene oxide present within the vaccine. Now, there has been some findings of that, but it doesn't seem to be consistent. More appropriately is the question about aluminum oxide,

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as was found present in vaccines going back some time. There are worries that aluminum causes problems in children that is fairly longstanding and has caused potential harms in children over the years. And so again, the contaminants of the vials is very important.

But they also had to be transported at ultra-cold temperatures. Pfizer required the use of specialized freezers to transport the vaccine; it was only allowed to be brought up to room temperature at certain times. And they were also very, very clear that you had to avoid vibration of the vials because it would disrupt the lipid nanoparticles. And that's why they talked about, when you mix the vial, you just move it gently. So they were very concerned about all of these things that made you wonder whether the manufacturing process itself was up to normal distribution practice that is generally accepted throughout the industry. And it's fairly heavily regulated. But you look at the contracts with, for example, the European Union for the production of the vaccine, they actually had a paragraph within the contract itself that removed the requirements for good distribution practice from the production of their vaccine. Which just raises questions again: you know, they obviously knew it was going to be a problem with good distribution practice when it comes to their vaccine that they specifically excluded it in the contract.

Shawn Buckley
Now, you're an expert in analyzing clinical trial data and you've spent an enormous amount of time with the team behind you doing this. In your opinion, is the Pfizer vaccine safe for the human population?

Dr. Christopher Flowers
Certainly not. I believe that the benefits are outweighed by the harms tremendously—and definitely since Omicron. Of course, we've gone past Omicron now. We're into all sorts of new territory of, basically, what is a common cold. And there is absolutely no reason to vaccinate someone when you've got a chance of having such a severe adverse event which may affect you for the rest of your life.

Shawn Buckley
Aside from other adverse reactions, would you think that it would be safe—just based on the reproductive problems and menstrual problems experienced by females—to permit this on the market for the female population?

Dr. Christopher Flowers
The answer is no. It should not be used at all in the female population, especially in people who are under the age of the menopause. That's actually been taken up by some of the European countries. They've actually banned the use of the vaccine in basically, anyone under 75, unless there's a really good reason. There is absolutely no reason to offer this as a routine procedure. And yet in the U.S.A., it has now been added to the childhood vaccine schedule, which is extremely worrying because it's affecting our kids, who don't need this vaccine whatsoever.

Shawn Buckley
What do you think is going on? Why do you think that's happening? Because we're vaccinating kids in Canada as we speak.

Dr. Christopher Flowers
It's compliance? I have no idea. I can speculate all you want; I come up with all sorts of theories. But for me the evidence is quite clear that there is no reason to vaccinate children, who we know are extremely unlikely to suffer from deaths or serious injury from COVID. They're far more likely—especially if they're teenagers and teenage males in particular—to get myocarditis.

And myocarditis is actually a very serious condition. If you're someone who's going into college sports, for example and you've got your eyes set on either playing for the Montreal Canadiens or you're going to be going for the National Football League, you've got to be really fit. And myocarditis is something that can be subclinical. In other words, you don't have any symptoms until you suddenly start exerting yourself and you'll start being short of breath, for example.

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But of course, can also cause sudden unexplained death, sudden unexpected death. We nearly saw that with Damar Hamlin: This was not an effect of being hit in the heart. He had all sorts of issues and this looks far more like myocarditis underlying this. And a healthy person— Well, he died and was resuscitated several times when he fell on the field.

So definitely not for children; absolutely not, there is no reason. I would urge the Canadian citizenry to elect people who are going to protect you from harms. And that is their main job—is to protect your population from harms of any pharmaceutical intervention from outside influences, people buying up your land, and stopping you being able to produce your own food.

Shawn Buckley
Can I just ask you and it's still on the children thing: Should parents have any concern in vaccinating their children as far as affecting their children's ability to reproduce?

Dr. Christopher Flowers
Yes. Based on the adult information we have, it's bad enough for them; but for children, it's far more important. Because when you think about it, the development of the reproductive organs in children and young adolescents: that's the time when they're forming all their important potential future offspring.

Okay, the eggs, for example, are already present in the ovaries right at the beginning. But it's the supporting cells, it's everything that aids reproduction that can be damaged by the vaccine. And there is no benefit to the vaccine, so therefore, why would you even consider vaccinating your children?

Shawn Buckley
Thank you, Dr. Flowers, I have no further questions but the commissioners have some questions for you.

Commissioner Massie
Thank you very much, Dr. Flowers, for this excellent presentation. I have a couple of questions. The first one is about the extensive review that is ongoing, as I understand it, of the data from the Pfizer file. How long do you think it's going to take before you go through the bottom of it?

Dr. Christopher Flowers
Well, unfortunately, we know that we still haven't received all the documents. We thought that by December or January, we'd have had the last data dump. But they do produce data document dumps on a regular basis—although they've started to produce some more redacted files right now. And that is a worrying trend because we used to have redacted files right at the beginning and the judge managed to ensure that they got them unredacted. So they're hiding a lot of information.

But from our analyst point of view, we're missing so much patient data that's really important: For example, as I mentioned in the presentation about the human chorionic gonadotropin assays that were supposed to be taken before dose one and dose two in the females in the study, those have never been produced. Furthermore, we don't have any of the follow-up studies that were mandated by the FDA but still not produced.

Do I have any trust that Pfizer will actually provide these for us? I have to say at this juncture, I don't feel they're going to do it. They're not going to give us all the information. We're expecting in the latter documents that all the bombshell allegations that have almost been conspiracy theories right from the get-go finally turn out to be true. Fact is worse than fiction in some ways. And we expect that to happen during these final months.

But as I say, I don't think we've seen the end of this. I think they're hoping to draw things out until the Moderna files get released in July of this year. Because then the pressure will be taken off them and maybe they'll be able to slip things out later.

Commissioner Massie
If I understand what you're saying, you're expecting that maybe when you will have additional information, should you get it anytime soon,

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you'll find other interesting information that would be even more concerning than what you have found so far.

Dr. Christopher Flowers
Yes, indeed. That's exactly what we believe. All the members of the team, all the data people: you can see they've missed out in the patient files. We have so many different columns but there are important columns that are missing. They've only got minimal data. And that data was required to be collected and it is so important data that it relates to the condition of the patient at the time of the vaccine and the subsequent outcome. And so we need all that information. And so because they haven't provided that information, it just increases your concern that there is something serious going on.

Commissioner Massie
My other question has to do with this whole platform of mRNA technology that is now being promoted as a way of the future for vaccination. I understand that, in the case of the COVID vaccine, one of the issues is really the toxicity of the spike protein, but there's probably more to it than just that with the lipid nanoparticle that plays a role.

If we are continuing to push the premises that this platform is safe and effective and we're just distributing it to every other type of infection prevention, is there a risk that the kind of issues we're seeing right now with the COVID platform will just repeat itself? Unless the regulatory agency is really increasing their scrutiny on the production and all of the other aspects of the clinical trial. What do you expect will happen in the current regulatory environment?

Dr. Christopher Flowers
Yes, well, I thank you for that. That's a very important question. And in fact, that's already been going ahead because the annual flu vaccine, this time, was also an mRNA vaccine. I refused to take the flu jab this year. I said I'm not taking any mRNA vaccine ever again. I know the side effects.

I had a severe adverse event myself from a booster with something called rhabdomyolysis, where your muscle sort of almost turns to jelly and you get bleeding and blood clots in your arm. And it was really quite something. And I'm never going to take an mRNA injection again unless they can prove to me— They need to prove to me that the platform is safe and effective. The biggest problem I have is that mRNA is an under-researched platform and, in my opinion, should never be used again.

But the FDA are queuing up mRNA vaccines. Moderna have already released, for example, their plan for a whole slew of mRNA vaccines. So without changes at the FDA, but also changes locally in your own federal regulatory authorities: they need to start taking notice of this and start asking questions to protect the population. I mean, I was gobsmacked to **find that the MRHA [Medicines and Healthcare products Regulatory Agency] in the U.K., for example, just kowtowed to the FDA and just took their data without analyzing it. And are just taking the recommendations as gospel, as it were.**

And each country really needs to start to be more responsible for their own population. Now I know you've had issues up in Canada, as other countries have as well, with your regulatory authorities. And the over overarching arm of government has caused lots of problems. But the mRNA vaccines will continue just to be accepted as is, as a platform that's been accepted. And yet it hasn't been accepted—not by the rest of the scientific community. We have to do the research. The basic research has not been done.

Commissioner Massie
I have a question about the quality of the batches that seems to at least trigger, based on analysis, a different number of adverse events.

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And one hypothesis to explain that would be that the quality of some of the batches could have been very bad and therefore didn't really express spike protein. Or was not of the right quality to do that, or could have had, as you mentioned, contaminant. So that those hypotheses could be actually competing hypothesis.

One way to address that would be to have data—very large data on the population that have been vaccinated and see whether or not they are expressing antibody against spike. Are you aware that this kind of analysis was done in order to follow up the vaccination?

Dr. Christopher Flowers
Not as yet, they have not done anything like that. And the other thing I perhaps ought to have mentioned was: some of the contamination was from DNA, from the *E. coli* that are used to manufacture mRNA.

And there have been several studies out now showing that some batches had incredible amounts of excess DNA, which were well above the normal national standards for use in vaccines. And these contaminants sometimes got sequenced actually in the spike protein itself. There was a paper very recently, last month, that showed that one of the *E. coli* super toxins was actually encoded in the spike protein DNA. It's just absolutely amazing.

You have to understand the manufacturing process, that it starts off with a big pool of colonic bacteria, basically *E. coli*, *Escherichia coli*, and they're the ones that are used to manufacture the mRNA. They're supposed to remove most of the *E. coli* DNA and separate out the mRNA, but there's always going to be some contamination. But in many instances, the papers have demonstrated that the DNA from the *E. coli* was far above the highest level permitted in the national standards. So it makes you wonder.

Commissioner Massie
You also mentioned that you had to really assemble a huge team of volunteers in order to analyze the data from Pfizer. And given the resources in the regulatory agency, maybe they're not staffed to the level to do that kind of analysis. And this would probably call for external people to do it with the right, I guess, incentive—without conflict of interest and anything like that.

Could you propose some way that it could actually be done? Because just relying on volunteer people like your team to do this kind of analysis for all of these platforms that are coming right now is going to be a significant endeavour.

Dr. Christopher Flowers
Yes, you're absolutely right, sir. And I mean, I commend what you're doing. The National Citizens Inquiry is almost, and what we're doing with the citizens' investigations, is an example perhaps of how we need to start going forward.

What we don't want to do though, is to become employees of the government, become bureaucrats. The important thing is to try and recruit people, like a voluntary thing a bit like, but people who can say that they have no conflicts of interest, that can be proven as well. And then taking part perhaps for six months at a time, three months at a time, who knows?

I mean, there may be people who are willing to do that sort of thing. And I think the War Room/Daily Clout volunteers project shows this can be done. It takes good management, it takes effort, and it takes motivation—and you need someone at the top who's charismatic, who can give that motivation to you. We're lucky in that we had Steve Bannon calling for people to respond. We had Naomi Wolf, who's a fearless female advocate, a feminist advocate who also is one of our front-facing people, and helping to organize us with her COO, Amy Kelly, to provide this sort of investigation, an investigative process.

Doing it at a federal level, as an oversight, I would love for it to come from the citizenry.

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But I fear that even if this was agreed to by the federal authorities, that it would end up being yet another government bureaucracy and with the tendency to be corrupted by outside money—whether it's from the Chinese Communist Party, whether it's from Big Pharma or other interests. Things are likely to go downhill very, very quickly, so it would have to be truly, truly independent.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good afternoon, sir. One of the things that I have been hearing over and over again is talk about informed consent, is talk about terminology. And I'm old enough to remember when it certainly became obvious that terminology mattered. There was a term that was used in the mid-1960s that was called "collateral damage," and we all know what that really meant, but they called it collateral damage. I remember a famous quote by Mr. Clinton about, "It all depends on what the definition of the word," I think it was "'it' is."

And when I listened to yourself and a number of other witnesses—and I also listened to Mr. Buckley's question about spike protein disease, and they call it long COVID. When we had a witness in the other day, they were talking about a biologic—and that this was a biologic—but they reviewed it under the requirements of a vaccine. And that a "vaccine," that **definition changed, and it seems that the terms "safe" and "effective" changed.**

Can you comment on that? Is that something common? Is that something that's just occurred now in this era? That words don't mean what they mean and by changing a word, you can completely change the safety protocols, et cetera?

Dr. Christopher Flowers
You're absolutely right what you just said. Absolutely right, spot on. The definition of language seems to change every day. We get redefinitions of various things. Everything seems to mean something else these days.

And I don't think you should forget that some of the three letter agencies in the U.S. actually have units that actually are there to develop narratives. And use ways of interpreting and changing language using social media, using the captured mainstream media to reinforce the message that gets the change of that word accepted.

And some of the information I have come across—in confidence, I can't say anything more—makes me very concerned that whatever we do, if we don't reform these, or get rid of some of these three letter agencies, we're always going to be up against it as citizenry. That we're never really going to have anything that's safe, never mind effective.

I mean, all this business about safe and effective: it was neither safe, as has been proven, and it was never effective either, to preventing COVID or stopping you from transmitting COVID. I remember all that thing about transmission or it prevents transmission. And then they said, "Oh, we never tested it for transmission," quite rightly.

So no, I believe that behind the scenes, government is working against us. And as a citizenry, in each of our countries, we need to take back our country. And that's the only way things are ever going to change. Because the way we're going right now, things don't look good for the future.

Commissioner Drysdale
One of the slides that I believe you showed had to do with the schedules of the original trials. And if I'm correct in what I saw, it looked like certain phases of the trials completed in late November. And then the Canadian government did a press release, I believe it was on the 10th or 12th of December,

[01:20:00]

saying that they had done a rigorous evaluation of the science and that it was safe and effective. And I'm wondering: How is it possible that the Canadian government, Public Health, could have done that kind of investigation in two weeks' or three weeks' time?

Dr. Christopher Flowers
Well, we know that that is likely a tall tale, as they say—or a fable, as the Greeks would say. I think it's evident now that the different governments relied on the FDA. They did what the FDA told them. If the FDA said it was safe and effective and then rigorously tested, then they agreed.

We've watched the presentations from these committees that basically put up the vaccine for approval for rubberstamping by the FDA. They did not do due diligence themselves. There were presentations of "fact" by Pharma or Moderna or whoever. And they're the ones who did the analysis. They provided that information to the FDA committee and the FDA committee said, "Oh, thank you very much. That's wonderful. It's definitely safe and effective. Let's go ahead and let's approve this vaccine."

So the answer is: What your government said was a lie. We know that—just looking at it ourselves as professionals, independent professionals—that it was a lie. So how many times do you have to say it's true before it becomes a lie?

Commissioner Drysdale
We had previous testimony that there seemed to be a great deal of conflict of interest within the FDA. And I think, I don't recall the name, but someone had said that one of the high-up officials in the FDA or the CDC is now a vice president or something at Pfizer. Can you comment on that kind of, I don't know what the word is, integration between—?

Dr. Christopher Flowers
The precise term for it is "regulatory capture." A lot of us, as researchers, we get funding from, for example, the NIH. So for example, I did an RO1 grant application from the NIH. Now, one of the people who approves some of these grants of course is Dr. Anthony Fauci. And if you upset Dr. Anthony Fauci or Francis Collins at the top end of the NIH, it doesn't matter what score you get on your application for research funding, you don't get the money.

So it starts at the very beginning with the researchers that a) you have to research something that the higher-ups will approve of. Otherwise, you won't get funding. If you don't get funding, your tenure at your university is in jeopardy. Your contract may not be renewed at the end of the financial year. So there's a lot of pressure on researchers.

Okay, the next thing to do is of course: if you start getting research grants from Big Pharma, basically, you don't necessarily benefit it directly, but you benefit indirectly because it helps you with your tenure. And then you become an expert for that company in the regulatory authorities—so like the VRB PAC, who responded to the FDA and analyzed the vaccine trials.

And then you've got the FDA themselves. And the funding for the FDA is through Big Pharma. I think the last count was 65 per cent of funding is from Big Pharma. I mean, how come when we're giving billions and trillions to Ukraine, and yet we're not funding directly the FDA to make sure that things are safe and they are effective before it's given to the population?

So we've got that. And then of course there's the rolling door, just like there is in Congress, for example, where someone has gone in quite poor into either the House or the Senate, and then they come out quite rich. And immediately they roll into a lobbying job for some company or other, whether it's in the military arms complex or it's with Big Pharma.

[01:25:00]

And it's like, as soon as you finish with your committee, off you go to Pfizer, you go to Merck, you go to Johnson & Johnson. And you have a very well-enhanced package of renumeration given to you for your long years of service to the FDA. "We would like to thank you by giving you this enormous salary and these fantastic benefits. Enjoy your yacht in Monaco please, sir."

Commissioner Drysdale
So what you're saying is that we've got the wolf guarding the sheep.

Dr. Christopher Flowers
That is unfortunately true.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
Dr. Flowers, I believe that is all the questions we have for you. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and the assistance you've given.

Dr. Christopher Flowers
You're welcome. Thanks very much for having me.

[01:26:07]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 4: Dr. Magda Havas
Full Day 3 Timestamp: 05:48:15–07:00:11
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry as we continue our live hearing in Saskatoon. I'm pleased to announce our next witness, who is attending virtually: Dr. Magda Havas. Magda, can you hear me?

Dr. Magda Havas
I can.

Shawn Buckley
We see you on the screen and up in the corner and we've got your slide presentation. But I wanted to first of all ask if you could state your full name for the record, spelling your first and last name.

Dr. Magda Havas
Magda Havas, M-A-G-D-A H-A-V-A-S.

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

Dr. Magda Havas
I do.

Shawn Buckley
Now, I'm going to introduce you a little bit and then I'll kick you loose to do the presentation. I will indicate for those participating that Dr. Havas' CV is appended as

Exhibit SA-1 and will be available online. It is 54 pages long. Dr. Havas, you're a professor emerita at Trent University with expertise in environmental toxicology, is that right?

Dr. Magda Havas
That's correct.

Shawn Buckley
And you've published on COVID-related illness and death. Your primary concern is the health of humans and other species related to environmental toxins.

Dr. Magda Havas
Yes.

Shawn Buckley
And my understanding is that you were one of the first scientists to identify the dangers of acid rain around 1970. You did this by traveling around the High Arctic in Canada, measuring the sulfuric acid in the water cycle from natural sulfuric vents in the Earth. And your early work was recognized by environmental activists, who lobbied for 15 years with you as their scientific advisor, and ended in Mulroney and Bush signing into law the US-Canada Air Quality Agreement known as the *Clean Air Act*?

Dr. Magda Havas
That's correct. I was one of many scientists.

Shawn Buckley
Okay. Well, my source indicates you're one of the first, so we're going to run with that.

And after the work on acid rain, you became interested in electrical frequency effects on human health and lectured worldwide about it for two decades, along with your tenured position as professor at Trent University. And a few years ago, I'm told you had so many speaking requests for medical conferences that you took a one-year sabbatical, basically, to tour the world as a speaker on these topics.

So you're nodding, but this is being recorded.

Dr. Magda Havas
Yes, yes.

Shawn Buckley
And I do that introduction just so that people appreciate that you are one of the world leaders on basically, environmental effects on humans and on basically, electromagnetic frequencies or radiations and their effects. So I'll ask if you could proceed with what you had prepared for the Inquiry today [Exhibit SA-1b].

Dr. Magda Havas
Thank you very much.

I'd like to thank you for giving me this opportunity. And what I would like to talk about is a possible connection between COVID-19 and radio frequency radiation. And I'd like to start with four postulates. These are ideas or theories to start a discussion, all of which are based on scientific evidence.

Postulate 1 is that radio frequency radiation—and this is coming from a lot of our wireless technology—impairs the immune system, which increases the risk of infections. And this could lead to a higher case load and a higher death load.

Postulate 2 is that severe infections, which I call biological trauma, can increase sensitivity to radio frequency radiation and other toxins. And it could increase the risk of developing EMI. I call it EMI cubed.

EMI cubed stands for: electromagnetic interference, electromagnetic illness, and electromagnetic injury. If the interference is prolonged, it could relate in illness. And if the illness is severe it could result in injury. Injury can also be due to acute exposures to high levels of radiation.

The technical definition for electromagnetic interference is unwanted noise or interference in an electrical path or circuit caused by an outside source. EMI can be caused by natural and human-made sources. For example, lightning could be the source and your computer can be the victim. EMI can cause—

Shawn Buckley
Dr. Havas. Can I just stop you. Are you working through your slides? Because we're still on your first one?

Dr. Magda Havas
Oh, I am.

Shawn Buckley
Okay, so that's why I'm stopping you.

[00:05:00]

I'm not sure what's happening because I think you're screen sharing.

Dr. Magda Havas
I am.

Shawn Buckley
Because we just see the first slide that says, "COVID-19 and RFR—Is there a connection?"

Dr. Magda Havas

Okay that's really weird. Okay, well I can give my presentation but the slides add enormously to it, so I'm not quite certain how to proceed.

Shawn Buckley
Okay. So on your computer, is it going through the slide presentation?

Dr. Magda Havas
It is, yes.

Shawn Buckley
One thing that we could do is, I believe I have your slide presentation. You could just tell me when to queue.

Dr. Magda Havas
Yes, I've changed it slightly.

Shawn Buckley
Oh, I see. Now you just changed the page there.

Dr. Magda Havas
What can you see now?

Shawn Buckley
"Possible confounding factors with COVID-19."

Dr. Magda Havas
Oh, perfect. Okay. So maybe now it's working? I can continue then.

Shawn Buckley
Yep.

Dr. Magda Havas
Okay, so I mentioned that electromagnetic interference can cause electronics to operate poorly, malfunction or stop working completely. And it can also cause humans to operate poorly, malfunction, and stop working completely. That's because we're electromagnetic, as indicated by the activity of our brain and heart activity.

Postulate number 3 is that the symptoms of COVID-19 are very similar to the symptoms of electromagnetic interference; they overlap considerably. And so it's difficult from just the symptoms to determine what you have. Someone who has electromagnetic interference could actually be suffering from COVID. And someone who has COVID but perhaps has not

been tested or tested negative, could be suffering from electromagnetic interference. And this is assuming that the tests are accurate and they haven't always been.

During the lockdown, there was a deployment of 5G technology. So while the rest of us were staying in our homes, the telecommunication industry was very quickly erecting 5G antennas across the globe. And they coincided with the SARS-CoV virus. And we know that once the 5G technology is deployed, it causes an increase in radio frequency radiation that I'll present in a few minutes. And that increases your risk of developing electromagnetic interference. And since we can't tell the difference between the two, it's difficult to know what people are suffering from.

Now, when we talk about epidemiology of a disease, there are three factors that are important. One is the agent, the other is the host, and the third is the environment. The agent can cause a disease or injury. It can be chemical, physical, or biological. And toxicity and dose are two important variables. In this particular case, SARS-CoV-2 is the agent.

The host is a human who experiences the health outcome. And the risk factors here are the health of your immune system, your genetics, and behavior, among others. And here we're talking about COVID-19 and Long COVID.

The environment is an extrinsic factor that can affect the agent or the host and increase or decrease risk, severity, and duration of the health outcome. It can be physical, biological, socioeconomic, et cetera. And in this case, masking, social distancing, the closure of schools and businesses, your vitamin D3 levels and or exposure to sunlight are some of the environmental factors.

But it's my opinion that some of these environmental confounding factors have not been adequately addressed when it comes to this pandemic. And I'd like to provide two examples. We know that ultraviolet light kills the virus, which benefits the host. We also know that radio frequency microwave radiation weakens the host and benefits the virus. And it's my opinion that radio frequency radiation in the environment is a confounding factor that no one has addressed in any comprehensive way.

During the pandemic, I was busy looking at the data that was coming primarily from Johns Hopkins University but [also] a number of other organizations around the globe. And this is showing COVID-19 cases at the early stage of the pandemic. And one of the questions that I had was, why do levels of infection differ globally for this respiratory virus? And in an attempt to try to make sense of this,

[00:10:00]

I looked at various confounding factors that could be involved in this pandemic and posted that information on my website, trying to make sense of the COVID-19 pandemic with a global perspective.

And the first confounding environmental factor I looked at was population density. And here you can see population density in the figure at the bottom and the COVID-19 cases at the top. There were a number of anomalies. For example, the population in India and Africa are quite high, yet the number of COVID cases reported at the early stages was very low. And if we look at this graph that shows you population density along the x-axis and COVID-19 cases along the y-axis, you can see there's a linear relationship with Africa falling slightly below the line. But if we add North America and Europe to this, it follows a very different

trajectory. So there's something else happening in North America and Europe to make so many people develop the virus.

Now, the map of COVID-19 more closely resembles Wi-Fi hotspots. And these are global Wi-Fi hotspots as of 2020 compared to April 7th, 2020 for the virus. And you can see here there are a number of similarities with very high levels in North America and Europe and very low levels in Africa and some of the other parts of the globe.

These are some of the confounding factors that I looked at: Population, the per cent elderly, since mostly people over the age of 80 were developing and dying. Air pollution and smoking because this is a respiratory virus. Tourism and air travel since that would indicate the spread of the illness. Various economic parameters that may differ from country to country. Various types of electromagnetic pollution, which is my area of research. And freedom of the press and internet censorship to ensure that the information we were getting was valid and wasn't being censored.

And the conclusions I came up with was that there were some weak correlations. However, the scale was too large and there was a lack of data standardization. So I decided to focus on the United States data and I will be presenting some of that later in my presentation.

One of the questions circulating among electromagnetic experts in March of 2020 was: Is there a connection between the outbreak of COVID-19 and deployment of 5G networks around the world? And you may ask, why would we even ask this question? The reason is that SARS-CoV-2 outbreak and the deployment of 5G happened at the same time. So they overlapped spatially in time as well. Areas with high cases of COVID-19, for example, Wuhan, Northern Italy, and the Princess Cruise Line, all had recently deployed 5G technology. And we know that radio frequency radiation impairs the immune system, which could sensitize people to this viral infection.

And here's an article, "Reaction of the Immune system to low-level radio frequency and microwave exposures." And this is what the author concluded: that short-term exposure to weak microwave radiation may temporarily stimulate the immune functions, while prolonged exposure could inhibit the same immune functions. And this is not the only study. Dr. Henry Lai from the University of Washington reviewed the literature on neurological effects of radio frequency radiation published between 2007 and 2020. He found a total of 335 studies, three quarters of which—244—showed an effect of radio frequency radiation.

This paper just came out last year and it's regarding the evidence of a connection between coronavirus disease and exposure to radio frequency radiation from wireless technology, including 5G [Exhibit SA-1d]. And what the authors concluded was that radio frequency **radiation may cause morphological changes in erythrocytes, which are red blood cells, and Rouleaux formation—which I will talk about later—that can contribute to hypercoagulation. Radio frequencies can impair microcirculation and reduce erythrocytes and hemoglobin levels, exacerbating hypoxia. It can amplify immune system dysfunction, including immune-suppression, autoimmunity, and hyperinflammation. It can increase cellular oxidative stress and the production of free radicals,**

[00:15:00]

resulting in vascular injury and organ damage. It can increase the amount of intracellular calcium—this is calcium within the cell—that's essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways.

Now we have inflammation mentioned twice here and we know that myocarditis—that's been linked to both the virus and various vaccines, is inflammation of the heart muscle. And it can worsen heart arrhythmias and cardiac disorders. And what the authors recommend is that radio frequency radiation has become a ubiquitous environmental stressor that we propose may have contributed to adverse health outcomes of patients infected with SARS-CoV-2 and increase the severity of the COVID-19 pandemic. Therefore, we recommend that all people, particularly those suffering from viral infection, reduce their exposure to radio frequency radiation.

Now, does radio frequency and SARS-CoV-2 affect the blood? The answer to that question is yes. COVID-19 started as a respiratory infection and soon became a cardiovascular problem. The first doctor who reported this was an emergency doctor in New York, and he was fired for making the statement publicly.

Radio frequency radiation affects the cardiovascular system. And here is a publication that radiation from wireless technology affects the blood, the heart, and the autonomic nervous system [Exhibit SA-1f]. This is an example of live blood cells under darkfield microscopy. The person was in a very clean environment, and this is an example of healthy-looking blood. When that person was moved to a different environment that had a Wi-Fi router, they were exposed for 10 minutes and this is what their blood looked like after 10 minutes' exposure. The cells are sticking together like a stack of coins. And this is called Rouleaux.

In this image, you can see that the blood is much more viscous. It's more like ketchup rather than red wine. It has a reduced ability to infuse the body with oxygen. This places added pressure on the heart. And in the worst case, it can produce blood clots that can lead to heart attack or strokes, which we know are on the increase with COVID patients.

Here is another study published a year later. This time, instead of being exposed to Wi-Fi, a person was exposed to a cell phone, and you can see the Rouleaux formation in the middle slide. In the third slide—the oxidative stress—this is showing that the red blood cells have actually been damaged by the radiation, and many of them will die and need to be replaced.

Now, does radiofrequency radiation affect the heart? The answer to that is also yes. We did a provocation study where we exposed people to 2.45 gigahertz from a cordless phone base station and measured the effect on the autonomic nervous system. And this is what we concluded: Radiofrequency radiation can contribute to arrhythmia, which is an irregular heartbeat, or tachycardia, which is a rapid heart rate. And the definition for tachycardia is greater than 100 beats per minute. Radiofrequency can bring on an acute stress response by affecting the sympathetic and parasympathetic nervous systems, very similar to someone who has experienced a panic attack. And finally, some people think that they're having a heart attack with added pain or pressure in the chest area.

We did an experiment with 25 volunteers initially and then we repeated it with 69 volunteers later on. And basically, a person participating in the study was lying down. They had a heart monitor attached to them that was attached to a computer. They were blinded so they didn't know when they were exposed to the radiation or not. The radiation was placed just slightly above their head and either we plugged it into a live outlet, which caused the radiation, or we plugged it into a dead outlet that omitted the radiation completely.

And basically, what the technology does is it measures the time interval between heart rate—it's called the R – R interval. And the longer this line is, the slower the heart rate; the faster it is, the shorter the heart rate. We used a power density of 30 microwatts per metre

squared. You don't have to worry about the units here, as I'll use exactly the same units whenever I'm talking about this. That's less than 1 per cent of Health Canada's Safety Code 6, which is the guideline for radio frequency radiation.

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Their guideline is 4.4 million microwatts per metre squared. And what I'm going to do is show you three patient results that are very, very similar.

Here we have subject A and they're exposed to three intervals, each lasting between three and four minutes. This is their heart rate. In interval one, they were exposed to a sham, which means that there was no radiation. They were exposed to microwaves during interval two and a sham in interval three. And you can look at this and there's virtually no difference. So this person is non-reactive. They're not sensitive to this radiation.

This is a different subject, subject B, and you don't have to be a cardiologist to see that this is having an effect. This is their heart rate. And remember, they're lying down. They're not moving. And yet their heart rate after the sham exposure increased from the 60s to 120. And this is an example of sudden onset tachycardia. This person is highly reactive and this is an example of electromagnetic interference.

The third example, subject C, was exposed to sham during intervals two and four, to microwaves during intervals three and five. And you can see there's a slight increase in their heart rate and it's very irregular. This person is reactive and they're showing electromagnetic interference.

We also get information about the sympathetic and parasympathetic part of the autonomic nervous system. The sympathetic part is equivalent to the gas pedal on a car. And when it's up-regulated, we go into the fight or flight or freeze mode. The parasympathetic represents the brakes of a car. And when it's up-regulated, we have rest, digest, and heal. It was down-regulated for this individual. And when the parasympathetic is down-regulated, you're unable to rest. Hence, people have difficulty sleeping. They can't relax. They have digestive problems, and they have difficulty healing from any ailments that they may have. And this person virtually, while lying down, is having a panic attack. And this panic attack is physiological and not psychosomatic.

When doctors diagnose these patients, they think they have a mental problem, and they often recommend that the patient goes to a psychiatrist or a psychologist. And the psychiatrists are telling me that they're being sent patients who have no psychological problem at all. So this is a physiological response.

Now, at the beginning of my presentation, I mentioned that I was going to look at data from the United States [Exhibit SA-1d]. And the United States collects some of the best data in the world, much better than even in Canada. And so here we're looking at the COVID-19-attributed cases and deaths in the United States that relate to 5G. Now, 5G small cells are placed on streetlights, as you can see here, utility poles, and special poles entirely for supporting the 5G antennas. Electromagnetic scientists are very concerned about this rollout and they're requesting that a moratorium be placed on further rollout of 5G. 5G is going to end up putting many more antennas on city streets because these antennas are placed roughly 100 metres apart. They're going to be closer to buildings and to people. And this is going to increase the levels of radiation. The frequencies for 5G are over a very broad range from low all the way up to the high band. And the high band consists of something called millimetre waves. This is the first time millimetre waves have been used in

telecommunication. And there have been absolutely no health studies looking at either people or the environment, despite the fact that they're rolling it out.

And basically, what's happening is that they're conducting a global experiment very similar to vaccines. We're told that 5G is safe—just like we were told that vaccines are safe and effective. Trust us. Well, there's no evidence that we should trust the agencies allowing this to happen.

Now, here we have a map of COVID-19 cases in the United States as of September 18th. And we have deployment of 5G, also for the same date in September. And you can see here that it looks like there's a relationship with high levels of deaths, or cases, and the amount of 5G deployment. But there's a confounding variable and that is population density. If you have more people, you're going to end up having more cases. And where you have dense populations,

[00:25:00]

that's where the wireless industry is going to deploy their antennas to serve a larger population.

So we have to consider these confounders. And we did exactly that. The first time I looked at the United States data was on April 22nd. And I posted that information on my website. On May 31st, Angela Tsiang and I reassessed the data to see if it had changed. And this is what we got and this is what we also published: There were 18 states that did not yet have 5G millimetre waves deployed. And the average cases for these 18 states is 3,220 cases per million. So we're standardizing for population. Thirty-three states had 5G millimetre wave antennas. And you can see that they have more than 5,000 cases per million, which gives you an excess of 2,556 cases per million. And that's an 80 per cent increase. And these data are statistically significant.

We did the same thing for the death rate. And we found that there were 149 excess deaths per million. This was 95, 4 per cent higher. It was statistically significant. And this was roughly a doubling of the death rates for states that had 5G millimetre waves.

I mentioned earlier that the symptoms of COVID and the symptoms of electromagnetic interference are similar. So it's very difficult to distinguish between the two of them. This is a survey that was conducted in 2003. So this was pre-5G and pre-COVID. And these are people who live at various distances from cell phone base stations. And here we have the symptoms. And here we have the percentage experiencing symptoms very often. These are the symptoms in decreasing order. And you can see there's a massive overlap with symptoms that have been documented for COVID-19. And if we look at fatigue, for people that are within 10 metres—that's the red—all the way out to beyond 300 metres—which is the black—there's a huge difference, as there is for things like sleep disturbances. So these people are unable to sleep and hence they're unable to recover and they end up having a lot of additional problems, difficulty concentrating, memory loss, et cetera.

Now, what happens to radio frequency levels with the introduction of 5G? Verizon places a map on their website that indicates where they've rolled out and where different types of technology is available for the American population. And you can zoom in on this map, which is what we did for Manhattan, New York. And we were interested in two parallel streets. The dark brown, here, is indicating that 5G millimetre waves have been deployed. So along Fifth Avenue, we have 5G and along Sixth Avenue, we don't have 5G. We have a global set of volunteers: it's called the Global EMF Network. We have over 400 volunteers

from across the globe and we call them citizen scientists. So I asked one of our citizen scientists to measure these two avenues in Manhattan. And here we have the average, the median value, and the maximum value. The testing was done at five intersections and four street corners. So each of these numbers is based on 20 measurements. And you can see here that when 5G is deployed, the levels of radiation go up considerably. I've indicated the Russian guidelines and the Canadian guidelines to show you how different they are and to put this into perspective.

She also went and looked at Brooklyn, New York with very similar results, although the scale is different. So once 5G comes in, the levels of exposure go up significantly. And just as a reminder, the median value is a statistical value where half of the population or half of the samples fall below the median and half of the samples fall above the median up to the maximum. And in both cases, for Manhattan and Brooklyn, the median value exceeds the Russian guideline, whereas prior to that it didn't.

Now, this is a case report for Sweden [Exhibit SA-1h]. And this is an apartment building where they replaced 4G and 3G antennas with 5G antennas.

[00:30:00]

And what I'm going to show you is the levels of exposure before the 5G antennas were erected with the 5G antennas. Now, this couple became so ill—I'll share with you what they experienced—that they had to move. And so they actually moved to a different location and the levels of radiation were much lower. Eventually, they moved to a house in the country to get away from this radiation. This particular value was higher than what the meter could measure. And Health Canada's guideline is 4.4. So Health Canada's guideline was almost double this particular value. So Health Canada would tell you this is perfectly safe.

Now, this is information from the previous slide showing the place and date, as well as the amount of exposure. And here we have symptoms. In light blue, we have the number of symptoms experienced by the husband and wife. And in dark, we have the total symptom intensity. And these are the symptoms. You can see here with the asterisk: these overlap considerably with COVID symptoms. When 5G was deployed, the number of symptoms and symptom severity increased for the husband and they increased even more for the wife. She was simply unable to remain in this environment. And if you share this information with Health Canada, what they will say is that these exposures are below the Safety Code 6 guidelines. Therefore, they're safe. And anyone—including pregnant women, children—can be exposed to them 24/7, which is absolute nonsense.

Our exposure to radio frequencies and microwaves have been increasing dramatically since the 1990s. It's hard to believe but in 1995, less than 10 per cent of the Canadian population had cell phone subscriptions. And within a 20-year period, that increased to 82 per cent. And you can see a similar trend for many of the other countries. And whenever you have cell phones, you need to have cell phone antennas. And people who don't even have a cell phone, don't use a cell phone, are exposed to the radiation from a cell phone antenna. So in my mind, using a cell phone is like smoking, and living close to a cell phone antenna is like inhaling second-hand smoke.

This is a map I showed earlier showing Wi-Fi hotspots in 2020. Just 15 years earlier, there were very few Wi-Fi hotspots because they were used primarily by universities or research institutions—by the military in some countries. Now we have Wi-Fi everywhere in our homes. And I expect many of the people listening to this on their computers might be using Wi-Fi with their computers. We have them in schools, which is absolutely ridiculous. We

have them in parks and hospitals, on airplanes. It's very hard to get away from this. If we combine that with satellites and small cell antennas, which are both part of the 5G network, and smart meters and smart appliances and smart homes, you can see here that the levels of radiation are so much higher today than they were just 20 or 30 years ago.

Now there's something very unusual when it comes to radio frequency guidelines. They vary by about seven or eight orders of magnitude globally, which is unheard of in toxicology. Whenever we have toxic limits for things like cadmium or lead in the environment, they're very similar from country to country. And the guideline is the maximum permissible limit that people can be exposed to. And what I've done here is I've highlighted Canada and the city of Toronto, that have two very different guidelines. The lowest guideline shown here for the sleeping area in Germany is 100 times higher than the amount of radiation required by cell phones to operate.

So why these countries are allowing such high exposure limits when it's not required for the technology is really very confusing and disturbing. These guidelines are based entirely on a heating effect. If it doesn't heat your body, it's not harmful. The heating is measured over a six-to-30-minute period. So it's really giving you a short-term guideline of exposure. It was established by physicists and engineers and this was before we started using Wi-Fi and smartphones. So our environment has changed considerably, yet these guidelines remain relatively similar. And Health Canada is simply burying its head and not willing to consider the research in this area. And I'll talk a little bit more about that in a minute.

[00:35:00]

We also have short-term guidelines. These are mostly for occupational settings. And then we have long-term guidelines, which are based on the precautionary principle. And these guidelines are much more recent. They're more protective, obviously, and they were recommended by biologists and doctors who are studying the radiation effects.

Now, this study came out in 2020 showing that the lethality of COVID-19 is higher in countries that have a higher maximum permissible limit for radio frequency radiation. So we have some circumstantial evidence that there might be a relationship between the two.

What does the future hold for 5G technology? Well, this map shows you the estimated worldwide 5G adoption by mobile—by cell phones, basically. It's excluding the internet of things, so it's an underestimate. And what this map shows is that by 2021, we had 13 per cent adoption and by 2025—so within the next two years—that's going to increase to 63 per cent. And that's similar trends, once again, for other countries. Now, what the industry is most interested in is that 5G is the biggest growth-driver for smartphones and that 5G connections are to hit 1 billion this year. Plenty of room to grow. So what they're really interested are the financial aspects.

Now, what does the future hold for electromagnetic interference? Well, if we use water as an analogy for our exposure, the people who are under the water are adversely affected. And the future doesn't bode well if we end up doing nothing. The levels of radiation continue to increase and more people will be adversely affected. We really do have to reduce our exposure. Having a moratorium on 5G is one way to do it, but we need to go even beyond that. We can reduce levels so that very few people, if any, are adversely affected by this radiation. And my motto is: if it doesn't move, it doesn't need to be wireless. So the smart meter on your home can be wired, it doesn't need to be wireless. The Wi-Fi computer doesn't need to use Wi-Fi; it can be connected to an ethernet connection.

What does the future hold for vaccines? Well, according to Pfizer, the number of doses estimated to be administered in 2023 is 65 million in the United States and, by 2026, 98 million. So they are continuing to move ahead on ensuring that everyone in the population is vaccinated. The motivating force is obviously the revenue that they get from this virus.

Now, how serious a problem is this? How many people are affected? We believe that about 3 per cent have severe sensitivity and another 35 per cent have moderate sensitivity. And if we look at Toronto and Ontario and Canada, we're talking about a million people in Canada who could be adversely affected because of this radiation due to their sensitivity. And we know that those who are moderately affected, it impairs the quality of life. The next viral outbreak is going to affect these people the most— These are the most vulnerable. And it's going to reduce the tolerance of those who are moderately affected to other stressors they might have in their lives.

Now, I've done this for other provinces and territories. In Saskatchewan, 30,000 people are likely to be severely affected and almost 400,000 with mild to moderate sensitivity. With 5G, this is going to increase substantially. Now, who is helping these million people or 13 million people with mild sensitivity? It's certainly not the government, because they don't even recognize this as an illness and their guidelines certainly don't protect anyone. It's not the industry, because they're the ones contributing to the problem. It's basically volunteers. So we have volunteers, mostly in Canada, but some around the globe who are helping these individuals. And you can't help a million people with just volunteers.

We need resources for research on how to diagnose and treat those who are ill. We need to educate and train medical professionals, since this isn't taught in medical school. We need to establish green zones for safe housing because people simply cannot live in the middle of a city that has all of these antennas.

We have to make accommodations for them in hospitals and schools and in the workplace, showing these different organizations how to reduce exposure.

[00:40:00]

We need to set up monitoring programs because the government is not monitoring our exposure—unlike some of the air quality monitoring they do and fish toxins that they monitor for eating fish. And we need to set up a 24-hour hotline because a number of these people are so desperate that they're considering MAID, which is medical assistance in dying.

In 2010 and 2015, there was a House of Commons Standing Committee on Health and they made a number of recommendations. And I'd like to just read one of the recommendations **from the 2010. It says, Health Canada "ensure that it has a process in place to receive and respond to reports of adverse reactions to electromagnetic radiation-emitting devices." And this is very similar to the vaccine adverse events reporting that was requested. In 2015, the committee met with different people populating it, and they came up with 12 recommendations. I'm not going to read them, but I'd like them to be in the records [Exhibit SA-1i].**

This is Health Canada's and Environment Canada's response to those two HESA meetings: "Health Canada has determined that exposure to radio frequency electromagnetic energy below their guidelines is not dangerous, and no further updates are required."
And Environment Canada said they are reviewing the science and this was updated in 2018. However, the committee asked for not only a review but for a report as well. And it's

my understanding that these reports do not exist. The government is not following the wishes and the recommendations of HESA. And by the way, you can still listen to the HESA meetings with the questions that were asked very similar to what you're doing with the National Citizens Inquiry.

I have a number of recommendations and they apply to different organizations. We need to establish a moratorium on 5G deployment. We have to replace wireless technology with wired technology—and that is simply bringing fibre to the premises or to the last mile, which is what appears in the literature. We have to limit wireless to mobile devices, because basically we're conducting a global experiment very similar to the experiment that's being conducted with vaccines and it's going to result in excess deaths.

In the meantime, everyone needs to reduce their exposure to radio frequency radiation, especially those with Long COVID. And once again, this can be done by replacing wireless technology with wired technology in your home. And I use the acronym FIND: reduce your frequency of use, reduce the intensity. The closer you are to these devices, the higher the levels of exposure. So don't place your cell phone next to your head, don't place your cell phone in your bra and minimize your duration of exposure.

It's important that governments listen to experts rather than Big Pharma or Big Tech. They need to implement the recommendations of the House of Commons Standing Committee on Health and Radio Frequency Radiation.

My advice for the media is that they should remain independent of government and economic backers. They should provide unbiased information and they should not ridicule or silence those who have divergent views.

And I guess one of my major concerns is with medical regulators. They have unchecked power that needs to be investigated and moderated. They are a captured agency. We have a number of examples of how they misused their power by firing doctors who were saving lives with ivermectin. I have one example from the electromagnetic field area and that is: doctors who diagnose you with electromagnetic hypersensitivity can lose their medical license because it's not recognized. This illness is not recognized by our medical regulators. We need to encourage scientists and doctors to freely discuss and debate different perspectives. Debate is a strength, not a weakness, of the scientific method. And it's difficult to know who should you trust. My advice is don't trust anyone who's doing research for political or economic gain.

And finally, I think we have to establish a special foundation to fund research, training, and support for those who are vulnerable. And we can do this by posing a $1 surcharge for each cell phone subscription. This would provide a sustainable budget of $34 million annually in Canada. And we might consider doing the same thing on each vaccine injection,

[00:45:00]

to help those who have been damaged by the vaccines.

"Our lives begin to end the day we become silent about things that matter." This is one of my favorite quotes and I try to live by it in my personal and academic life. I think it's very important to speak truth to power. Those who hold principled power welcome truth. Those who want unconstrained power fear truth and they try to silence us. What we have just experienced can be disempowering and it can make us fearful. It can make us collectively

[fearful] or it can make us collectively and individually much wiser and stronger. It all depends on what we do next.

May wisdom and compassion prevail. We need to stop this insanity. If not us, who? If not now, when? Thank you for giving me this time.

Shawn Buckley
Dr. Havas, you also did a survey of Canadians concerning COVID mandates. Can you quickly share that with us?

Dr. Magda Havas
Yes.

And can you see that okay?

Shawn Buckley
Yeah, you could, yes.

Dr. Magda Havas
Are you seeing this or not?

Shawn Buckley
Yeah, we see "What do Canadians think and want regarding the COVID mandates." Although you could go full screen because we still, on the left, see your list of slides.

Dr. Magda Havas
Okay, I am full screen, and it seems like it's not doing it again. Hold on.

Can you see that now?

Shawn Buckley
Yeah, we see, thank you.

Dr. Magda Havas
Oh, okay. No, I'm sorry. Let me try one more time. I'll try a new share. No, you can't see that?

Shawn Buckley
Well, we see "Time Line: Emergencies Act, Survey, Senate Vote."

Dr. Magda Havas
Okay, great. Let me just get rid of this. You can see that, that's great.

So just a very quick timeline. I was very interested in what was happening in Ottawa with the convoy. I was deeply concerned about the mandates and I was also concerned about the *Emergencies Act*. And so I decided that once the *Emergencies Act* was called on February 14th, I was curious to see how many people supported the government and how many people supported the truckers. Among my own colleagues and friends and family, there was a divide. I had people on both sides. And so I designed a survey and released it online on February 16th [Exhibits SA-1a, SA-1c].

The survey went viral. We had more than 90,000 responses to it. And we closed it on the 20th of February. I posted the information on my website on the 21st. And the Senate had a debate on the 22nd on the *Emergencies Act*, which we know was revoked. And I sent the senators a copy of the of the survey because I thought it was important that they know how 90,000 Canadians felt. However, a few days later, I received a note saying that the recipient had refused my email. So the government website did not accept my email to senators. And I don't know if this is legal or not, but that's what happened to me.

There were a total of 10 questions, eight of which were multiple choice, two of which were open ended, which means people could say whatever it is that they wanted. And these are some of the survey results, and I'll share them with you very quickly. Most people were Canadian citizens, 98 per cent. A few were landed immigrants. And I assume some of these weren't Canadian citizens either. So most of them were Canadian citizens.

"I support the way the premier of my province has handled the COVID situation." In this survey, people were not very happy with the way their premiers handled the situation.

[00:50:00]

When it came to where these people were located, most of them were from Ontario, Alberta, and British Columbia. And that accounted for about 70 per cent. We had a few that didn't live in Canada. And we even had some representation from northern part of Canada.

One of the questions was, "I support the Trucker Convoy." And the answer to that was "yes," with a very large percentage.

"I support Prime Minister Trudeau's *Emergencies Act*." And a very large percentage does not support this. So this survey seems to be internally consistent. You would expect if they support one, they wouldn't necessarily support the other.

Here I asked a question about the mandates and whether or not people supported the mandates. Most of the people did not support the mandates. I asked, "When would you like the mandates to end?" Most of them said immediately. And about just under 6 per cent said, "When the government says so."

"Which of the mandates do you think need to be ended?" Here we have all of them for about 82 per cent. And this is one of the questions that won't add up to 100 per cent, and that's because you could answer multiple ones. So you could answer the vaccine booster and the vaccine passport, but not some of the others. So this is the only question that doesn't add up to 100 per cent.

We also, in the two open-end questions. "So how has the mandate affected your life?" Seventy-nine thousand people answered this. And this is a word cloud. The larger the font, the larger the word, the more often it's represented. And you can see some of the words here. Family, unable, anxiety, depression, vaccine. And when I asked, "How has the trucking

convoy affected your life?" We have the word hope, we have brave, convoy, country, gave, made, truckers, that sort of thing.

And I just have two pages of each of the question, open-ended questions. And I just want to draw your attention that there were 3,391 pages of answers to the open-ended question number nine about the mandate. People who responded positively to the mandate are shown in blue and people who responded negatively are shown in red. And here we have the same thing for the trucking convoy: positive responses in blue, negative responses in red, with a few people saying, "it hasn't affected me at all."

Now, a month later—let me just see if I can do this. A month later, the CBC requested a poll. This was also an online poll with about 2,500 Canadians. And it was, as I mentioned, about two weeks later. And this was an Angus Reid Forum poll. And I looked up Angus Reid Forum. Basically what they do is they pay people to answer their surveys. Now, if they randomize the people they send the survey to, this is perfectly valid.

But if you see here, just two weeks later, people who thought that Trudeau was doing a good job or a very good job are just under 50 per cent. So there's a real match here: totally contradicts what we got in my survey. And this is CTV News in October and November, so it was several months later. They asked whether people would support a return of the mandatory mask mandate. And 69 per cent said they would and 30 per cent said they wouldn't. So once again, we're getting very different results.

While I used to trust mainstream media, it's not something I trust anymore. And so one critical question: Is my survey representative of Canadians? The answer to that is, I don't know. It was distributed online. It went viral and we had a very large sample size, which is good, which is what you want in a survey. But I don't know if there was a distribution bias. And by that I mean: Did people send it primarily to friends who thought the same way they did? And if they did, then this would invalidate the survey representing the rest of Canada. All I can say is the survey did represent the 93,135 people who responded. And I'm sharing this because I want their voices to be heard.

Thank you.

Shawn Buckley
Dr. Havas, thank you very much for sharing that. And I'll just ask the commissioners if they have any questions for you. And there are questions.

Commissioner Massie
Thank you very much for your presentation. I'm very curious about the sensitivity to the radiation

[00:55:00]

that varies quite dramatically from one individual to the other. This is measured by symptoms that we can actually monitor. Is there any other, I would say, biomarker that can be monitored that would give us some sort of a more direct measurement based on a putative mechanism of action of these radiation on people?

Dr. Magda Havas
There are a number of biomonitors that you can— How do I stop sharing? Sorry.

So there are some biomonitors. For example, we notice that people who are diabetic: if they're diabetic and they're sensitive to the radiation, their levels of blood sugar will increase. And it will increase within a very short period of time, within about 10 to 15, 20 minutes. And if you move them into an electromagnetically clean environment, their blood sugar drops. And we know that when diabetics are stressed physically or physiologically or psychologically, that's what happens. So they go into the fight-or-flight response and that increases blood sugar.

We've done work with people who have multiple sclerosis and we found that if we place them in a clean environment, some of their symptoms go away: the tremors, the brain fog, that sort of thing. Oxidative stress is one of the most studied markers, so anything that would tell you the levels of enzymes in your body that are increasing oxidative stress. And if you take any antioxidants, you can relieve some of your symptoms.

So there are various biomarkers in that regard that we can determine whether or not someone is actually suffering from electromagnetic exposure. And then of course, there's the blood; you can measure the blood and it goes into Rouleaux. And you can see the oxidative damage in the red blood cells at the same time.

Commissioner Massie
I have another question. Are you aware of I would say, large-scale studies—epidemiological studies—that would actually quantify that more specifically in population, or is it just that there are some correlations that we establish? But what I mean by epidemiological study: Has there been study where you would monitor specific biomarkers in population to correlate their increase with the level of exposure?

Dr. Magda Havas
Most of the epidemiological studies have focused on cancer and on reproductive problems. We know it damages sperm, for example, and there have been a number of studies looking at that. And there's an increase in things like brain tumors, breast cancer for women who store their phone in their bra. There's evidence of other types of cancers associated with the head and the face: salivary gland tumors, cancer or tumor of the ear, that sort of thing. So those studies have been done and our Canadian government, members of Health Canada, have been involved in those studies. So they're aware of the research, yet they're deciding not to incorporate any of that in their guidelines.

And indeed, the International Agency for Research on Cancer, as of 2011, classified radiofrequency and microwave radiation as a possible carcinogen. So it was a Class 2B carcinogen. So we have that for cancers. We have that for sperm damage. There are fewer studies— There are some epidemiological studies but not looking at biomarkers, just looking at symptoms in blinded individuals, so they didn't know why they were part of a study. And then we have clinical trials as well, where clinically they're exposed and blindly tested. And we have evidence of that as well.

Commissioner Massie
So in terms of the damage, is it proportional to the time of exposure?

Dr. Magda Havas
It can be. It turns out that when people first started reporting sensitivity, it was often associated with their use of a cell phone. And what they found was that they started getting heat; they could feel heat coming from the cell phone. And then their fingers would go numb. And they started getting headaches. And the headaches only lasted after they had been on the phone for a little bit of time.

[01:00:00]

And it went away as soon as they took the phone away.

And what tends to happen over time is that the latency is shorter for the symptoms. The symptoms become more severe and they end up lasting much longer. So by the time that you start testing individuals who have experienced this for a few months or possibly a few years, you expose them to the radiation and they'll have symptoms for days or weeks afterwards. And it won't go away. And that's what's beginning to happen to that very small— One to three per cent of the population are in that particular category.

Commissioner Massie
So if we would want to reduce the exposure to people with these towers, anything that you would put to physically shield the population from that would interfere presumably with the transmission of the wave and then reduce the signal. Is that the issue?

Dr. Magda Havas
The towers are a serious problem if you live close to them. And that's why the 5G small cell towers are going to be absolutely devastating for the population.

There is material that you can buy to shield your home. There's film you can put on your windows that's made by 3M, and it will reduce the levels of exposure by about 90, 95 per cent. You can also get triple-E glass windows that are very energy efficient and they seem to have the same effect; they reduce exposure. And indeed, high rise buildings near the CN Tower in Toronto won't be built unless they have that special triple-E glass because the levels of radiation in those condominiums or office buildings would be way too high. There's paint you can put on your wall that will reduce the exposure. There's fabric that you can get that uses either copper or silver fibre in them and people make a canopy over their bed to minimize their exposure so they can at least sleep at night. And sometimes they'll make curtains for their windows—and this is translucent, so it still lets the light in. There's clothing that's available. Some people will put the fabric I just mentioned in a baseball cap and they'll wear it. And they tell me that they don't get a headache then if they use their cell phone. So it shields their head from the cell phone radiation.

Commissioner Massie
You mentioned that during the lockdowns there was a big campaign to install these G5 towers. To what extent did the lockdown facilitate the establishment of these, or the building, deployment of these tower?

Dr. Magda Havas
Oh, it made a huge difference. People would wake up and sometimes they installed these towers in the middle of the night and so you'd wake up and the next morning there'd be a tower outside your home that wasn't there the day before. So they were taking advantage of the rest of us being locked down and not witnessing what was happening.

The towers that have been erected have been making people sick and they're now complaining to their municipal board of health about it because they have to approve the sighting of these locations. But unfortunately, they just don't have the amount of funding required to take the industry to court if they're unwilling to remove a tower that's causing adverse health effects. And a lot more lawyers are beginning to get involved in this and I think there's going to be quite a bit of litigation as a result of the harmful effects of this radiation.

Commissioner Massie
I'm very concerned by this very wide range of the acceptable level of radiation across countries. Is there any initiative going on to standardize that at the international level?

Dr. Magda Havas
Unfortunately, there's a group called ICNIRP [International Commission on Non-Ionizing Radiation Protection]. And they're a group of industry-funded scientists, mostly physicists and engineers, who work out of Germany. And they've been advising the World Health Organization. The World Health Organization, this particular branch that deals with radio frequency and microwave radiation is a captured agency just like the FCC and, to a certain degree, Health Canada. So they're abiding by the recommendations from ICNIRP and the ICNIRP recommendations are among the worst in the world, as you can imagine.

Other countries have decided that they're not going to abide by the ICNIRP recommendations,

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or what the World Health Organization recommends and they're setting their own guidelines. And some of the most protective ones are actually in parts of Europe and other parts of the world, including Russia. Russia did research on this very early on, using it both from a health perspective, using frequencies to promote health, and using them as a weapon. So they looked at it from both sides and they have moderately safe guidelines. I'd say they're not nearly as safe as some of the other countries in Europe that have now instigated the precautionary principle. And I showed you the results for Germany.

The most critical environment in everyone's home is their bedroom. If they can at least get a good night's sleep and levels of radiation are low, their body can recuperate and recover. But if the levels are high in the bedroom, then ultimately your health is going to be impaired with various chronic illnesses.

Commissioner Massie
Maybe one last question. Is there a device that would allow us to monitor the level of radiation in different rooms in our house?

Dr. Magda Havas
Yes. They're not very expensive either. There's various companies— I don't know if I can mention them on this program but there are companies in Canada that sell meters. Some of the less expensive ones are under $200. And actually, one of the things I recommend is that people buy meters, that they put them in libraries, for example, or doctor's offices and loan them to their patients so they can go home and measure the levels of radiation. Because if you don't know what you're exposed to, you can't minimize your exposure. So measuring the levels are absolutely critical for this. And meters are readily available and aren't very expensive.

Commissioner Massie
Thank you very much.

Dr. Magda Havas
Thank you.

Shawn Buckley
And there's some more questions.

Commissioner Drysdale
You talked about, and I saw in your slide you showed, a representation of antennas on towers, on light standards, et cetera. How do we recognize these? How do we differentiate them from the cell phone towers we're used to seeing? And lastly have these got anything to do with all of our lights turning purple?

Dr. Magda Havas
Well, actually, they're putting some of the technology in lights as well. So some of the streetlights will have Wi-Fi in them as well and that's causing problems. They have a different—slightly different size and shape.

But sometimes you can't tell where the antennas are because they're hidden. They're hidden in flags, for example, so you'll have a mast with a flag on it, and inside that mast are the antennas that are for 3G, 4G, 5G. The 4G antennas tend to be rectangular, so they have a rectangular shape and they tend to go into a third of a 120-degree angle. And you have three of them if you want to cover the 360-degree circumference.

Along a highway, they'll have one facing one way and one facing the other way to cover the traffic. You can differentiate between whether it's 3G, 4G, 5G by the shape of the antenna. And you can get information on a website. I actually give a lecture on cell towers and antennas. And that's available on my YouTube channel and it gives you the basic information of what you need to know about antennas.

Commissioner Drysdale
Just, I guess, an ordinary person's question. I mean when I pick up my cell phone and I want to watch a movie on it— I don't do that but, if I want to, it works. So why are we going to 5G when what we have seems to work for what most of us need it for?

Dr. Magda Havas
I agree. The excuse the company—or the reason the company—is giving, is that they'll have much faster computing time. So for things like self-propelled cars, driverless cars, you will need a very fast reaction time and that's the direction that they're heading towards.

If these cars become available, then people won't be able to drive them who are electrically sensitive because it will just screw them up mentally and psychologically and physically. It'll just make them too ill. And as a matter of fact, a lot of the cars now are already have so much Bluetooth Wi-Fi in them that people are getting sick.

And so what the companies are saying is that we need this fast-computing power for these driverless cars,

[01:10:00]

for the internet of things. We don't even know what some of the future technology will look like. We need it for facial recognition, which is another issue that deals with our privacy, for example. We need it for things like operating at a distance. So you'll be able to set up—Someone will be able to operate and they're in one city and the patient is in another city and it's all done in a wireless fashion. I'd hate for something to go wrong during that operation if it was done in a wireless fashion.

And I think it's just a sexy thing for people to do. They love the fact that they can walk around with this little cell phone, which is basically a minicomputer, and they can do so much with it. But you can keep it off most of the time. You can turn on your airplane mode, turn your Wi-Fi and Bluetooth off, and you can still listen to music if you have it on the device. And you can still take photographs, you can still do a lot of things.

There are devices now where you can actually hook up your cell phone—you can wire your cell phone through the equivalent of an ethernet cable and still do a lot of things. You can make phone calls, everything else by doing it in a wired way rather than a wireless way.

Commissioner Drysdale
I'm not sure why we need driverless cars when we're going to be in 15-minute cities.

Thank you.

Dr. Magda Havas
I agree.

Shawn Buckley
There are no further questions, Dr. Havas. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and sharing with us.

Dr. Magda Havas
Thank you very much.

[01:11:56]

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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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 5: James Blyth
Full Day 3 Timestamp: 07:02:26–07:21:02
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Dellene Church
Hi James, can you hear me?

James Blyth
[inaudible]

Dellene Church
So our next witness is James Blyth. Please state your name and spell your first and last name for the record, James.

James Blyth
My name is James Blyth. It's B-L-Y-T-H.

Dellene Church
Thank you. James, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

James Blyth
Yes, I do.

Dellene Church
Thank you. James, you are a young man with two serious pre-existing health conditions. When the vaccine mandates in Saskatchewan became very restrictive, you went to your doctor for guidance on the risk of you getting a COVID vaccine with your health conditions.

James Blyth
Yes.

Dellene Church
You were not given a medical exemption and encouraged to get the vaccine. Can you tell us how that affected you?

James Blyth
Yeah, so I had obvious questions, especially since it was such a rushed vaccine. My parents had gotten it. I think they had three doses before I even got my first one. And then my brother had got a second one. So all the pressure from family and the government, I decided, "Okay, well, maybe I should look into this."

So I went to my family doctor and I asked him—and I still remember this. He didn't have any problems with my Type 1 diabetes or my Lyme disease. And I remember this, he said that I should get the vaccine so that "I can go out to the bar with my friends." Which was a pretty big red flag because I don't go to the bar, first of all, and that's none of his business. My social life has nothing to do with my health.

So that didn't go well. But anyways, I ended up going to Saskatoon for the vaccine, which they had at the carnival grounds there. It was really weird because there was nobody there really because everyone had already had their shots earlier. So it was just like a big kind of empty— It looked like an empty slaughterhouse with, like, the gates where they would have all the people travel through.

So when I got to the nurse to give me my vaccine, I had questions and she had answered them. And I kind of knew that the nurses they don't really know— They aren't scientists, they don't really know what's going on with the vaccine. So it was kind of like they were reading from a script in a way, for all the answers.

So I got the vaccine. I waited there for 15 minutes, talked to some people. The one guy worked with the City of Saskatoon. He said that he had to get the vaccine in order to keep his job, which must have felt nice. And then I just carried on through my day.

I started noticing side effects probably a day or two after. My arm was definitely sore. My breathing went really shallow and I had a bad chest tightness. It was significant. I had never had a reaction to a vaccine like that before. So I had body aches all over and then I thought I could just kind of tough it out. So I just stayed like that for a couple days. And then one day, in the night, I woke up from my sleep. It felt like my heart had skipped a beat or something. Like, it felt like my heart shot through to my throat in a weird way. I said, "You know what, screw it, I'm going to go to the ER in my town and just get checked up and see what they have to say."

Well, they didn't say much or do much. They just took my vitals and that was all good. And they just told me, "You know what, it could be just a strange reaction but you seem fine." And so I got checked up and then I went home. Then I had a phone call with, not my family doctor but just another doctor at the clinic in town.

[00:05:00]

And I just told him what happened and within a couple seconds he just said, "Yeah that's not— It's not the vaccine." And I can't, you know— I can't tell him otherwise. Like I just said, this all happened after I got vaccinated. And he just—He just threw it under the bus, whatever. He didn't care, he gets his paycheck regardless.

So I was just kind of left abandoned. I just went home, I rested, I did some detoxing, thought it could help. But I still had body aches and chest tightness and shallow breathing all over. And I was starting to have some problems with my sleep.

So about five weeks or so after— This carried on for five weeks, the symptoms didn't go away. And then I started noticing some insomnia. I was starting to have really bad insomnia right around Christmas time. And so I went to the ER again. They gave me a pill for my sleep. It didn't work. And then I went back home, took the pill. Yeah, it didn't work. And this was all during Christmas too, so we had family over and everything.

So that first time I went to the ER, it didn't work. So then I went another time, probably a day or two later saying, "I can't sleep." And they gave me another pill and it didn't work. And then right after Christmas time—I hadn't slept for probably two or three days—I just told my dad, "You're going to have to drive me to the psych ward in Saskatoon: I cannot sleep."

So I went to the University Hospital in Saskatoon and they put me in the psych ward and they put me on Seroquel, or quetiapine. And they gave me a big dose; it went up to about 800 milligrams, I think was the max dose they said. And they were kind of scratching their heads, like, why do I need such a big dose of this antipsychotic? But you know what, I didn't care at the time because I hadn't slept.

So I was sleeping finally; my pattern started to get to normal. And the 800 milligrams worked but I was still having issues at that time. It wasn't perfect by any means. So about two weeks went by, I was on that high dose of quetiapine and then finally, my sleep patterns kind of regularized. Then I was released from the ward.

And I still remember this because it was pretty significant: After I got released from the ward it was around supper time—I don't know, early January—and my dad and I were wondering about where we were going to go eat. And we must have come up with some restaurant we wanted to go to. And so, as we were driving, a couple minutes later I said, "Oh, you know what? We can't even go eat because I didn't have my second dose of the vaccine." So that was fun.

And then after that I was on the quetiapine. I went to the pharmacy in town and they were all kind of scratching their heads too. They're wondering, "Is this a new medication you're **on?" They're wondering why I'm on this high dose of this drug all of a sudden, right? And I just said, "yeah, I had a bad reaction." And they didn't really care because— I don't know why; they just don't care.**

And eventually, so I was taking the quetiapine, this high dose of quetiapine for a while. Eventually, until I got in touch with a naturopath doctor in B.C., who was able to prescribe a big round of antibiotics because he thinks the vaccine flared my Lyme disease and that's what caused it.

And sure enough, after about two or three days of this antibiotic protocol,

[00:10:00]

I was able to wean off the quetiapine from 800 to— Well, actually, I got off of it completely. But I was still having issues with my sleep a bit. So after that, that was kind of that.

And I eventually— Like, I talked to my family doctor when I was released from the psych ward and he acknowledged that I could have had a bad reaction, which I know I did because I know my body. And he just said, "But we can't do anything about that now. We just have to deal with what we have to deal with right now. We can't go back, back in the past."

So there is just no— With the doctors and the health care, they just— They wouldn't acknowledge it and if they did, there's just there's no accountability. I can't get any help. It's like they were working against me basically, and just telling me— They just wouldn't believe me. They didn't have to believe me because they get their paycheck anyways.

Dellene Church
James, when you say they believe the vaccine triggered a flare in your Lyme disease, what we had talked about was they believe it actually caused an inflammation in your brain.

James Blyth
Yeah.

Dellene Church
And that's what led to this insomnia, you're calling it. But basically, you were unable to sleep unless you took this extremely high dose of an antipsychotic.

James Blyth
Yeah, yeah, that's correct.

Dellene Church
And how long were you on that medication?

James Blyth
Because it took a while to get in touch with the naturopath doctor in B.C., I must have been on that quetiapine for— I would say around three or four months, it was.

Dellene Church
And do you know what a normal dose of that medication would be for insomnia? Were you ever told that?

James Blyth
No. I mean, there's Dr. Google, but no, no, I didn't. I just know that the nurses were worried in the ward. Because I was on 800 milligrams. They didn't want to go any higher because I think it can cause some heart issues or something like that if you go really high. And so yeah, my nurse was just kind of astounded because they had never really seen someone on that high of a dose of that drug. But it was able to get me to sleep, at least somewhat.

Dellene Church
So during this four months, what were you able to do?

James Blyth
Lay on the couch pretty much. I don't do much because of the Lyme disease. I'm on disability as it is. So basically, the side effects from the drug itself made you really drowsy and tired. So I pretty much would just lay on the couch all day and try to find some better medical help.

Dellene Church
And you also experienced worsening symptoms with your type 1 diabetes because of this medication you were on to sleep. Is that right?

James Blyth
Yeah, that's right. So I'm good with my diabetes. I have, I think it's a 6.0 A1C. And a side effect of the drug is it raises your blood sugar. So I had to go on higher doses of insulin because of that.

Dellene Church
And have you had any adverse health symptoms because of the higher insulin you were required to take?

James Blyth
Yes, in a way. I'm really good at watching it, but it's a very— It's hard to really finesse it and get it perfect. So sometimes I would wake up in the middle of the night with low blood sugar or something because I had overcorrected the amount of insulin required. And yeah, so my insulin— Like my long-acting, which is Tresiba: it went from 18 units to 22 units, I believe. And then my fast-acting, I had to probably increase it by 10 units per day from the average of before I was on the drug.

[00:15:00]

Dellene Church
And do you know, was your reaction reported as an adverse reaction to the COVID vaccine?

James Blyth
No. I definitely don't think so. Because my doctor, when he acknowledged that, he wasn't typing anything out on the computer or anything like that.

Dellene Church
And nowhere in your healthcare, medical people you dealt with, were you ever given any information on making a claim for compensation.

James Blyth
No, no. No, I was— It was disregarded pretty quick, that's for sure. I think it's because the doctors are also— Even if they do believe you, they're also worried about the government coming after them as well, right? But it was disregarded. It was not taken very seriously.

But no one really cared either. Even the pharmacist was like, "Why are you on this drug now?" And I told them I had a bad reaction. And it's just kind of, "Oh well. That's that." Right?

Dellene Church
What do you think, or wish, could have been done differently for you in this situation?

James Blyth
Well, having an exemption would have been nice. I wasn't really sold on the vaccine as it was. I didn't want to take it because I wasn't sure how it would work with my diabetes and the Lyme disease. And I found out. So I would have liked an exemption, but it didn't happen.

Dellene Church
And in your case, an exemption wouldn't have been necessary if we didn't have the strict severe mandates in place that made you feel isolated and unable to live your life. You weren't working at the time. You weren't at school. It was your desire to live a normal life.

James Blyth
Yeah. Yeah, that's right. Yeah, it's amazing. The frustrating part is that we're funding this. We're funding to have people take our rights and control us like this. It's ridiculous, I find.

Dellene Church
Is there anything else you'd like to add before I turn it over to the commissioners for questions?

James Blyth
I guess just, my frustrations with these doctors and nurses and anyone in government really is that there's no accountability. They just get away with whatever. They get their paycheck regardless. And if there is an issue, they're protected by the government. So that's kind of my frustration, is the lack of accountability.

Dellene Church
Okay, I'll ask the commissioners if they have any questions for you.

And there are no questions, so I would just like to thank you on behalf of the National Citizens Inquiry for your testimony today and wish you health and healing in the future.

James Blyth
Yeah, well it's going in the right direction now, so that's good.

Dellene Church
That's good. Thank you.

James Blyth
Thank you.

[00:18:36]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 6: Zoey Jebb
Full Day 3 Timestamp: 07:21:32–07:35:32
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Wayne Lenhardt
Okay, Zoey, if you could give us your full name, please, and then spell it for us.

Zoey Jebb
My name is Zoey Jebb, spelled Z-O-E-Y J-E-B-B.

Wayne Lenhardt
Do you swear to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Zoey Jebb
Yes, I do.

Wayne Lenhardt
Just for the audience, your testimony is going to relate to how you lost a business due to COVID, so let's start right at the beginning then. This was in about 2019 and it was in Elkhorn, Manitoba. So tell us what was happening.

Zoey Jebb
The business itself was actually in Virden, Manitoba.

Wayne Lenhardt
All right. Yes, you live in Elkhorn but your new business was going to be in Virden.

Zoey Jebb
Yes. So the business was a Wellness Centre, consisted of a lot of different departments. There was a sensory deprivation float room; 24-hour access relaxation lounge with high-end massage equipment; vibro-acoustics; hydrotherapy, that sort of thing. There was treatment rooms for myself—I do a lot of body therapy—as well as other practitioners in the area to use. There was a workshop space for classes, workshops, running programs, a smoothie bar. And also, we rented out space to locals to sell handmade gifts and other wellness products.

Wayne Lenhardt
Okay, so you found a location in Virden and you had a silent partner who provided some funds. And you started gearing up for your business, which was— You were going to call it a wellness centre. Am I right?

Zoey Jebb
Yeah, it was a wellness centre.

Wayne Lenhardt
And there would be different services provided. This is what year?

Zoey Jebb
We started renovations in 2019 and we kind of opened up in phases throughout the year, soft openings for each department. And we finished renovations in November of 2019 and had every area open, just not full-hours yet.

Wayne Lenhardt
And you ended up buying equipment for this business, correct? And approximately what did that cost you?

Zoey Jebb
For the equipment for the float pool and all the massage equipment and everything, roughly about $60,000.

Wayne Lenhardt
Okay, so you had equipment and you got it rented. So you're paying rent. You had your equipment. You ended up with a loan with BDC, Business Development Bank of Canada, am I correct?

Zoey Jebb
Yes.

Wayne Lenhardt
And that loan was for how much?

Zoey Jebb
For $110,000.

Wayne Lenhardt
So it took you approximately how long to do your renovations?

Zoey Jebb
We started around, I think, February, March of 2019, and we completed sometime in November of 2019.

Wayne Lenhardt
Okay, so approximately nine months, then you're renovated. What happened at the end of 2019 then, and going into 2020?

Zoey Jebb
We were open and operating. I had one employee: my sister was managing for us full-time. And then we had a few other casuals and other practitioners that were renting the space. We had kind of done a soft open, so all aspects of the business were operating, just not with full-time staff or full hours yet.

Wayne Lenhardt
At some point— Was it during that fall the schools were closed?

Zoey Jebb
That was following, so in 2020, March of 2020— March 13th is when Trudeau had recommended everybody go home and so we did. And I believe it was the next week that the schools in our area closed down as well.

Wayne Lenhardt
Yeah, so the centre was closed at that point, correct?

Zoey Jebb
Yes.

Wayne Lenhardt
Did it reopen at some point?

[00:05:00]

Zoey Jebb
We were not permitted due to the regulations, Manitoba's regulations. We weren't permitted to operate until, I believe it would have been June or July. At that point the business was done.

Wayne Lenhardt
Yeah, okay. So at a certain point you're not making any money. Your place is closed. And I believe the type of work you were doing, I think, was prohibited, was it not? You couldn't service clients for a while, under the mandate, am I right?

Zoey Jebb
Right, so I do a lot of bodywork therapy and emotional release therapy, different things like that, but I'm not a registered massage therapist. So there was only certain people offering those types of services that were permitted to take clients and I was not one of them.

For the business as well, the float pool was not permitted to be open, the relaxation lounge was not permitted to be open, and we weren't permitted to do most of the workshops and classes that we had done.

Wayne Lenhardt
So at a certain point you realized this just simply wasn't going to work. You just had the debt, you had your rent, you had all of that and you couldn't operate. So what happened next?

Zoey Jebb
We tried to continue making payments. I paid a lot out of even my own pocket to try to keep things up and running. Because we kept thinking it was two more weeks, two more weeks, two more weeks—right? So eventually I spoke with my business partner and he wasn't in a position to carry on.

And we both had decided to file for personal bankruptcy because we were both personally liable for the debt. He filed for bankruptcy and I was not able to at the time, in the end. So all of the debt for everything ended up falling onto me personally.

Wayne Lenhardt
So at a certain point, the Business Development Bank sued you, didn't they? Am I right?

Zoey Jebb
They did. I believe it was June, maybe, or the springtime of 2021. I got served because they said it was taking too long to pay back—even though we were in Code Red and I wasn't permitted to work.

Wayne Lenhardt
And you had children in school all the while also, didn't you?

Zoey Jebb
My daughter's in school. My son, we've decided to continue to homeschool him.

Wayne Lenhardt
So how did you survive during this period of time?

Zoey Jebb
I did receive CERB [the Canada Emergency Response Benefit], which they cut me off of. I had to battle it out and they did finally reinstate it again.

But I mostly survived off of donations and gifts. People dropped off food and gift cards so that I could— We had food and fuel and people donated money to me.

Wayne Lenhardt
Did you eventually settle with the Business Bank of Canada?

Zoey Jebb
Yeah, I was fortunate enough again to have a friend lend me some money, so I could get a lawyer and we did a settlement. It was a good deal. They knocked down the amount that we owed, or that I owed, I mean. But the payments were really high. So I ended up having to mortgage my house to amalgamate my payments and pay them off.

Wayne Lenhardt
Were your children out of school during a period of this time, where you had to look after them?

Zoey Jebb
They were, yeah. I know for sure, for the rest of 2020 there was no school. It was just homeschooling. And I think the fall they started back up, of 2020, I believe.

Wayne Lenhardt
It's going to be rhetorical, but did you have any trouble keeping your head above water while all this is going on?

Zoey Jebb
Yeah, definitely.

Wayne Lenhardt
Is it all over now? Is the Bank of—the BBC all paid off now, or settled with?

Zoey Jebb
BBC is, because I was able to get a job that put me in a position that I was approved for a mortgage on my house that I owned. And so I used that to pay off BBC, so that part has been settled.

Wayne Lenhardt
Okay, is there still that mortgage on your house?

Zoey Jebb
I do. And the house is up for sale because I just can't really afford it.

[00:10:00]

Wayne Lenhardt
Okay, and that house is in Elkhorn, is it?

Zoey Jebb
Yeah.

Wayne Lenhardt
Okay. I'm going to stop and ask if the commissioners have any questions here at this point.

Yeah, Ken.

Commissioner Drysdale
You said that you got a loan from the Business Development Bank of Canada?

Zoey Jebb
Yes.

Commissioner Drysdale
Is that an independent institution or is that associated with the federal government?

Zoey Jebb
I believe that is a government—yeah.

Commissioner Drysdale
What was your projected operating costs of your business per month? You just started the business, so I'm guessing that you must have had a business plan and you knew what it was going to cost to operate monthly, what your costs were going to be?

Zoey Jebb
We did, yeah.

Commissioner Drysdale
I don't need to know the number reviewed it. Yeah. But I also recall that you said you got some money under the CERB.

Zoey Jebb
I did for personal. So we didn't qualify—the business didn't qualify for any of the government financing because we didn't meet the requirements, which at the beginning was: we had to have a certain amount of payroll, I believe in 2019, which we didn't have because we weren't operating fully. They did lift those restrictions later in the year but by then we were done. I personally did qualify for CERB because I was at home taking care of my children. But they did cut me off of that and I had to fight— My local MP's office actually helped me out to get that reinstated. So I did get the CERB. That's what I lived off of.

Commissioner Drysdale
I just want to follow up on that because I'm not familiar with those programs that were put in place. But are you telling me that you started a business in 2019; you carried out renovations for a period of months; you had loans from the federal government through the Business Development Bank, so you knew what the costs were, you could have proven what the costs were? And what I mean by that is, you could have proven to whoever you needed to prove it to that you had loans, that you had rented equipment, or bought or purchased equipment, and that you had rented space. But even with that documentation, with the mandates that were imposed upon you by the federal government and the federal government loaned you money through the Business Development Bank, they wouldn't help you out because you didn't have a long enough period of payroll?

So they didn't recognize that you had to invest in a business, which they recognized in the first place by lending you money. But they wouldn't cover you off to bridge you over that gap when they put in mandates, which caused you to need that, which caused you to go to bankruptcy? Is that what your testimony is?

Zoey Jebb
That is correct.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Are there any other questions from the commissioners? Is there anything else you would like to comment on or tell us then, before we conclude, about your ordeal?

Zoey Jebb
I can't even think about it right now. I'm sure there's lots. Yeah, sorry. I can't really think about that right now.

Wayne Lenhardt
Okay. All right, thank you very much on behalf of the National Citizens Inquiry for your testimony today.

Zoey Jebb
Thank you.

[00:14:00]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 7: Samantha Lamb
Full Day 3 Timestamp: 07:35:39–07:50:29
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Wayne Lenhardt
Okay. The next witness is Samantha Lamb. Oh, here we are. Samantha, can you hear me?

Samantha Lamb
Yes, I can hear you.

Wayne Lenhardt
Oh, there we are. Could you give us your name and then spell it? And then I'll do an oath with you.

Samantha Lamb
Okay, my name is Samantha Lamb. It is spelled S-A-M-A-N-T-H-A L-A-M-B.

Wayne Lenhardt
Okay. And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth, so help you?

Samantha Lamb
I do.

Wayne Lenhardt
We're going to talk today about a spinal injury that you had. Maybe you could tell us exactly what happened and when this injury occurred.

Samantha Lamb
For sure. I've been experiencing low back degeneration for about 17 years. I've been managing it with chiropractic services and acupuncture. And then in 2018, close to 2019, something happened. I woke up one morning, I was in excruciating pain. I was trying to talk to my doctors about it. They just kept trying to send me to— I've tried physio. I had tried going to the spine clinic. I had done so many different things. At that point, we started trying spinal injections and finally it took my husband coming in and saying, "Look something's really wrong." Like I was— I couldn't walk to the grocery store with him not pushing the cart, not doing anything other than just walking, without my feet going numb. And I couldn't do any of the household chores, like it was— It would lay me right out. I would come home and have to just lay with my feet up.

So in about 2019, I finally took— I went to my workplace and said, "Look, I'm on all these medications. I'm not feeling good. I don't feel like I should be here. What do I do?" My workplace was really amazing and wrote out a letter of description of my job duties, which— I'm an accounting officer for the credit union, SaskCentral, which is the central credit union for Saskatchewan. I took this letter to my doctor and she looked at the letter and said, "Yeah, based on this information, you should not be working." We then pushed her to send a referral to a surgeon. I was seen pretty quickly in 2019, in December, by the surgeon. And within five minutes of being in his office he was like, "Why didn't you come in sooner, what's going on?" And I'm like, "I was told it wasn't surgical." And he's like, "You need surgery." So I'm like, "Okay." So I signed the papers.

And then COVID hit and everything got shut down.

Wayne Lenhardt
Okay, so that was 2019.

Samantha Lamb
And 2020, yeah.

Wayne Lenhardt
2020.

Samantha Lamb
Yeah, I did finally receive my surgery. I got very upset and I actually sent a letter to my MLA. I sent a letter off to her, very upset, saying, "I'm a 40-year-old woman with four kids. I have a professional career and I'm stuck lying here on all these drugs because the healthcare system has been shut down."

I did get a call back from her office. They did contact the advocacy for me, or the medical Saskatchewan advocacy, and within a month I had my surgery. So I did receive surgery in the end of May of 2021.

Wayne Lenhardt
Okay.

Samantha Lamb
But that was two and a half years of me waiting for surgery.

Wayne Lenhardt
Did you go and have some rehab work after that?

Samantha Lamb
Yeah. Well, that was the funny thing. So the rehab afterwards— With being on disability, I was at a point where disability was running out. I only had eight months left of my disability from my workplace before they were going to start sending me to CPP [Canada Pension Plan]. And they were sending threatening letters saying, you know, "If you don't apply for Canadian pension or CPP disability, we're going to assume that you have applied and we're going to start deducting the amount from payments, from your current amount that you're receiving."

Wayne Lenhardt
Sure.

Samantha Lamb
And so I did apply for CPP disability. And they declined me because they called me a few days before my surgery and they said, "Well, if you're getting surgery, then we're not going to approve you because we don't know what the outcome will be."

But afterwards, that left me with only eight months to heal and get up to speed.

[00:05:00]

But out of those eight months, three of them, I wasn't permitted to do any activity. I had to wait until the bones fused because I had a decompression and spinal fusion of the L5-S1 vertebrae.

I had to wait for the bone to fuse before I was allowed to do anything. And then, because of the delay in healthcare, I didn't receive anybody to physically assess me. So even though my referrals were sent to Wascana Rehab that said that I was having trouble standing and so on, I only received a digital back class and digital therapy. So nobody actually looked at me, nobody assessed if I could get up, nobody could, nothing.

I called my disability plan and said, "You guys want me back to work. How am I supposed to do that with no disability? No physio, no nothing." And so they did finally approve me for physiotherapy, which they were covering the cost of for me, to attend physio. And I needed physiotherapy in the water because my decompression and spinal fusion had taken so long that I needed to be in the water in order to do any physiotherapy. And so I went to an amazing physiotherapist, but that was about five and a half months after my surgery.

And so out of those eight months, five and a half, I was waiting to get in to someone.

Wayne Lenhardt
Okay.

Samantha Lamb
And that was a huge delay out of my healing time. I finally did get in to see the physiotherapist. And because of the rules, he performed his physiotherapy in the back of a gym. So because of the rules regarding entering a physical fitness center or any of those things, you had to show a vaccination pass. And I was very uncomfortable showing my medical information to anybody other than my doctors. So they had to sneak me in the back door and I kind of felt like a bit of a criminal going to physio. So it was like they didn't really want me there, but yet they had to take me because they couldn't deny me services. That's not the way the clinic was, but it's the way I felt because I had to be snuck in the back door in order to be seen by a physiotherapist, who wanted to help me.

After a week of physiotherapy, I caught COVID. So I was quarantined for 14 days. So out of the 12 weeks that I had before needing to go back to work and out of the physiotherapy, there goes two weeks. I was quarantined for 14 days. And then I went back to physio. We did a couple weeks and then he went to Mexico where— Again, because of the rules in Canada and the testing standards and everything else, even though he was vaccinated, even though he was boosted up and everything, he had no symptoms, but because he tested positive for COVID, he couldn't come back for four weeks.

So out of the 6 weeks or 12 weeks that we should have been getting physio and he should be seeing what I'm doing, he had really only seen me for six weeks.

The disability didn't care. He wrote an assessment saying, "Look, I haven't been able to see her," which led me to pay for a physical assessment. So I paid out of my own pocket to have him do a full physio assessment on me to see where I'm at. Can I stand? Can I sit? What are my capabilities? Which we sent off to disability and it proved that I can only sit and stand for no more than 100 minutes before requiring a lay-down break.

And I looked at him and I says, "Who's going to hire me? How am I supposed to go back to work if I can't sit or stand?" My work turned around and said, "We'll accommodate her" because I could work from home. So we tried that. Within four weeks, they attempted to push me back to work within a four-week return to work up to full-time from a spine surgery.

I was just flabbergasted that they were trying so hard to get me back. And it's because they wanted me off the books.

Wayne Lenhardt
Okay, so have your injuries now abated or are they still there?

Samantha Lamb
No. They're still there. It's almost two years after my spine surgery.

Because I was pushed back to work when I first started seeing physiotherapy. I was completely off all my medication, which meant that I felt like it was slowly working. I was healing, I wasn't on any of the morphine or the nerve pain meds that I was on when I first started seeing physio.

[00:10:00]

And then the more I was pushed back to work, like, even my doctor— I had to keep going back to my doctor to get doctor's notes to say I wasn't ready to increase my hours, that my back wasn't doing well. And the more I had to attempt to do full-time hours, the more I was in pain. And so the more I started having to go back slowly on certain medications and I was trying really hard to be on the ones that didn't alter my mental capacity. Because being on all those medications: when you're reconciling a banking system when you don't have a memory recall, it's really hard. And it makes it incapable of doing my job.

As they slowly pushed me back and I got up to about 80 per cent— But that took until October to get me up to 80 per cent and I was in tears. Like, I would literally go to work work for the 100 minutes and lie down for 30 minutes, work, lie down, work, lie down. Which then pushed my eight-hour day longer. Because these 30 minutes weren't in my— I had to take them out of my personal time, which meant that I was scheduled for a longer day because I had to keep laying down for 30 minutes. And yes, I get two 15-minute breaks and a half-hour lunch, or an hour lunch, but then I'm having to work for longer days. And so by the time I was getting off my schedule, I was literally crawling back into bed. And it left me in bed. I couldn't go anywhere.

I finally phoned my doctor and said, "This is not working, I should not be at work. This is not work. This is not value of life if I'm just going to work and going to bed." She finally approved me back for disability. So now I've lost even more income because they restarted me on a new claim. They turned around and said, "Because you didn't appeal your claim, we're now going to assess you at the 80 per cent that you were capable of working and we're only going to give you 70 per cent of that income." So now I'm at less than half of my income because I wasn't capable. And I was pushed too hard and too fast because I spent all my time waiting for surgery instead of getting time to heal.

Wayne Lenhardt
I see you appear to have a pillow behind you right now. So is your back still bothering you then? And how much and how often?

Samantha Lamb
My back is still bothering me every day. I'm now back on all of my medications that I was on before surgery. I'm on a nerve pain medication, I'm on an anti-inflammatory, I'm on a slow-release morphine for the pain. I am back on physio and I have been attempting physio but they're seeing severe weakness on the left side of my body, which is where the pain was running down to begin with. And so that pain has not gone away and now I'm having **hip and pelvic floor and bowel and all these other issues. So I'm finally being sent to a neurologist. But it's been a very slow process and it's almost two years after my surgery and I'm still not okay.**

Wayne Lenhardt
Could you give us one or two things that could have been done differently along the way here that would have helped you?

Samantha Lamb
Well, I think if they wouldn't have shut down all of the surgeries, I think that would have made a huge difference. I mean, I know I wasn't in a place where I was critically hurt or my life was threatened—but because I was just suffering pain, I was placed on a backburner.

My surgery was labelled as being—what do you call it?—"elective," saying that I wanted surgery and it wasn't a requirement. Like I wasn't dying, which— Yes, I wasn't going to die from not being able to move my back but I wasn't capable of working. I wasn't capable of functioning. I wasn't capable of taking care of my family. I wasn't being able to be a mom of four kids. It's really hard when mom breaks down.

Wayne Lenhardt
Okay, I'm going to ask the commissioners if anyone has any questions. Okay, I think that's a no. So on behalf of the National Citizens Inquiry, thank you again for your testimony.

Samantha Lamb
Thank you.

[00:14:50]

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Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 8: Carrie Sakamoto
Full Day 3 Timestamp: 07:50:40–08:08:35
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Wayne Lenhardt
Next witness will be Carrie Sakamoto, by video. There she is.

Carrie, can you hear me? Can you hear me? Say something so I can hear you.

Carrie Sakamoto
I can hear you. I am having difficulty seeing you. They've been having all kinds of trouble with this link here. There we go. I see you.

Wayne Lenhardt
Okay. Carrie, first of all, give me your full name and then spell it for me and then I'll do an oath with you.

Carrie Sakamoto
My name is Carrie Sakamoto. It's spelled C-A-R-R-I-E S-A-K-A-M-O-T-O.

Wayne Lenhardt
And Carrie, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Carrie Sakamoto
I do.

Wayne Lenhardt
Carrie, you live in Lethbridge, correct?

Carrie Sakamoto
Yes.

Wayne Lenhardt
Okay. And I guess we're going to talk about an injury that you suffered from the vaccine today. Let's go back to when you had the vaccine and why. What year was it? Do you recall?

Carrie Sakamoto
I got my first vaccine, which was AstraZeneca, April 21st, 2021.

Wayne Lenhardt
Okay. And that was AstraZeneca?

Carrie Sakamoto
Correct.

Wayne Lenhardt
Okay. And was that a single dose regimen, or was it two?

Carrie Sakamoto
It was one dose and then it was taken out of Alberta. So I had to choose a second vaccine, which I chose Pfizer.

Wayne Lenhardt
You had a second dose as well and that second dose was Pfizer?

Carrie Sakamoto
Correct.

Wayne Lenhardt
Okay. When approximately was that?

Carrie Sakamoto
That was June 18th, 2021.

Wayne Lenhardt
And when did you start having effects?

Carrie Sakamoto
I got sick that evening along with my husband. We both had flu-like symptoms. We were told to expect this. We were also told to expect the unexpected because we were mixing

vaccines. There had been things in the media saying it was fine, there were things saying they weren't so sure. At this point, we didn't have a choice. I already had AstraZeneca. I had to pick another one. I picked Pfizer.

Wayne Lenhardt
And who was it that told you, "Expect the unexpected?"

Carrie Sakamoto
Friends and family.

Wayne Lenhardt
Okay.

Carrie Sakamoto
Yeah, so I got my vaccine and I got sick that evening. But it was fever, nausea, achy body: just like a regular flu. I spent the next few days in bed. But my husband had the exact same symptoms, so I didn't really think too much of it until about the seventh day. And he was better and I was getting worse.

Wayne Lenhardt
Okay. So keep going.

Carrie Sakamoto
So by the seventh day, I had a really bad fever. I had a really bad headache and I had swollen tonsils on the right side. I called my doctor to make an appointment. But because I had a sore throat and this was still in the beginning of COVID, I couldn't be seen in person. So she called me, I explained what was happening. She said that most likely I had tonsil stones from fever from my vaccine. She put me on antibiotics. She said if I wasn't better in three days to call her back.

The next evening, I was being taken to hospital by my husband. My brain felt like it was on fire, is the only way I can explain it.

[00:05:00]

And because of the pain, I started vomiting and I couldn't stop. This went on for about 24 hours. But at this point, I'd been sick for eight or nine days and had hardly eaten because it really affected my throat. So I was pretty sick by this time. My husband took me into the hospital. They gave me medication for migraine and things like Gravol to stop the vomiting, which worked. So I went home. I was sent home. They said if anything changed to come back.

After that medication wore off, all the symptoms came rushing back. My husband took me back to the hospital. And on the way, as I was looking in the mirror, I saw my face start to drop. I thought I was having a stroke.

Wayne Lenhardt
Okay. Was your heart rate up?

Carrie Sakamoto
I'm not sure if my heart rate was up. All I could see was that my face was dropping—and just the one side. My mom had had a stroke when I was young, so I was familiar with what it looked like. And that's immediately what I thought was happening.

Wayne Lenhardt
So you were on the way to the hospital, though. What did they say when you got there?

Carrie Sakamoto
They admitted me and hooked me up to some IVs to try and stop the vomiting. They said they believed that it was Bell's palsy.

Wayne Lenhardt
Oh. Did they explain to you what that was and how long it would—?

Carrie Sakamoto
They said it was facial paralysis and that it should resolve itself soon. But because I was so sick, they kept me in the hospital for a few days, which turned into being 17 days. When I was in the hospital— Sorry, I just need to look at my notes here. It's a lot.

I was admitted into the hospital and I want to say about day three, or four, maybe even five, I was still very, very sick. I was in and out of sleep, sleeping a lot. When the Bell's palsy hit, my eye was paralyzed. I had a patch on my eye, my tongue was swollen and half paralyzed, and half of my esophagus, so I wasn't able to swallow. So I was given a feeding tube at this point because I was losing so much weight so fast, because I'd been sick ten, fifteen days at this point.

While I was in hospital, they had restrictions still. So I was only allowed a couple of people in—my husband and my mother and not at the same time. But one of these mornings, I want to say day five, a nurse came in and asked if somebody from Alberta Health Services could come and see me. I awoke to find a lady standing there. I was still very sick. She didn't say anything. She just stood there for a while staring at me and then left. I thought that was really strange—and I'll show you where it applies later on in my story.

Wayne Lenhardt
Okay. Did anyone tell you where or how you had gotten this palsy?

Carrie Sakamoto
Yes. So while I was in hospital, I had a lot of specialists. I had MRIs, CAT scan, ultrasounds: I mean, you name it, I had it. And the doctor who was treating me, who's a pretty well-known doctor, he came to my bedside with a laptop. And it was split-screened and there was probably eight or nine other doctors on there. And he asked if they could see me and speak

to me because they had never actually seen somebody or spoken to somebody with full-bloom Bell's palsy as severe as mine.

So after he spoke with these people, it was their opinion that Pfizer had done this to me. Pfizer was in my body and it was fighting against me for some reason.

[00:10:00]

Wayne Lenhardt
Did they give you a prognosis as to how long this was going to last, how severe it was going to be, that type of thing? What did they tell you?

Carrie Sakamoto
They said it was a new type of Bell's palsy because it was caused by this vaccine and that they didn't know what was going to happen. They figured, most likely I would go back to the way I was, that it would resolve itself, but they didn't know. My neurologist said that usually anything after a year is permanent.

And I sit here today at two years and I still have the full facial paralysis, the paralysis on my throat, the entire side of my body. I have hearing loss that requires a hearing aid now. I have vertigo on both sides. I have a lot of neurological problems. I have memory loss from trauma. I mean, the list kind of goes on and on. But the doctors are the ones who told me specifically that it was Pfizer that was doing this damage to my body.

Wayne Lenhardt
All right.

Carrie Sakamoto
After I got out of the hospital, I received a phone call from Alberta Health Services telling me that it was safe to take the booster.

I'm not sure why they called me. They've done it twice. Nobody else I've spoken to has ever received a call from Alberta Health Services saying to go get a vaccine or a booster of any kind. It makes me feel like an experiment. It's frustrating and it's scary. I literally said to the woman, "I am still injured from my first vaccine. How can you say this is safe?" She simply replied, "It just is." But that's not a good enough answer for me, so I'm still looking for answers.

I was lucky, all of my doctors have been on board from day one: my neurologists, my specialists. They all were the ones who told me that this is what was happening to me. So I applied to the vaccine injury program [Vaccine Injury Support Program]. After 20 months, I have been accepted and I was given a lump sum of money and continued medical care.

Wayne Lenhardt
So are they still reimbursing you for care at this point? I gather you had been on a farm and you have now moved to town because of all of this.

Carrie Sakamoto
I couldn't drive. I had zero independence, and my kids were— We were all stuck out on the farm when my husband would go to work. I couldn't work. I didn't have a job when this happened but my family needed me and I wasn't able to help out, so the only option was to sell our farm.

Wayne Lenhardt
Are you still being supported by the injury program, or is that all over?

Carrie Sakamoto
Yeah.

Wayne Lenhardt
Okay.

Carrie Sakamoto
It's continued care. I was only accepted on March 3rd.

Wayne Lenhardt
Of this year? Of 2023?

Carrie Sakamoto
Yeah, yes.

Wayne Lenhardt
And is that all going satisfactorily? They're paying for your care?

Carrie Sakamoto
So far, yes.

Wayne Lenhardt
Okay. Is there anything you want to tell us about this ordeal of yours that I haven't mentioned yet?

Carrie Sakamoto
I did want to say: When this first happened to me, I really wanted to share what was going on with me. And I reached out to all the news stations thinking, "They're going to want to cover this story. They're going to want to see. The doctors should know what's happening, and then if somebody else turns up in the emergency room like me, they can be helped instead of turned away three times." But I was met with resistance.

And that's actually when I met Mr. Harding. And I'm the one he did the story about that I just found out was related to him being let go from his job.

I just wanted my story to be heard, so I went to TikTok,

[00:15:00]

and there I was able to share my story. And I have a small following of about 11,000 people who really want answers as well. They're waiting to see how this is going to play out. But I want to know why I can go to the news station and speak about long COVID, if I had a story about if this was long COVID, but when you say, "vaccine injury," even though I have been approved, they don't want to speak about anything negative. So people like me are being forced to be quiet.

And I kind of— Part of the reason I wanted to do this was to give them a voice through me.

Wayne Lenhardt
At this point, I'm going to ask the commissioners if anyone has any questions for this witness? Yeah, Dr. Massie.

Commissioner Massie
Well, thank you very much for sharing your really sad story with us.

Let me make sure I understood exactly the conversation you had with Alberta Health Services. They first came to see you in the hospital to watch you? Did they engage in any conversation with you at that point?

Carrie Sakamoto
No.

Commissioner Massie
And then when you left the hospital after the doctor had acknowledged that you've been vax-injured, you received a phone call from Alberta Health Services telling you that the booster is okay for you?

Carrie Sakamoto
That it was safe, yeah.

Commissioner Massie
Do you know the name of the person that actually gave you this medical advice?

Carrie Sakamoto
I wish I had wrote that down and I am going to look through some more notes, but I didn't. And they called twice but I didn't think of doing that.

Commissioner Massie
Is there a way for you to get back to them and tell them clearly, how can it be safe when you are compensated by the government that acknowledges your vax injury?

Carrie Sakamoto
That's also part of the reason why I wanted to come here and speak, because I would like some answers to that.

Commissioner Massie
Thank you.

Wayne Lenhardt
Okay, anyone else? Okay, on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today and good luck.

Carrie Sakamoto
Thank you.

[00:17:54]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 9: Mandy Geml
Full Day 3 Timestamp: 08:09:10–08:24:01
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Wayne Lenhardt
Can you give us your full name please, then spell it, and then I'll do an oath with you.

Mandy Geml
Mandy Geml: M-A-N-D-Y G-E-M-L.

Wayne Lenhardt
And you promise to tell the truth, the whole truth, and nothing but the truth today?

Mandy Geml
I do.

Wayne Lenhardt
Thank you.

Okay. Mandy, I think just summarize to begin with. I think you had all sorts of problems because of the mandates, including with your daughters and your school and whatnot. So I think I'm going to let you just start and tell us your story, and I will interject if there's something more that I need to know.

Mandy Geml
Okay.

Wayne Lenhardt
What year did all this start? Let's start there.

Mandy Geml
Okay, I think it all really started in 2019. Me and my husband found out that we were pregnant after years of infertility and having one daughter through fertility drugs. We found out we were pregnant on our own and we were super excited, and—

Wayne Lenhardt
Can you hear her?

Mandy Geml
I can talk a little louder.

Wayne Lenhardt
I think you may have to talk a little louder.

Mandy Geml
For sure.

Wayne Lenhardt
I was told that too, so.

Mandy Geml
So we were pregnant with a daughter. We suffered a loss in the second trimester only to find out the month later we were pregnant again. And that was at the end— That was New Year's Eve, 2019. It was a really hard pregnancy and I was on bed rest for a lot. And it was just a lot of fear. And then everything happened.

And we have a 15-year-old and a toddler, three-year-old at the time. Or sorry, my 15-year-old was 13 at the time, in grade 7, and everything shut down. June of 2020, we lost a cousin—my younger cousin that I was really close with—and I couldn't attend the funeral because of everything that was going on and my pregnancy.

In August, we welcomed a son. And everything hadn't fully shut down, so my husband was allowed in the hospital with me but nobody else could come up and visit. My kids couldn't come up and it was hard. He was almost a month early; he had jaundice; he was colic; he had acid reflux. And throughout that, both my daughter's school and my toddler's preschool had shut down for the last couple months. So we were all at home. All their activities stopped. And life just halted.

And it was scary. We didn't know. We did comply with everything at first and we were scared: it was a scary pregnancy; it was a scary birth. And then things just weren't adding up. And you try to ask your doctor questions—with no answers. And you see the fear-mongering starting in the schools, my daughter's school especially, with her teachers and everything. And we—

Wayne Lenhardt
Your daughter in particular was having some trouble at school I think, wasn't she?

Mandy Geml
Yes, so that was grade 8.

Wayne Lenhardt
You were not vaccinated nor was your daughter, correct?

Mandy Geml
No, none of us were. It wasn't really even an option for us. We have allergies. I have anaphylactic allergies to different medications. And so I just wouldn't. Why would I take the chance? And my daughter as well.

She started facing extreme hardship at school. She would sit in in class and hear her teachers go on about: "The unvaccinated are murderers; nobody with a brain would ever choose not to get vaccinated."

[00:05:00]

Her entire friend group dropped her. Her friends' parents banned her from their houses once they found out that she was unvaccinated. Every time I called the school— I called the vice principal, the principal, the superintendent to discuss, calmly and politely, these things that were being said in class. With no avail. I finally got a phone call from the principal saying that, because my daughter—who joins every activity that she can and is involved in everything and honour roll— but because somebody else had tested positive, she wasn't allowed to participate for 10 days.

And I said, "Well, how does that make sense?" My daughter not once came to school sick. Not once. And she wasn't allowed to participate in her activities because somebody else, who was vaccinated, tested positive? But they could all participate: if you were vaccinated you could participate. But if you were unvaccinated, you had to stay away for 10 days.

Well, every day kids were testing positive, so she was basically kicked out of everything. And I asked the principal, "Where's your line? Where do you say, 'No, we're not going to segregate these kids. We're not going to put hate between them and division between them?'" And she refused to answer. She told me that I was lucky that kids like mine were even allowed in school and it's— It's so hard when you're—

Wayne Lenhardt
You were living in Regina at this time, correct?

Mandy Geml
We live in Regina, yeah. And it's really hard when you're trying to keep yourself together: mentally strong, dealing with postpartum, you're dealing with a baby. My infant was colic for almost a year and these issues.

And then you see your daughter, who— I mean, teenage-hood is so hard already and she's coming home in tears. Shaking because her teacher's calling her a murderer. Her teachers are singling her out. None of her friends will talk to her. None of their parents will allow her over. Her world's ending.

And then you have the leaders of your country and your province saying, "Time's up. We're not going to be lenient anymore. Things are coming down. How do we tolerate these people?" I mean, fear takes over you. And it's wild to think that you have to sit there and make plans of, "What do we do if they take it further and they decide to take your kids away because you're unvaccinated?" Or they deem you as not responsible because you're not doing this?

We went to the grocery store—me and my husband and my toddler—and I was dealing with such bad postpartum and anxiety, I couldn't wear a mask. My toddler of course wasn't wearing one. The police came and escorted us out of the grocery store: me and my toddler, while my husband paid. And even though the police officer agreed, "This is so ridiculous." You know, we had friends and family say that our children should be taken away from us, wishing illness and death on our kids and ourselves. And it was so overwhelming. And it just creates this fear inside of you as to what's next. How do you reassure your kids that everything's going to be okay? How do you— You know, my daughter faced such hate from everyone around her that she even received an anonymous letter mailed to our house saying horrible things about her. And for what?

And the teachers say, "Oh, well, we're not telling people her vaccination status," but she's being removed from everything that she's in, so how is that not? She's the only one being singled out. She can't go on bus trips. I fought to get her on a ski trip and at first, they said, "No, the bus lines won't allow anybody unvaccinated." Well, I called the bus line: that's not true. "The ski resort's not letting anybody unvaccinated." I called the ski resort in Manitoba. I talked to the manager and she said, "Well, they're just not allowed in the chalet."

My daughter went and she had to eat her lunch in a shack at the bottom of the hill with a barrel that had a fire in it,

[00:10:00]

because she wasn't allowed to go sit with the people that she had just spent hours going up with. Like, how is that fair? Why is this allowed? Kids are mean enough as it is. Why would you put that out there for them?

So with all of that happening, it took such a strain on my mental health especially. But my kid— She has so much anxiety and she had so much anxiety. She was so scared when she'd meet somebody new that they would find out that she was unvaccinated. I can't imagine that fear inside of her, having to go to school every day and sit with her classmates and her teachers and that feeling of, "These people hate me; these people wish me dead." For a child? Like, that's horrible.

And you see people online—doctors, nurses—saying they have no sympathy for the unvaccinated, they treat them differently when they come in, things like that. And as parents, you worry about your kids. What if something happens and you have to bring them in? Are you going to be separated from them? Are you going to have social services called on you? There's just so much fear.

Wayne Lenhardt
Your mother also had some problems during this time. Can you maybe quickly tell us about that?

Mandy Geml
Before everything started, she went to go seek some help at the Dube Centre. And without getting into too much detail, she suffered from depression. When the lockdown started, they put her on really high-dose medication and they locked her in her room for a month straight—maybe 15 minutes out of her room a day. There was no housekeeping, nothing. She lived in bathrooms that were filled with urine and feces. And it broke her psyche. And it's a hard— She struggles now with being in touch with reality because of the medication and that. Nobody knows how to help her. The psychologist said, "We don't know what to do."

Who's responsible for this? My kids don't have a grandma. I don't have a mom. I do, but I don't have an active mom. For what? For what? She was vaccinated.

Wayne Lenhardt
I'm going to stop at this point and ask the commissioners if anybody has anything they'd like to explore or questions here. Anyone? No.

This may seem obvious, but what two or three things could have been done better in order to save you some of this grief?

Mandy Geml
Oh, everything. Just understanding. How quickly everybody turned on each other and villainized certain people. And I tried to stay so respectful and positive through it all. And tried to keep the message that there's always two sides to a story and there is a happy medium in the middle.

And I think just hearing other people's stories could have—hearing other people's reasons why. Because people have reasons why and those should be taken into consideration.

And have our leaders accountable. How did we get to this point where they can go and spew hate in the media for a large portion of Canadians? How did we get to this point?

Wayne Lenhardt
Okay, I want to— On behalf of the National Citizens Inquiry, I want to thank you for coming today and giving your testimony. Thank you.

[00:14:51]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 10: Dr. Chong Wong
Full Day 3 Timestamp: 08:37:54–09:00:56
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
I'm very pleased to introduce our next guest, Dr. Chong Wong. Dr. Wong, we'll start by asking you to state your full name for the record, spelling your first and last name.

You were distracted. Dr. Wong?

Dr. Chong Wong
Yes. I'm Dr. Wong.

Shawn Buckley
Can you please state your full name, and state your first and last name for the record?

Dr. Chong Wong
Yes, my first name is C-H-O-N-G, Chong, and the last name is W-O-N-G, Wong.

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

Dr. Chong Wong
I do.

Shawn Buckley
You are a family physician and also you are an integrative medicine physician, and you've been practising medicine since 1986.

Dr. Chong Wong
That's correct.

Shawn Buckley
You were telling me earlier, when you and I were speaking, about a woman who was 44 that came to you. Can you share with us that story?

Dr. Chong Wong
Okay.

Shawn Buckley
So again, Dr. Wong, when you and I were talking earlier, you were telling me about some things that happened in your practice. You were telling me a story about a 44-year-old woman that came to your practice that had blood clots. Can you share that story with us?

Dr. Chong Wong
Yes, the lady came to me because she had heard about me and she wanted my opinion or support, I suppose. She came because she had a mass of blood clots all over her body. She was concerned because she had contacted the public health expert who was responsible for the PCR testing in Saskatchewan. Contacted her office and never got to talk to the doctor, but to the nurse.

From the nurse and what had happened, she actually had a photograph of the form that was presented to her. At the bottom of the page, my memory says, the box was checked off saying, "Continue schedule of vaccination." Basically, no change. In other words, she said, "Get the second shot." It was because of the first shot that she got the clots. So of course, she was obviously devastated by that.

Shawn Buckley
Can I back you up? She saw you before that happened, right? She saw you as a physician to get some medical advice?

Dr. Chong Wong
I'm sorry, I didn't hear you.

Shawn Buckley
This 44-year-old woman that had gotten blood clots after getting her first shot, she had come to see you to get medical advice because of her condition. Am I right about that?

Dr. Chong Wong
Yes.

Shawn Buckley
And she asked you whether or not she should be vaccinated with her second shot. She was concerned about that?

Dr. Chong Wong
I think so. She needed some support, I think. That's the idea.

Shawn Buckley
What was your recommendation to her? Did you recommend that she get her second shot?

Dr. Chong Wong
When I saw the form, I was actually quite shocked by it.

Shawn Buckley
She brought that form in with her when she saw you the first time?

Dr. Chong Wong
Pardon me?

Shawn Buckley
Did she bring that form with her when you saw her the first time?

Dr. Chong Wong
It was actually on her phone. It was a photograph of the form.

Shawn Buckley
She showed that to you the first time you met her when she came into the clinic.

Dr. Chong Wong
I'm sorry?

Shawn Buckley
David, can you turn my volume up? Dr. Wong is having trouble hearing me.

Dr. Wong, this woman comes into your clinic. And for the first time when you see her, is that when she's showing you this form on her phone?

Dr. Chong Wong
That's right.

Shawn Buckley
And she's wanting advice from you as to whether or not she should get vaccinated a second time?

Dr. Chong Wong
I believe so and possibly, just mainly, for support, I think.

[00:05:00]

Shawn Buckley
Okay. What did you tell her?

Dr. Chong Wong
"No." I said I was quite shocked by the box that was checked off to ask her to continue vaccination. She told me that she was told that, "Don't blame it on the vaccine, it's just your genetics."

Shawn Buckley
This was a nurse that had contacted her and filled this box out, right?

Dr. Chong Wong
That's right.

Shawn Buckley
Is it ethical for a nurse who hasn't seen a patient to basically make the medical call and say that you should be vaccinated after you've had an adverse reaction?

Dr. Chong Wong
No, I don't believe that's ethical, at all.

Shawn Buckley
My understanding is you referred her to a hematologist, who also was of the opinion she should not get vaccinated.

Dr. Chong Wong
She actually had seen a hematologist already.

Shawn Buckley
Okay.

Dr. Chong Wong
She told me the hematologist also told her not to get the second dose. She told me that the hematologist was very careful and giving that advice because he was concerned, apparently.

Shawn Buckley
Now, my understanding is that, in your practice as a physician during the COVID experience, people came to you asking for a medical exemption.

Dr. Chong Wong
That's correct.

Shawn Buckley
Can you tell me, with some of these people, can you share the experience you had and what ended up happening?

Dr. Chong Wong
Yes, there's a number of people. I'll give you an example. A man who basically represents the whole group. He comes to me because he's not vaccinated and he chooses not to be vaccinated. And because of that status, he's not allowed to work. The company, like its policy would be to let him go, unpaid. And my understanding too is that he will not be qualified for employment insurance as well.

So I remember seeing this man coming in. He's obviously very stressed and devastated—basically in tears, a full-grown man, probably in his 40s. When I saw him, I realized that this man is disabled. He cannot work.

Shawn Buckley
And that's because he was suffering from mental illness because of the stress?

Dr. Chong Wong
That's right. Because he wasn't able to sleep well and can't focus, the signs of depression and anxiety and not eating well. I said, "I think you're disabled." And I suggested that I would be more than happy to take him out of work on disability.

Shawn Buckley
Right. And then my understanding is that this happened a couple of times where people came in and, actually, as you assess them, you came to realize that they were disabled.

Dr. Chong Wong
That's correct.

Shawn Buckley
My understanding is, every time, the disability insurance company then hired a psychiatrist to see if they were basically under a disability. And that psychiatrist agreed with you every time.

Dr. Chong Wong
That's right.

Shawn Buckley
Okay. What you were actually experiencing, then, is by the time people came to you, asking for you to write an exemption for them, they actually had already reached that state in their lives where they were disabled.

Dr. Chong Wong
That's right.

Shawn Buckley
They weren't seeking help from people like you early enough.

Dr. Chong Wong
That's right.

Shawn Buckley
Okay. And literally, you would see grown men crying in your office.

Dr. Chong Wong
Pardon me?

Shawn Buckley
Literally, you'd see grown men crying in your office, they were so stressed.

Dr. Chong Wong
Yes, you can see the stress on their faces, how they behave. Yes, it was really quite a moving— Those experiences have been very challenging for me personally as well, seeing that.

Shawn Buckley
Can you share with us why it was stressful for you?

Dr. Chong Wong
Yeah. Just seeing the struggles they go through, that they are intimidated basically by what's happening. It's almost like their back was against the wall. There are no answers to

what they can do. Because they have families to look after. You can't collect EI. I think it was just fortunate

[00:10:00]

that I thought about it, that I can take them out on disability. I've seen not just one but a number of them that way. It's so heart-wrenching to see full grown men in tears and so much stress because, as you know, men are the providers. And so proud of their work as providers. And here are these men that are just, like, broken. They're broken when they come see me.

Shawn Buckley
My understanding is also, you saw people really broken because of the lockdowns. Can you share with us about that?

Dr. Chong Wong
Yes. There's this one lady, for example, of 44. I'd seen her before; it was still during the pandemic. And that was probably about a year, a year and a half ago. She was actually quite together and a very happy person. But by the time I saw her again— I saw her once around Christmas time too I remember, and then once maybe a couple months ago. And she was definitely a different person.

You can tell that she had a lot of anxiety. She's thinking about— She really believes she's going to die. And she just did not see any light at the end of the tunnel. When she was sitting there, talking, she was moving around, kind of a strange body behaviour. I asked her, "What's happening there." And she would say, "Well, my back's very tight." She was moving as she was talking. I think well, what is this? Anxiety, I gathered. And she has this kind of odd behaviour.

I've seen a number of cases like that: people who've really been hard done by, by the lockdown and isolation and so on. In this case, she was very fortunate. She saw a practitioner who helped her. I found out that the practitioner himself had made a house call to see her. Just in the last while, she's up and down but she's actually improved a lot. That practitioner who made a house call actually has driven her to his clinic. But now she's strong enough, she doesn't have to be driven. She walks over; it's only a few blocks away from the clinic that the practitioner is working. I saw her once as well and I was really happy that she made progress.

Shawn Buckley
Right. Now, when you were dealing with people—so she's doing well now—but when we were in the pandemic and you were seeing people basically being broken by the lockdowns, how did that affect you as a physician?

Dr. Chong Wong
Yeah, it's been tough after seeing quite a few of them. Often, you see these stories over and over again. It kind of gets to you, you know? But the silver lining, I suppose, is that it forced me to learn to take care of myself even better. I do things to help de-stress and help myself. And so I think I've learned a few things about myself, as well.

Recently, I've been invited to groups of health care practitioners, for example. Before Christmas, there was probably 40 to 50 of them. Most of them—I think, 40 were practitioners—but they were non-MD practitioners. Recently, as late as this past Monday, there was about 16 of us that got together. I was invited again. These people gave me hope. Because I'm convinced that, for them, money is not the main focus here. They want to help people. They have ways to help people who cannot afford it so they can get the services—like less pay—and maybe other services they can do and so on. So that gives me hope that the people out there want to help.

Shawn Buckley
Okay. So as a physician, you found yourself in a position where, because it was difficult, all these people coming to you,

[00:15:00]

you actually had to start taking better care of yourself because you were being affected by all of the grief and harm that you were experiencing through your patients?

Dr. Chong Wong
That's right.

Shawn Buckley
But what you're experiencing right now is that there's a group of health care practitioners. They're not medical doctors, they're from different disciplines. But they're coming together as a group to try and help people heal who have been through this experience?

Dr. Chong Wong
That's correct.

Shawn Buckley
Both to deal with their physical problems and also just to give each other hope?

Dr. Chong Wong
Yes, true.

Shawn Buckley
Okay. It's kind of an example of a group in Saskatoon that's forming to help us get out of this.

Dr. Chong Wong
Yes.

Shawn Buckley
Do they have a website or something that people in Saskatoon can go to?

Dr. Chong Wong
Yes. This group I've been invited to, the website is www.onewellnessnetwork.ca. That's the website.

Shawn Buckley
Okay. That's a group that you're joining and you're finding this very helpful.

Dr. Chong Wong
That's correct.

Shawn Buckley
I wanted to ask you some questions. You had one interaction with the College of Physicians and Surgeons. Can you tell us about that?

Dr. Chong Wong
Yes, it was about an 85-year-old man, very robust in a lot of ways. He did have prostate cancer. But he was going to the cabin. He was painting. I talked to his son just today. He was really healthy. And then one day, he— He already had contacted me many months ago for ivermectin and hydroxychloroquine. He knew he wanted that, just in case.

It turns out this man, he got sick, almost like a cold or something, I'm not sure what it was. They're not sure why. Because he told me, when I met him, he said, "Chong, I do not want to go to the hospital when I'm sick." For whatever reason, he got sick. He wasn't that sick because the son told me that the ambulance came—it took about three hours to get there, he says—and he actually walked out to the ambulance. He was short of breath somewhat, but wasn't super sick.

When he went to the hospital, the pharmacist had an interview and asked him what medication he was on. Of course, he says, among other things, he was on ivermectin, hydroxychloroquine. He said, "What doctor gave you that?" He said, "Dr. Wong." "Oh, I see." So the pharmacist made a complaint against me because of that and the College had to respond. They always have to respond to all complaints. They wrote me a letter asking me for an explanation why I'm doing that.

I wrote the letter in response. I sent them my notes because I do believe in informed consent. I told this man, I said, "Officially, these medications are not recognized as being helpful for COVID. And officially, it's not helpful and may do more harm than good for you. If you really want it, I'll prescribe for you, but this is what is official." And so on. I had all that documented and all the notes were sent to the College.

I had a lawyer from CMPA [Canadian Medical Protective Association], that's my insurance. With some counsel advice, I decided to switch lawyers. I switched to a lawyer from JCCF [Justice Centre for Constitutional Freedoms] in Calgary and I'm glad I did. This lawyer from CMPA was very nice. I was very hesitant to let him go because he was such a nice lawyer. But I finally explained to him that I have a better fit for a lawyer, thank you for all your help, and so on. We had an amicable departure.

Anyhow, going back to this, I wrote the letter with some minor changes with a new lawyer. And then I got the letter from the College finally. To my surprise, the College didn't say

anything about ivermectin, hydroxychloroquine at all in the letter. That's my surprise. The only thing that they told me is to make better notes next time.

[00:20:00]

Shawn Buckley
Dr. Wong had you ever, pre-COVID, had a complaint where a pharmacist would literally complain to the College of Physicians and Surgeons because you had written a prescription? Had that ever happened in your career?

Dr. Chong Wong
I have not had any of that.

Shawn Buckley
Okay. It just strikes me as odd. It just strikes me that the physicians are the ones who are experts in treating patients and I wouldn't expect a pharmacist to have the authority to complain to the College because a physician has written a prescription.

And that had never happened to you before.

Dr. Chong Wong
I've never experienced that before.

Shawn Buckley
So that was a new one. How were other physicians? You had patients come in to you and reporting about how other physicians were treating patients who were unvaccinated. Can you share with us what you experienced from other patients about physicians treating them differently?

Dr. Chong Wong
Yes, I work in a Mediclinic, that means I see people I do not know, a walk-in clinic, right? I also see my own patients, so I get to have a very broad spectrum of people. I'm fortunate that way. And because I'm interested in the COVID pandemic and so on, the medication, the vaccine, I always ask questions of people, so I can learn more about what's happening out there in the community.

I heard it quite a few times where they would say, "My family doctor, when I told him I do not want to be vaccinated, he was just after me," he says, "very rude and told me to get it. I've lost totally trust in my doctor now." And they ask me quite often also, "Do you still accept patients?" Myself. I say, "Thanks for asking. I'm sorry, I'm full, I cannot accept you, but if you happen to come to the clinic, I'm more than happy to see you as a walk-in."

Shawn Buckley
Dr. Wong, I don't have any further questions of you, but perhaps the commissioners do.

Thank you, Dr. Wong. On behalf of the National Citizens Inquiry, I sincerely thank you for testifying today.

Dr. Chong Wong
You're welcome.

[00:23:02]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Moderator Statement: Shawn Buckley
Full Day 3 Timestamp: 08:36:36–08:37:54
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry as we continue on our third day in Saskatoon.

It's interesting, I was just talking to a gentleman who had come up to speak. And we were talking about— If you were watching the presentation of Dr. Havas, when she was showing the survey results, and remember, she had a couple of questions that weren't yes/no answers. You selected things, you actually wrote out your experience.

What she did was, she showed us those two blocks where the larger the word was, the more that it was mentioned. What jumped out at me—and I don't know if it jumped out at you—but when people were talking about the Trucker's Convoy, the biggest, the most mentioned word was "hope."

And that just kind of struck me because I'd shared with you earlier that the truckers had given me hope. I think they gave a lot of us hope. And I'm thankful that we're honouring what they started by starting to tell our stories like they told their stories, and starting to live our lives in a different way like they did.

[00:01:18]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 11: Louise Wilson
Full Day 3 Timestamp: 09:05:35–09:19:06
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is Louise Wilson. Am I saying your first name right? Okay. And Louise, can you state your full name for the record, spelling your first and last name?

Louise Wilson
My name is Louise, L-O-U-I-S-E. Wilson, W-I-L-S-O-N.

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

Louise Wilson
Yes, I do.

Shawn Buckley
Now, my understanding is that when this pandemic started, you owned and ran two Dollar Stores.

Louise Wilson
Yes.

Shawn Buckley
Can you tell us actually how business was in 2020?

Louise Wilson
We have a Dollar Store. So it has a variety of merchandise that, when the pandemic hit, they deemed essential because we have a lot of school supplies and craft supplies and household items. Some health and beauty items that, I guess, would be used for PPE. And we were fortunate to be able to stay open during the pandemic.

Shawn Buckley
Now, you have two stores, can you tell us where they're located?

Louise Wilson
Yes, in southeast Saskatchewan: Esterhazy and Moosomin.

Shawn Buckley
And I'm sorry?

Louise Wilson
Moosomin.

Shawn Buckley
Oh, Moosomin. Okay, thank you. Can you tell us how business was in 2020? You told us that you guys were deemed essential, so you could stay open. And I'm just curious what the effect of that was.

Louise Wilson
Well, we were very busy. And the reason why we were very busy was because no one wanted to go to the city. Everybody was very afraid of going to the city. They just stayed close to home. Like I said, we had requests for certain things by the thousands that we could source out because we could custom-order things. We were very busy, actually.

Shawn Buckley
Right. Just so I understand you: People are afraid to go to the city because they're going to catch COVID, so they would shop at the local Dollar Store instead of going to the city.

Now, when the first mask mandate rolled around, how did you respond both personally and with your business?

Louise Wilson
Well, personally, I knew right away the masks were useless. I'm very informed. I've done a lot of research over many years on health issues—and I knew this was ridiculous. I went along with it. I did wear the mask very reluctantly and not very well, mostly under my chin.

Shawn Buckley
You were one of those chin-wearers, okay.

Louise Wilson
I was.

Shawn Buckley
What happened when they imposed the mask mandate a second time?

Louise Wilson
I wasn't very happy about it and I refused to wear a mask. I had put out a memo to all of my staff, "You will not be harassing customers to wear a mask." I have never, ever put signs on my floor or Plexiglass in my store. And I told them if they wanted to wear a mask, they were welcome to wear one, that I wasn't going to wear one.

Shawn Buckley
And how did your employees react?

Louise Wilson
Mostly good. Some quit. Yeah.

Shawn Buckley
Do you recall why they quit, was anything said?

Louise Wilson
They were afraid. They were afraid that customers were going to be in my store. It was going to be a not-healthy environment and they were afraid that they were going to get COVID and worse. So they quit.

Shawn Buckley
I thank you for telling your staff not to harass customers. The first store I got kicked out of for not wearing a mask was a Dollar Store. Now, eventually you had a visit.

Louise Wilson
Yes.

Shawn Buckley
Can you tell us about the visit?

Louise Wilson
Well, there are a lot of people in town that could see what was going on in my store,

[00:05:00]

and made complaints. So this representative from the Saskatchewan Health Authority paid a visit and I was issued a $2,800 fine.

Shawn Buckley
Twenty-eight hundred dollars.

Louise Wilson
Yes.

Shawn Buckley
And what was that ticket for?

Louise Wilson
Not complying to wear a mask.

Shawn Buckley
Okay, so that was on you personally?

Louise Wilson
Yes.

Shawn Buckley
Do you know how it came about that the person made a visit to your store?

Louise Wilson
Yes, it was— Someone from the town would have made a complaint to the Saskatchewan Health Authority and, right away, that triggers somebody to come out to make a visit.

Shawn Buckley
Do you know, in Manitoba we learned that there was a special name for these people. They're called ambassadors.

Louise Wilson
Yes.

Shawn Buckley
Did they have a similar name in Saskatchewan?

Louise Wilson
We call them Karens.

Shawn Buckley
You called them what?

Louise Wilson
Karens.

Shawn Buckley
Okay. So now, what happened with that ticket?

Louise Wilson
Well, I told this representative from the Saskatchewan Health Authority that I was not going to pay it and that I was going to fight it out in court.

Shawn Buckley
And why did you decide to fight it? Because you weren't wearing a mask.

Louise Wilson
I decided to fight it because I didn't think that it was lawful. And I didn't think that what they were doing was right. And I was very determined to stick up for myself.

Shawn Buckley
And what happened?

Louise Wilson
Well, we had several court appearances. I had a ticket and I recognized that the ticket had some errors on it. I was basically just trying to figure out, by any knowledge that I could amass, how I could go about dealing with this ticket that I had. And there were things wrong with the ticket, as far as: it wasn't filled out properly; things were not spelled properly; and I was going to just start there.

I thought, "Well, this should be just thrown out, it wasn't properly filled out." And I tried to say that at my first appearance.

And it turns out that the prosecutor— At that time, I should point out that we were not actually face-to-face with the prosecutor and the judge. I was in Esterhazy, the prosecutor was in Yorkton, and the judge was in Kamsack. So when I mentioned that there's problems with the ticket, he said, "Well, I don't have the ticket in front of me, we'll have to look at the ticket." And then the judge also mentioned she didn't see it in her docket neither.

Shawn Buckley
I just want to make sure people understand. So you had a court appearance on the ticket.

Louise Wilson
Yes.

Shawn Buckley
But neither the judge nor the Crown had a copy of the ticket for your court appearance.

Louise Wilson
Right.

Shawn Buckley
Okay, so what happened then?

Louise Wilson
Well, from the investigation that I had done, I realized that—their failure to present the ticket in front of them was wrong. Later on, I did ask for the transcript from them actually saying that. That they didn't have the ticket. Because I was there, but they weren't ready for me. So that was wasting my time, really, and that's not really proper.

So what they did then is they scheduled another court appearance. A month later, I came back into court, where they then set a trial date. They asked me if I was planning on using the *Charter of Rights and Freedoms.* And I said I was. And they informed me that I needed to give four weeks notice. I said I was very aware. And we set a trial date for August 9th of 2022.

So then I did send the briefs. I sent the briefs to the prosecutor,

[00:10:00]

the provincial courthouse. I did it all by myself. I was "presenting myself," is what I should say. I didn't have a lawyer. So I wrote a brief. And then in July, I decided to put forward a motion to dismiss because I had a lot of, I felt, reason for them to drop it. So I put together a package with exhibits in it and sent it on to, again, the prosecutor and the courthouse and waited to hear back from them.

Shawn Buckley
And what happened after that?

Louise Wilson
The day before my trial date, I was preparing for court and doing trial prep. What was I going to do? And decided, "Well, I'm just going to phone and see if they've made a decision or not." So I phoned the Crown prosecutor. And I said, "Have you come up with a decision as to what you're going to do with this motion to dismiss?" And I heard back that they made a decision to withdraw the ticket.

Shawn Buckley
And did they tell you when that decision had been made?

Louise Wilson
No, no. If I had not phoned, I'm sure I would have just appeared in court and at that point they would have informed me.

Shawn Buckley
Right. Well, at least that had a happy ending.

Louise Wilson
It did have a happy ending. It was a good day; it was a happy dance involved. I felt very happy that I endured it, like, that I followed through and to the end, and didn't give up.

Shawn Buckley
And can I ask you to share with us why that made you feel good?

Louise Wilson
Because I learned a lot. I learned a lot about how to present myself, what my rights were, and I felt that it worked out. It worked out. I was— I won, I felt like I won.

Shawn Buckley
Now, Louise, I don't have any further questions for you, but I'll ask if the commissioners have some questions for you. And there are no questions.

Louise, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and sharing with us today.

Louise Wilson
Thank you for giving me the opportunity.

[00:13:31]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Commissioner Statement: Ken Drysdale
Full Day 3 Timestamp: 09:01:05–09:05:34
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Commissioner Drysdale
Excuse me, Mr. Buckley, when we were in Winnipeg a week or so ago, I had asked you a question as to what the Commission was doing in order to hear the other side of the story. In other words, had we been in contact with government officials, medical officials, et cetera, and invited them or summonsed them to these hearings?

And what you had said to me with regard to the upcoming Saskatoon meeting was that registered mail summonses had been sent April 1st to: Dr. Shahab, Chief Provincial Public Health Officer in Saskatchewan; Paul Merriman, Minister of Health; Jim Reiter, former Minister of Health; Honourable Scott Moe, Premier of Saskatchewan; Nadine Wilson, Member of the Legislative Assembly. And then there was a sixth one sent to Scott Livingstone, former Health Authority CEO, in order to get them to come and explain to the Commission exactly what had happened and to hear the government's side of the story.

So can you update the commissioners with regard to these summonses to these folks?

Shawn Buckley
Well, my understanding is the same as it was in Winnipeg, that those were sent out. And the practice is, if we send out by registered mail, if we also have an email address, we send it out by email requesting a read receipt.

I haven't followed up specifically, but our practice would invariably be, if anyone on the government's side responds, that we would slot them in at the local hearing. And we do not have any slotted in. So, I'm just surmising from that that they haven't responded to us—requesting or indicating that they would attend as a witness. Because of course we would slot them in.

The summonses will be on our website, the ones that were sent out. And anyone can verify that the wording also indicates that, if they can't attend at the one that we're requesting them to attend at, that we're marching across the land and they can attend at a later one virtually. And it also indicates that we can set up virtual hearings that aren't scheduled. We word it that way because, actually, we're very interested in hearing from any government

officials. We understand the limitations that: because we are taking evidence under oath but we're not an official government inquiry, the danger for these people is that, what they say under oath here can be used against them in other proceedings. And likely if they're seeking legal advice, that advice is for them not to attend.

With that said, Commissioner, we're making all the efforts that we can to send them an invitation. It's a non-binding summons because we can't compel them. But we are taking all efforts to ensure that government officials and former government officials have the opportunity to reply.

We also think that fairness dictates that. Because the reality is that, as these proceedings have continued, much of the evidence is indicating that there are answers that should be given by them to the citizens of Canada. That some of their activities are being questioned as being not prudent and actually, downright destructive. And so fairness would dictate that they be given the right and the opportunity to respond. But none of them have done so.

And that applies for the summons sent out to health officials and ministers of health and premiers in the Maritimes. And now, Ontario. And now, Winnipeg. And now, Saskatchewan. And I'm not in a position to speak to Alberta because the schedule is still in flux for Red Deer next week.

Commissioner Drysdale
Thank you.

[00:04:29]

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Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 12: Heather Burgess
Full Day 3 Timestamp: 09:19:07–09:40:11
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is Heather Burgess. Heather, I'll start by asking you to state your full name for the record, spelling your first and last name.

Heather Burgess
Heather Barbara Burgess, H-E-A-T-H-E-R—

Shawn Buckley
And Heather— Oh, I'm sorry.

Heather Burgess
Sorry, B-U-R-G-E-S-S.

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

Heather Burgess
I do.

Shawn Buckley
Now, you're a retired nurse.

Heather Burgess
Yes, I am.

Shawn Buckley
You had spent your whole career caring for others.

Heather Burgess
Yes.

Shawn Buckley
And as I understand it, you had five siblings.

Heather Burgess
I have five siblings, yes, one's passed.

Shawn Buckley
Can you tell us basically, as the pandemic is starting— So we're near the end of February 2020. Can you tell us about your father and mother and what started to transpire there?

Heather Burgess
Certainly. My mom and dad resided in Saskatoon all of their lives. They were living in assisted living. My dad was almost 93; Mom was almost 88. I live in B.C., and I went back to visit Mom and Dad, and I noticed that my dad was not well. So I stayed in Saskatoon, and we found out that he had terminal cancer. And my mom had vascular and Alzheimer's dementia, a mix of both. But my dad cued her and gave her enough assistance so they could live in assisted living together. They were married for 67 years. My dad was her rock.

And when Dad was diagnosed, I knew that we would need to find a place for my mom, that she would need more care. So while I was caring for Dad while he was dying, I did find a place in Saskatoon for Mom. This was happening all through the month of February, that my dad was dying. At that time, there was no mention of COVID. We didn't know what was going to happen. And the home that we found for my mom, it was agreed that we would be able to help settle Mom in gradually after Dad passed away. We could spend lots of time with Mom. We took their bedroom suite that they slept in for many years to make it more comfortable for Mom. We had a plan.

And when Dad passed and he was passing—

Shawn Buckley
You can take your time.

Heather Burgess
The one concern that he had was, what was going to happen to Mom? I assured him that I would care for her and that everything was going to be all right. Dad passed on February 28th. All his wishes were granted. He wanted to be in his own bed, all of his children around him, my mom with him. And we buried my dad on the 15th of March.

On the 16th, the lockdowns happened in Saskatoon. My sister, who was from Winnipeg, after Dad's funeral, agreed to stay with Mom in assisted living until we moved her over to

the assisted-care home in the end of March. I went back to B.C.; I was pretty exhausted. It was an exhausting time. My sister stayed with Mom. And they were literally locked down in the building, in the assisted-living building. There were activities for the first two weeks, but after the two weeks all activities for the residents ceased, and they were basically only allowed out of their rooms to go down to the dining room for meals. Now, Mom and Dad were on the sixth floor and there's only two elevators that go up and down. They split the dining room up in the times— They put more eating hour times in and they would only have two residents to a table instead of four. Basically, that was the only time that they were out of their room.

So they were locked down until we moved mom over to her new home.

Shawn Buckley
And how long did that go on for?

[00:05:00]

Heather Burgess
That was for the whole month that mom was in assisted living with my sister. Like, they couldn't leave. They could not leave the building and nobody could come and visit.

Shawn Buckley
So for an entire month your mother and sister are locked in the same room and they're only allowed out to go for meals.

Heather Burgess
Yes. Sorry, I'll retract that. March 15th was the lockdown, so the two weeks before mom went into the personal care home, yes, they were locked down.

Shawn Buckley
Okay. What happens then? So the end of March, you've told us that you had arranged for her to go to this private care home. And the private care home had said, "Yes, you can have a family member move in with your mother to help her with this transition."

Heather Burgess
Yes. But then, of course, the middle of March, the lockdowns were just to be for two weeks. So we assumed the end of March, that would be fine, and we could move mom over. So my sister was there to make the transition with her, and basically nobody was permitted to be with my mom.

So she was confused. She'd just lost her soul mate of 67 years and there were just new faces where she was going. The surroundings were unfamiliar. And she was trying to go through a grieving process, confused, and she wasn't allowed—

Shawn Buckley
I'll just stop you. So this is two weeks after her husband of 67 years has died?

Heather Burgess
Yeah, this was four weeks actually. She was in the other home for a month after dad passed.

Shawn Buckley
Right, but obviously, she's grieving.

Heather Burgess
She's grieving because she has dementia and she can't remember that dad passed.

Shawn Buckley
Okay.

Heather Burgess
And now she's in brand-new surroundings, very confused. She thought she was kidnapped. She would have the nurses or the care aides phone us. And she would phone and she'd say that she'd been kidnapped, and did we know when Dad would come home from work to pick her up?

Shawn Buckley
Now, what was her emotional state when she would phone and say she was kidnapped?

Heather Burgess
She was crying and anxious. Yeah.

Shawn Buckley
Okay, so your mother, who has dementia, she didn't understand what was going on.

Heather Burgess
No.

Shawn Buckley
So she literally believed she was being kidnapped and she's crying on the phone.

Heather Burgess
Yes.

Shawn Buckley
And she's obviously begging for help.

Heather Burgess
Yes.

Shawn Buckley
Okay. And you guys— They wouldn't let you in even under those circumstances?

Heather Burgess
No. My one sister that lives in Saskatoon was allowed to take her for two days while the doctors medicated her to get her on to a medication that would help with her anxiety.

Shawn Buckley
Okay. What did your mother do while she was there? So she's locked down, but she started taking some action into her own hands, didn't she?

Heather Burgess
Yeah. So once we got her on the anxiety medication, she was better. But as with a lot of dementia patients that suffer from sundowners, the evening time is the worst time. So my nephew set up a little iPhone port for her that the nurses could phone us and she could see us and we could see Mom. We arranged a schedule that I would talk to her in the morning, and I would read to her. I had an old novel of hers that she loved and that gave her great comfort. I could see her and she could see me reading to her. And then in the evening, when it was most difficult for her, my sister in Winnipeg would set up her iPhone by the piano and she would play piano for mom and settle her that way.

Shawn Buckley
Did your mother ever try to leave?

Heather Burgess
Yes, she did. She was a Houdini. She tried to run away three different times. The care home manager would follow her when they saw she got out the door, just to see how far she would go and what her intentions were. And then she would bring her back. The third time, she actually even took a chair from the dining room, down eight steps to the door, because they'd raised the lock higher. And she put the chair down there so she could stand on the chair and try to undo the lock to get out.

Shawn Buckley
So your mother, who believed she was being kidnapped, tried to escape several times.

Heather Burgess
Yes, she did.

Shawn Buckley
Now when July 11th 2020 came around, the government would allow one visitor and only outside visits on the property. Am I right about that?

Heather Burgess
Yes, that's correct.

[00:10:00]

Shawn Buckley
So for the first time in five months your mother could get a hug from a family member.

Heather Burgess
Yes.

Shawn Buckley
But did that help you at all?

Heather Burgess
It could not be me. I tried to get there for a visit, but that particular home had— Their ruling was that anybody out-of-province was not allowed to come in to see Mom, even with a PCR test.

Shawn Buckley
So even if you had a test showing that you didn't have COVID, you were not allowed to see your mother.

Heather Burgess
No, I wasn't.

Shawn Buckley
What happened to your mother in April of 2020?

Heather Burgess
August?

Shawn Buckley
Oh, I'm sorry, August. Thank you.

Heather Burgess
Yes. So August of 2020, Mom fell in the home and she broke her hip. She was admitted to hospital here in Saskatoon and, after her surgery, transferred over to another hospital. I won't name names of hospitals. At that time, as much as it was a terrible thing, it was also a blessing because then she could have two visitors to see her for two hours a day within the hospital setting.

So we only have one of my siblings that live in Saskatoon. And because she had been up to see mom, I found out from her what the procedure was and that they never asked for I.D. Because I thought, "Come hell or high water, I'm getting in to see my mom." So they didn't ask for vaccine; they weren't doing the vaccinating then. They didn't ask for any I.D. So I have, luckily, two sisters with unisex names—a Terry and a Kim. So my brothers became

Terry or Kim. I became a Terry. We each took a week off that we came back to Saskatoon. And every day we went into that hospital and we saw Mom. And we didn't stay for two hours, we would stay for eight hours a day. None of the nursing staff said a word to us because they knew we were a help to them. Because Mom was a handful and she's very confused. Now she's even in a newer environment.

Shawn Buckley
Right, right. So that worked out well. But then your mother fell again and broke her pelvis.

Heather Burgess
Yes, then she fell in September and broke her pelvis. And I knew, being a nurse, that this was going to be the end, and summoned all my brothers and sisters that we should all be there. So the first day at the hospital, when I arrived and my sister was there and my brother, Mom was in a semi-private room. We were allowed to be in there; nobody said anything that the three of us were in there. Then the next day, my sister and I had requested an appointment with the palliative care doctor that we just wanted my mom to be comfortable. We knew that this was the end for her. And we arranged then the medication change. And we knew that probably by midnight that night, she would not be with us any longer.

So that evening, about five o'clock in the afternoon actually, a nurse walked into the room. I'm thinking it's probably the evening supervisor doing—it was a male nurse—his rounds. He came into the room and saw the three of us there. We're still waiting for another brother to get here. He said, "By the time I come walking down this hall into this room again, I only want to see one of you there."

So we were denied the beautiful death we had with my father to have with my mother.

Shawn Buckley
Just so that I understand. So this is a palliative care bed.

Heather Burgess
This is in the geriatric ward at this hospital. It wasn't palliative care; it was just on a geriatric ward.

Shawn Buckley
Okay. But everyone knows your mother's going to die that day.

Heather Burgess
Absolutely.

Shawn Buckley
So basically, that nurse is making a decision to deny three of you, and your mother, the opportunity for all of you to be together as she passes.

Heather Burgess
That's right.

Shawn Buckley
And so what happened?

Heather Burgess
Mom passed on at about 1:30 in the morning the next day. My one brother was with her and he phoned. And we all went up to the hospital, 1:30 in the morning. We were told how to buzz the security fellow. He come, let us right in, didn't ask us any questions. We went right up into the ward and we walked into mom's room. And we got to say goodbye then.

[00:15:00]

Shawn Buckley
So you couldn't be there while she was dying.

Heather Burgess
No.

Shawn Buckley
But no problem at all coming in after she dies.

Heather Burgess
That's correct.

Shawn Buckley
How did that make you feel?

Heather Burgess
Angry. Sad. My mom shouldn't have been denied that.

Shawn Buckley
Now, I just want to ask you personally: Going through the COVID experience with the lockdowns and masking and all of that, just how did you experience that personally?

Heather Burgess
Well, I'm unvaccinated. From the very beginning of COVID, when everything started, I was just leery. Just the red flags were popping up. What I knew about your immune system, you would never vaccinate during a pandemic. And I was met with a lot of pushback on Facebook and social media. So I kind of took a step back a little bit for a time being.

And then, when they started vaccinating children and pushing that—I never thought it would come to that. I'm a pediatric nurse. That's where I spent most of my years. And never once in all my pediatric years did I ever come across a child with a diagnosis of myocarditis. And for them to minimize it and say "a mild case of myocarditis"— There's no mild cases of myocarditis.

So then I got very vocal on Facebook. And I thought, I know a lot of people. They see it, I know they're still following my other posts. But I just thought, "If I can stop this needle going into one child's arm, it will be worth all the criticizing that you're doing of me."

I mean, I'd already been called a racist and misogynist from the leader of this country, that I was not fit to be part of society. My husband and I weren't allowed to go into restaurants, gyms. My husband was not allowed to play on his Oldtimers hockey team; he was segregated from everybody. We were members of a golf course and golf club and we weren't allowed after September 14th of 2021 to even be on the premises of that golf course.

It was a hurt locker. It was a tough time. There are friends that just didn't want to have anything to do with us. In fact, one of my friends told me that their children didn't want them "chumming with us" because we were unvaccinated. It was tough. It was tough with my own children because I have three children with spouses. There's six of them. There's only one of those six that isn't vaccinated. Three were coerced, two went willingly. But when I tried to talk to some of my kids about this— I'm a medical person and they didn't listen. And now I'm the one that has to worry the rest of my life about how this has affected their lives and how it will affect their health going forward. Because I truly believe that we're only just seeing the tip of that iceberg about what's going on underneath there and how this is going to affect so many people.

Yeah, it was hard when your kids won't listen to you. Just take a step back and just take your time with this.

Shawn Buckley
Now, do you have any suggestions on how governments could have done this differently?

Heather Burgess
How this country could have done this better? Sorry.

Shawn Buckley
Yeah. Because basically the purpose of the Inquiry is trying to figure out how we could do things better. And I'm just wondering what your thoughts on that are.

Heather Burgess
I am appalled and shocked at the medical community that have sat back and been silent. And nurses that have been silent. They're seeing what's coming into emergency now. And I understand people are afraid for their jobs, their securities, they've got mortgages to pay. But it just takes that one person to speak up and start the ball rolling. All these experts that spoke up—like Dr. Bridle, Dr. Hoffe, the study he had going—all these people have been crucified. They've lost their jobs, their credibility.

This has to change. I think it has to start changing with the College of Family Physicians and Surgeons.

[00:20:00]

It has to start changing at a government level, higher up. It was just such a great psyop. It was just a great story that they told everybody, and everybody believed it.

Shawn Buckley
Thank you. I have no further questions. I'll see if the commissioners have questions for you. And there are no questions.

So on behalf of the National Citizens Inquiry, we sincerely thank you for sharing with us today.

Heather Burgess
And I'd like to thank all of you, the panel, and all of the work that all of you have put into this because it needs to be heard.

[00:21:04]

NCI | CeNC

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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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 13: Nadine Ness
Full Day 3 Timestamp: 09:40:11–10:15:50
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
And our next witness is Nadine Ness. Nadine, can you please state your full name, spelling your first and last name for the record?

Nadine Ness
Sure, it's Nadine Ness, N-A-D-I-N-E, Ness is N-E-S-S.

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

Nadine Ness
I do.

Shawn Buckley
Now, my understanding is that you are a former RCMP officer?

Nadine Ness
Yes.

Shawn Buckley
But you had to take medical retirement.

Nadine Ness
Yes, that's correct.

Shawn Buckley
And that is because, and I hope I pronounced this correctly, you have a condition called vasovagal— Do you want to just say it for me?

Nadine Ness
I'll say it: vasovagal syncope. The medical retirement has to do with that, as well as other things. But yes, for those who don't know what vasovagal syncope is, some people have it very mildly where they see blood they faint; some people it's needles. Mine is quite severe, it's a more rare case. Sometimes it's even confined me to a wheelchair where I can't stand for more than a few minutes. One of my triggers is heat—so anytime my face gets warm, my neck gets warm—as well as fight-or-flight response because it can make you get warm, so that can also cause it.

I'm one of those rare, few people that no medical doctor out there would deny me a medical exemption. Because wearing a mask, within minutes, because of the heat, causes me to faint.

Shawn Buckley
And you did have a medical exemption from your doctor.

Nadine Ness
Yes. Yes, that's correct.

Shawn Buckley
Now, you had an issue where you were attending at a retail premise. And something happened with regards to you being confronted about not wearing a mask. Can you share that with us?

Nadine Ness
Yeah, I'll share a little bit too, a little bit before because we have to understand that this specific incident was one of very many. By the time this has happened, I've probably been yelled at, been pushed out of stores, been called names. So when I came into the store, there's always this preconceived belief that I might be yelled at or called names or even worse.

So I went into the store. I had a face shield. So even though I'm exempt from wearing a normal mask, I do wear a face shield because it doesn't trap the heat. For the most part, I can handle it. There's still instances where I have to take it off if I get too warm. But in this particular incident I was wearing a face shield. I went into this store— And I'm not going to name the store because this is not about revenge or calling people out, but I think it needs to be out there that this happened to a lot of people. But I went into this store. And I was a general contractor for my house. So anyone who's built their home, there's a lot of places you have to go to in order to get the products you wanted.

So this particular one, I was in there for about 30 minutes. Gentleman at the door greeted me, very friendly, and I was there looking at the supplies that I was looking for. When I was ready to check out, we were putting through all the supplies, and the manager came out of the office and right away— I knew right away. You can tell: if you're someone who can't

wear a mask, you can tell who's going to be nice to you and who's not. And this particular one, I knew right away. She says, "Where's your mask"? And I'm wearing a face shield, it's not like I'm wearing nothing. And I said "I can't wear a mask. I have a fainting condition. I have a medical exemption, so I can't wear a mask. I wear a face shield instead."

She's like, "Well, a face shield doesn't count; it has to be a mask." I reiterated again, "I have a medical exemption. I faint, so I can't wear a mask." And she says, "Did you sign the form?" I said, "What form?" "When you came in, you were supposed to sign a form." Apparently. The gentleman at the door never told me to sign the form, never said anything about it, probably because I was wearing a face shield. And she was very aggressive and said, "Well, you need to sign it before you leave."

At this point, any confrontation turns on the fight-or-flight. I will also add that this condition for me is made way worse when I'm pregnant and I was pregnant at the time. I was seven, almost eight weeks pregnant. I started feeling warm, so I knew it was coming. And I can usually feel it coming. It's almost like I become drunk in a way, so my cognitive thinking kind of goes away. I was just thinking, "I need to go outside to the cold so I can feel better." So I grabbed the form and I said, "I'll sign your form."

[00:05:00]

And I just did it quickly—not that I wanted to. But by the time I went to pay the debit, my condition had already gotten so worse. And I was fighting it because I didn't want to faint in front of this woman that was being really mean to me. And I ended up losing complete consciousness. And most of the time, I can avoid injury because I know it's coming. But in this particular instance, I was fighting it and so I didn't get to avoid it and I hit the floor really hard. I know I hit it hard because I had a big goose egg, I injured my neck, I injured my back, and when I came to, they were saying, "Call an ambulance."

I'm an experienced fainter, I've fainted over 50 times in my life. So I know how to recover. I just need something cold on my neck or to go outside. And she didn't want to let me leave, for obvious reason. But the worst thing is that she was making it worse because she kept defending their policy and their masks, therefore continuing the interaction—the negative interaction. So it actually made it worse. I eventually was able to convince her that, "Look, I'm okay, I'm just going to go outside, I'll wait for a while. If I don't feel safe to drive, I'll wait for my husband to come."

Now, the part that's really hard about all of this, why I wish this situation would have been avoided: Later that afternoon—and I can't confirm that this fainting episode was the cause of this but I also can't confirm it wasn't—I had a miscarriage later that afternoon. And I had another miscarriage several months later, I don't know if it's related to any potential injury that would have happened then. This leads a little bit to the vaccine and my decision and my husband's decision. So this was not a time where the vaccine was in place yet.

Shawn Buckley
Can I just slow you down?

Nadine Ness
Sure, sure.

Shawn Buckley
Did you end up doing anything about that? Did you file a complaint or take any actions?

Nadine Ness
Yes. So as soon as I got in the car and I recovered, I remember thinking: a lot of people who can't wear a mask, a lot of them can be due to emotional or mental health reasons, anxiety, things like that. And I didn't want this to happen to someone else. So I contacted the head office and I explained to them the situation.

Now, this form directly creates an environment where you have a confrontation with someone, no matter what, if you're demanding them to sign that. It's not just like, "Oh, I have a medical exemption." You have to sign this form. And I brought it with me to put on the record as well. So I made a complaint. And I wanted a copy of that form because I didn't know what I had signed, because at that point I was already so close to fainting.

I will give them credit: they ended up removing that policy. I have met this specific manager since and she's been very kind and friendly to me. So I will give them credit. They learned from their mistake and their bad behaviour and they've been better since. And I'm hoping from that incident that other people didn't face what I faced.

Shawn Buckley
Right. And before we jump to the vaccine issue, I wanted you to share with us about a later pregnancy and how that went and what that experience was.

Nadine Ness
I can share that part, but there's a little bit that needs to be put into why I believe I was treated the way that I was.

Shawn Buckley
Okay.

Nadine Ness
A lot of people in this province know me because I lead a big group called Unify Grassroots. Is it okay if I go into how that was founded?

Shawn Buckley
Sure.

Nadine Ness
We chose to not get vaccinated for— The biggest reason, I didn't know how it would affect pregnancy and fertility. And because we had already had two miscarriages, we didn't want to take the chance. My husband's a doctor, so we're also very much aware of what is out there, what the risk of COVID is as well. But we chose that, for both of us, it would be better just to not risk potentially having more miscarriages, to wait until we had another healthy child. So with that, we decided not to get vaccinated.

Now, the summer came.

[00:10:00]

And I'm going to give you a little bit of a story on how these mandates affected my family, more specifically one of my child.

Shawn Buckley
Bria.

Nadine Ness
Bria. My daughter, who was eleven at the time. She has OCD and anxiety and she's been diagnosed and she's being medicated. So when COVID rules came into the school basically, everything we had told her not to worry about, not to focus on, the environment at the school was now doing the exact opposite. So anyone who has a child with OCD: these mandates in schools were horrific for them.

Now, for Bria more particularly, she also has issues with textile, so masks were very difficult. So she really, really struggled in school with wearing it properly. There was a lot of back and forth and add to that anxiety. So there were several times where I actually had to go pick her up at school because she wouldn't wear her mask. Now, by the end of the school year, it had gotten so bad—her condition had gotten so much worse—that she was deemed medium to high risk for suicide. At eleven.

Shawn Buckley
So the school had done an assessment. And the masking policy for Bria had literally led her to the point where she was a medium to high risk of suicide, and she's 11 years old.

Nadine Ness
I don't know if it's just because of the mask, but I think it was all of it—the continuous sanitizing, the not being able to touch each other—all of that just exacerbated her condition that she already had.

So summer came and they announced they were removing all of that and then in the fall, that everything would be removed. And I was really happy about that. The week before school started, they announced they were bringing everything back. And my husband and I had been very silent as to what we were seeing but, at this point, we realized that it could be my daughter's life if we don't say anything.

The school seems to be so focused on COVID but they didn't think about all the other things that it was doing to our kids. Like, the amount of children that have been diagnosed with anxiety and so many mental health issues is just off the charts. I hear about it all the time.

So a lady asked on a town page, "When's the next school board meeting"? And I messaged her, "Are you worried about what I'm worried?" Because you didn't know which side that they were on. At this point, everyone was afraid to say anything because if you did, you'd get attacked. So it turns out we were on the same side. So I said, "Okay, let's meet at my house. We'll come up with a plan and we'll ask to present in front of the school board."

She knew a few people. So I said, "Okay, I'll start a Facebook group. I'll share my address on there so that we can meet at my house." Well, within 24 hours, we had eight hundred fifty parents that had joined that Facebook group. So you had a lot of parents not happy with this mandate—and that was within our school division alone.

So out of that we did do a presentation in front of the school board. Our presentation was received very well. We even had government officials share it on their Facebook. Basically, we brought to light the risk of COVID to children: the real risk, not the one media will tell you. And then, we also spoke about the negative effects these mandates have on our children.

There were some changes done at the school board levels. They did send like, a survey out. However, they didn't change the mask mandate. They didn't change anything to do with the policies. And it was at that point that I decided that it was safer for my daughter to be homeschooled, so I decided to homeschool my kids that year.

Shawn Buckley
My understanding is a lot of people made that choice in your district.

Nadine Ness
Yes. Within our group, we had several hundreds of parents that decided to make that choice. So much so that you heard the following. So for school funding, the funding for the year after comes from the amount of kids that were in the school. So when you heard last year that there was no funding for children in the school, it's because there were so many kids that were homeschooled the previous years. So now the funding the year after was short because children started returning to school. So it was quite significant to the point where it made the media. They just didn't say what the real reason was.

Shawn Buckley
Now, you found yourself really at the head of a group of people that are now concerned about what's going on. And that led you and the group to take other action. Do you want to share with us what you did?

Nadine Ness
Yeah. Because my husband was a physician, a lot of people turned to me and said, "Do you know of any other doctors, any other nurses?" And we became the hub for the doctors and nurses to gather in the province. Actually, we became a hub for every profession. That's what our group started.

[00:15:00]

We gave a place for people to gather within their profession to fight their unions—because the mandates were coming in, the vaccine mandates.

As someone, for the last year, who had faced so much discrimination and seen so much of the worst in humanity as someone who can't wear a mask, I knew, when the vaccine passports were going to come, what the public was going to face. Because I saw what it was the following year. I was really determined to do something about it. So our group took part in an application for a court injunction to stop the vaccine passport from coming in.

Now, they'll say that was defeated. That's what the media will tell you. But basically, the judge said, because the passports weren't in place yet or wasn't fully announced, you can't put an injunction on what you don't know fully what it is.

So we could have refiled again, once we knew fully what it is. However, the courts also put a fee to it. So basically they made us pay court costs. So it's almost like it was to deter anyone from doing that again. And I'll say it worked because our organization, we thought about it: we can refile, but then any court costs liability would fall onto us. So because of that situation, we decided not to refile.

Shawn Buckley
So basically it was a court cost of $5,000 that acted as a deterrent?

Nadine Ness
Yeah. And it's funny too, because media tried to pick that up and make it seem like we had no chance in winning. But really, they never really said why it was struck down. So they kind of buffed that just to discourage everyone I felt. And a lot of people felt discouraged by that.

Shawn Buckley
And now after this experience, you ended up doing a video.

Nadine Ness
Yeah, so as a group, we kept thinking, "What can we do to bring on change?" And by this time, our premier had become really awful to the people who were unvaccinated—I'm sure many of you have watched the videos that we've been playing and replaying—and saying things like, "We've had enough patience," and just really awful things.

I thought: maybe we can convict them a little bit and remind them of who they used to be? And maybe try to bring a little bit of humanity back into our government officials. I decided to do a video basically, reminding them what their guiding principles are and how much they've strayed from that. And that video resonated with a lot of people in this province. It went viral. And in that video, I called on Scott Moe to give me a call. Now, our group had been working on building relationship with government officials already. So they already knew who we were.

That following Friday, the premier called me while I was in the vehicle with my daughter, **and we spoke for about an hour and fifteen minutes. It could have probably ended up longer, but my daughter was losing her mind so I had to let him go. And the following Monday, the conversation, or the tone the government was taking with the unvaccinated, did a complete 180 degree. He said the unvaccinated are family, are friends, not right-wing wackos. And the reason he said "right-wing wacko" is because that's what media and Ryan Meili and a lot of news organizations were calling me. Not knowing I actually was a Liberal voter for most of my life. But I was called extremist. That's when the media attacks came.**

Now, the media attacks didn't silence me. So the left-wing extremists in the province—and I will call them that because that's what they are—went on a mission to attack my husband.

Shawn Buckley
So let me just back up. So after your conversation with Premier Scott Moe, his language softens towards the unvaccinated. But my understanding is: after your conversation with him, the media went after your group.

Nadine Ness
They went after my group. They went after, I think, Scott Moe as well for having a conversation with me. They attacked our group, myself, but it didn't really stop us. We continued working. And we actually grew quite a bit from that so it was a blessing in disguise. Because now a lot of people in the province knew about us that didn't before.

[00:20:00]

So that was good.

And then I think it enraged some of the people, so then they decided to go after my husband. They wrote several defamatory posts on all social media, all the pro-COVID lockdown groups—my husband's name was listed on all of them. He was called anti-vax, discouraging people to get vaccinated, which is all false. And in fact, our group is not anti-vax. We're pro-informed consent. So if you want to get vaccinated, fine, and if you don't— And most, a lot of the people in our group are actually fully vaccinated.

So they went after him. Now, when I saw all of that, I gave a warning to the person who was posting this. And I will also say: This person was a CBC contributor, so a reporter that was doing all of this. So my faith in mainstream media is a little bit lower because of some of this behaviour.

And then the worst part is: some of the doctors that were very vocal pro-lockdown doctors also jumped into this, shared it, one of them specifically being the previous College of Physicians registrar. Not only did he share it, flame it, he also posted my husband's work location, work phone number, and encouraged people to basically harass him and come after him. From that as well, complaints, or attempts at complaints, were made with the College of Physicians. My husband was also basically— Because I said I would sue people who did defamatory posts, that I would commence legal action, the College of Physicians warned him and said, "While we can't stop your wife from saying what she's saying, we might be able to—" Basically saying because of retaliation, it could be considered retaliation from you.

Now, I'm going to give a disclaimer: My husband did not ask me to be here. He didn't ask me to retaliate for him. In fact, he probably would rather I not be here today for the simple fact that we recognize that me being here today might send the College after him.

Shawn Buckley
So can I just clarify that? There's actually concern, in April of 2023, that if you just share the experience that didn't even happen this year, that there could be repercussions from the College towards your husband?

Nadine Ness
Yes.

Shawn Buckley
Now, my understanding is that the College had an interesting policy concerning the privacy of doctors on their vaccination status. Can you tell us about that?

Nadine Ness
Yes. For those who aren't from Saskatchewan and for those who are, our College of Physicians put out a directive basically saying, if you were an unvaccinated doctor—and these are for unvaccinated doctors only and the ones who aren't in a hospital setting, so fee-for-service doctors; it was almost like it was targeted—that they had to disclose publicly to their patients that they were not vaccinated.

Shawn Buckley
I just want to stop. So vaccinated doctors didn't have to say that they were vaccinated. But if you were unvaccinated, you had to disclose that you were not vaccinated.

Nadine Ness
That is correct. And I have the policy with me as well to disclose to the commissioners.

Now my husband had a huge problem with that for several reasons. He didn't feel it would be positive to the patient-doctor relationship for them to have private medical information from him because it can be used against him to get favours. It could use be used to threaten. The same reason no doctor should normally disclose any personal information. So he decided to put— Is it okay if I read it, because it's on the record?

Shawn Buckley
Oh sure, sure.

Nadine Ness
"Dr. Ness has chosen not to publicly disclose his vaccination status. Are you comfortable seeing him, or would you rather see another doctor?"

So he decided not to post it. Now, when this left extremist attack came, one of the old registrars— And I'm going to name him for the record because I think his name needs to be, because he's still continuing to harass us to this point. Dennis Kendel posted that, "I wonder if he is vaccinated, considering he's supposed to post it." So he actually asked people to go and confirm.

[00:25:00]

And my husband received a complaint from the College of Physicians basically saying, "We've learned that you're not disclosing your vaccination status. If you do not do so, we will commence an investigation against you." So they basically weaponized his vaccination status to try to come after me, or him.

Shawn Buckley
So earlier you said— You just volunteered that your group that you belong with, Unified Grassroots, that that group is not anti-vax.

Nadine Ness
No, it's not.

Shawn Buckley
And my question is, why did you feel the need to share that with us?

Nadine Ness
Because it's something we were called on a regular basis in many mainstream media, many radio. And it's funny because we're not unvaccinated in our group; a lot of the people who are fully vaccinated went completely to our defence in all the comments and stuff, so that was really wonderful.

But it just goes to show, we're not someone that's unreasonable. And I'm not saying if you're just unvaccinated, you're unreasonable. I'm saying we're people from all forms of society: doctors, nurses, firefighters, police officers, teachers. We have 450 teachers from the province in our group. We were against this coercion that was happening. We were against this division that was happening. When you create a two-tier society, it's bound to have really negative effect into our society. But yeah, we were called all these names.

Shawn Buckley
Well, it's just so you know why I'm asking you that question is, one thing that has come up time and time again: we've had witnesses in Saskatoon who clearly are against the current vaccine, or what's going on, who just are volunteering, "And I'm not an anti-vaxxer, I'm not an anti-vaxxer, and I'm not an anti-vaxxer." And now you say, you just volunteer, "Well, our group isn't anti-vax." So that term seems to have such a negative meaning and so much power behind it that everyone is afraid of being labelled as an anti-vaxxer, that they're volunteering when we're not even asking that question.

And that's why I brought that up. I was just curious what your response would be. It seems that term has so much power in Saskatchewan.

Nadine Ness
So with that, going forward— So thankfully, in the fall of, I believe it would be 2021—I think that's when all the passports were in play—we were able to get pregnant again. So I recognize, being in a position that I am and voicing the concerns that I voice on a regular basis and exposing a lot of things, there's a lot of people in the medical community that don't necessarily like me or like my politics.

I was very hesitant following what happened next. When I learned that I was pregnant, I— Because of my fainting condition, I also have thyroid issues. But because of that, and I have previous pregnancy complications, I usually see a high-risk doctor. And I have seen this high-risk doctor for all of my pregnancies.

So when I learned that I was pregnant, with the previous two miscarriages, I waited a little bit to make sure I wasn't going to miscarry again. And then I went to my family doctor, who referred me to this high-risk doctor as per usual. Now, the high-risk doctor expressed concerns with me coming into her office because I can't wear a normal mask, I can only wear a face shield. And she actually refused to see me in the office. She said, "We could see

you in the emerg. or in the regular hospital if we really need to. But for now, we'll just monitor you through your family physician."

Shawn Buckley
Now did she explain to you why it might be all right to meet you at emerge. or at the hospital, but it wasn't all right to meet at her office?

Nadine Ness
She said that at their office, they deal with vulnerable patients and that at the regular hospital, I'm not putting those vulnerable patients at risk. Now, as someone who sees a high-risk doctor, I'm thinking, "Well, if she's not worried enough for my pregnancy to see me in person, maybe I don't really need to see her." But I eventually did go see her. But I remember there was back and forth between my family doctor and her because my family doctor was like, "She's too high-risk for me. You should be seeing her," and there was back and forth.

[00:30:00]

Eventually she did. And I think I was almost 24 weeks pregnant by the time I went to see her. The interaction with her was actually positive. I wasn't sure, just because of who I am, but it was really positive, so I will say that. There didn't seem to be animosity. She did talk about the vaccine and I'm like, "I'm pretty sure you know my stance on that." But it was okay.

However, a month before my son was born, I was having concerns that my water had broken so I went in to Labour and Delivery in Saskatoon to make sure it hadn't. And when I first got there, the nurse was super friendly, super smiley, really wonderful. And I got into the room and then eventually she had to leave to go to the nurse's desk.

When she came back, she came back with the doctor and it wasn't the same experience at all. You can sense when someone is— And especially me, I used to be a police officer, I can read people very well. She wasn't smiling anymore. She was extremely cold—wouldn't even look at me. Same with the doctor, quite cold. So I could just assume that they went to the nurse's desk and someone said, "Do you know who that is?" Again, that's an assumption, but the experience that I had from before to after: night and day.

And they did an exam to see if my waters were broken. And I've had that done before and it was the most painful exam that I've ever had—and I have a very high pain tolerance. So much so that I said something. I said, "I don't think it's supposed to hurt this much." And I was bleeding afterwards, which normally you wouldn't for something like that.

And, it turns out my water hadn't broken, so I ended up leaving. But even when I left, she didn't say bye, or when I said bye, she didn't look at me—nothing. And I got into my car and I broke down crying. I thought okay, maybe they can put their differences aside and politics aside and do what's best for the patients? But that was a situation where it was clear that that wasn't the case.

I called my husband and I said to him, "I don't know what you need to do to be okay with this, but I'm not delivering this baby in the hospital. I don't feel safe and I don't think I can feel safe delivering this baby in the hospital." Although my husband's a doctor, he's also

seen a lot of worst-case scenarios when it comes to birthing, so he was extremely against me delivering at home.

Actually, we've never fought in our whole marriage and relationship. And this was the first time where we actually fought about something. He wanted me to go deliver in the hospital and I didn't. And even to this day, I still think: when you're delivering, you're so vulnerable, right? You want to feel safe; you want to feel like they have your best interest at hand. But witnessing what happened to me as well as hearing so many stories from so many people across the province who are unvaccinated, I can't say— Going in there, not knowing who you're going to have, that I would trust even if I was to deliver again.

And I wish that would change.

Shawn Buckley
Can I just interject. So I just want to make sure that people participating with your testimony understand this. You're basically saying, when you're saying you heard things from other people, you're hearing other people tell you that they basically were not treated well in the healthcare system because of their status of being unvaccinated?

Nadine Ness
Not just from patients. I heard from nurses, who heard other healthcare professionals say horrific things firsthand. I was one of the go-to people in the province where people would say, "What can we do about this?" I've heard so many—I can't even tell you how many that I've heard—but I've heard so many. So I will say I'm very biased on this because I hear very much just one side. I will admit that completely. But it's hard not to let hearing those stories affect your perception as someone who's unvaccinated.

I think if I was vaccinated and wasn't Nadine Ness in the province of Saskatchewan, I wouldn't have been afraid. So I think that very much is a big reason as to why I felt I was safer delivering at home, 45 minutes from a hospital, than in the care of health care professionals.

Shawn Buckley
All right, thank you. I don't have any further questions for you. I'll ask if the commissioners have any questions. No.

There being no further questions, so Nadine, on behalf of the National Citizens Inquiry, I sincerely thank you for sharing with us today.

Nadine Ness
Thank you.

[00:35:39]

Final Review and Approval: *Jodi Bruhn, August 21, 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

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Witness 14: Michele Tournier
Full Day 3 Timestamp: 10:15:50–10:37:59
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
And our final witness of the day is Michele Tournier. Michele, can you state your full name for the record, spelling your first and last name?

Michele Tournier
My name is Michele Tournier. M-I-C-H-E-L-E T-O-U-R-N-I-E-R.

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

Michele Tournier
I do.

Shawn Buckley
Now, your family is in the business of chuck racing. And we'll have a bunch of viewers that are not from the Prairies. Can you please explain to us chuck racing and your family's involvement in it?

Michele Tournier
Okay. That was probably my hardest thing, to make it a simplified explanation.

It's an equestrian sport. Where there's a chuckwagon and a driver sits in the wagon box. And there's four thoroughbred horses hooked to this wagon. And they're in an infield with three other competitors and there's a figure-eight barrel setting that they have to go around. There's also two mounted riders, one in the back, one in the front. And everybody

stands still. There's a horn that blows and everybody goes as fast as they can out of the barrels. And it goes around the racetrack. It's a timed event.

And there's prize money every day. And if you travel from show to show every weekend, mostly Saskatchewan and Alberta; and some of the shows, if you make the final or you've been a competitive wagon, there's dash money at the final day. And advertisers spend money to have the chance to advertise on the wagon tarp and that's how you make a lot of your revenue. Some of the locations have a canvas auction or a tarp auction where bidders come and buyers want to maybe showcase their company, their logo, a cause maybe that they're wanting to promote. And they do bidding and buy the chance for the rights on your wagon tarp.

So my husband does that, my son-in-law, my son: they're all drivers. And then my other son is one of the mounted riders that rides for all the various drivers. And each driver pays him a fee for each race. So we make our living at that. It was our sole income for many, many— We've done this for about 35 years. And the last maybe, 10 years, that's our sole source of income. And the other ones maybe have a little bit of other income, but that's still the bulk of how my entire family makes our living.

Shawn Buckley
So you're chuck racers. And just so that people understand. So you know and there's some— You can make a decent living doing this, as I understand.

Michele Tournier
Yes.

Shawn Buckley
But you know, the advertising on the wagons and the prize money— I mean, you can make a really reasonable living.

Michele Tournier
Yes, very much.

Shawn Buckley
What happened then? We get this pandemic and what happens to your family's income in 2020?

Michele Tournier
Well, there's a lot of talk. The Calgary Stampede is the main— It's in July. But in March, there's an auction and that's the most lucrative auction. So there was starting to be rumblings in February already about public events, whether they could have this auction. Would they go online? Then it was looking, I think Mayor Nenshi was already talking about emergency. And it wasn't looking good. So kind of starting to absorb that there's a chance that we wouldn't be racing. And we thought there was a chance possibly because it's an outdoor event, where we heard like maybe the NHL was starting to shut down a little bit. But that was just kind of a little bit of false hope.

So we were all sort of in limbo until it was finally finalized that, yeah, there would be no racing season. Usually for about two months: we leave home the end of May, go for the summer. And for about two months prior, we do training and getting things ready. So you don't know: should you train, should you get things ready? Or you just sort of going to experience summer at home for the first time in many, many years?

Shawn Buckley
So in 2020 they cancelled the whole season.

Michele Tournier
Yeah. All public events, everything was done.

Shawn Buckley
Now, I presume your horses cooperated and they stopped eating?

Michele Tournier
Yeah, they were good at that. And a thoroughbred eats—they're a high metabolism horse. I know we probably had about 55 thoroughbreds between my son and ourselves.

[00:05:00]

And you know, you have other things that you have to maintain. And being self-employed, it's not like, "Well, I'll see if we can go on EI?" and all that type of thing. So you just sort of absorbed. And we also wondered, would 2021 look any better?

Shawn Buckley
Right. But just for 2020 basically, your income then became zero.

Michele Tournier
Completely zero. Absolutely zero.

Shawn Buckley
But your costs of having to feed and care for the horses remain?

Michele Tournier
Yeah.

Shawna Buckley
What happened in 2021 then?

Michele Tournier
Well, 2021 there was still—you know, went back and forth. Some events got to go, let's say, in late 2020. Then they start to shut down again. So it looked like Calgary again was going to be cancelling. Because well, that city has a little bit different— The mayor there's a little bit involved with the Stampede as well.

But back in 2020, when they cancelled Stampede—because all public events and there was this big emergency—they welcomed the infield, where the stands were for a Black Lives Matter protest for about 3,500 people. Somehow, I guess it was safe to host that but nothing else could go on.

So 2021, they cancelled wagon racing again at Stampede but I think they had the rodeo. And we were in the circuit mostly in Alberta. That circuit seemed to be trying to figure out how to have racing and following the rules. And the other circuits, mostly in Saskatchewan, and they looked like they were going to not try and follow the rules, were just going to try and have our sport. So we decided to switch to the more Saskatchewan circuit. It's a less lucrative circuit but at least we could go racing.

My husband wasn't keen. He was ready to say, "You know let's just call it a day, we're going to be done with this." So we sort of were leaning towards that. And then the kids and I, we thought they seemed like they're really after small business, self-employed. Western culture has been under attack way before COVID and wagon racing is a very family-based sport. So we said kind of to my husband, "We really need to go, because they win if— If we don't go, we're doing exactly what they want."

So we convinced him and we had pretty much a whole circuit at least for 2021. And there was a show that opened up in Lloydminster area that was not quite as lucrative as the Stampede, but you still had a chance to be back in the game.

Shawn Buckley
Okay, so 2021 wasn't a bust, but it wasn't as good as the regular years.

Michele Tournier
Right. Correct. Yep.

Shawn Buckley
Now, I want to switch gears because you had a sister and something happened to her during COVID. I'm wondering if you can share that with us.

Michele Tournier
Yeah. Early March of 2020, she was feeling unwell—my sister-in-law, this is, in Saskatoon—and she only has one kidney from something else. She was starting to get a little bit nervous, even before she was feeling unwell, of being around people because she was considered a vulnerable— Almost everyone was considered a vulnerable and I think maybe it was to help keep the fear. So she ended up feeling unwell, so my other sister-in-law brought her to the hospital. And they figured it was her kidney that was giving her problems.

So my sister-in-law had to drop her off at the door because nobody could go in. And so she was met with her doctor by herself. And they admitted her. And the doctor then told her that things didn't look good. She'd be having a surgery that could possibly have her, when she came out, wearing two separate bags. So that she heard by herself because nobody could be in there with her. She managed to get her lawyer admitted into the hospital to see her so she could get her affairs in order, again by herself.

So she had her surgery. And she came out of surgery to her own room; nobody was there again. She was told, yes, you will have two bags. You've had your bladder removed. You've had your bowel removed. You've had part of your intestine removed. So she called us and told us how it went. The doctor told her, "Nothing more we can do for you. And since there's no visitors allowed, you may want to go home."

Shawn Buckley
So let me just stop you. So even though she's going through what literally is an end-of-life process, she's not allowed even a single visitor in the hospital?

[00:10:00]

Michele Tournier
At that time, there were no visitors allowed at the hospital.

Shawn Buckley
And she would be very weak and drugged up and be getting all this information and there's no one there to help her?

Michele Tournier
No. She could FaceTime a little bit. But my niece actually worked at that same hospital and she asked if she—not on her floor though—if she could maybe go and see her aunt. This was right when things started. And nobody could really give her an answer. And they didn't think that would be a very good idea.

So they arranged for her to go home. And at that time the rules were: in people's households, only the members of their own household could be in your house. We didn't follow none of those rules anyway, but— So she went home to live out her last days and we would go and visit her. This was, I think she got out on May 8th. And her wish was, because she knew that there was nothing they could do for her, is that we could just all be together for Mother's Day.

We live in the country and normally Mother's Day was sort of at our place anyway. So the whole family was there. We were all at my house to grant her wish. It was a really good day. She was strong enough for that, but it was a long day. That was May 10th. And then, when she went home, she died by May 19th. So had we listened to the government that would have been— Like, there wasn't another chance for us to see her again.

Shawn Buckley
Right. I want to switch gears and have you talk about the effects on your grandchildren.

Michele Tournier
With the schools and their activities?

Shawn Buckley
Yeah. And then, you know, even just the fact of how it's more of an effect for rural children concerning isolation when the school was closed down.

Michele Tournier
Yes. The schools closed, I think it was maybe March, April—I can't remember—of 2020. So the kids were kind of sent home.

Shawn Buckley
And what happened with the sports?

Michele Tournier
Well, they stopped hockey early. All their activities got stopped. And they would go home and finish the school where you're in the country so it's not as if— You know, it's an effort to go visit other friends. And then other friends, some of their families were more scared of COVID, so they didn't all meet.

It can be quite lonely in the country, especially for children, and if they're pre-teens. And then even in the fall, my daughter decided to keep them at home and homeschool. They had a little bit of a hockey thing started—just practice. And the kids had to wear masks under their cages in order to be on the ice. And I think they had to be in little, small groups. And I mean, they should be gone out doing things and not at home as much as they were at home.

Shawn Buckley
Now, there was an incident you learned about with your daughter and your ten-year-old granddaughter driving. Can you just tell us about this? Because it kind of speaks to the fear that was created.

Michele Tournier
Yes. We all were on the same page. I was fortunate: in our family we were all on the same page to not be scared. And the kids weren't scared. But my daughter was driving with her ten-year-old in—they live out by Meadow Lake. And my ten-year-old daughter, they happened to see a police car. So I think they're at Tim Hortons drive-thru or something. My ten-year-old granddaughter ducked and my daughter says, "What are you doing?" She said, "I don't want the police to come and arrest us because we're not supposed to be together." My daughter had to explain, "That's not for us. We're fine."

So you thought you had them not scared. And they weren't scared of COVID, but now they were scared that they're breaking the law by being in the vehicle with their own mother. So it did a lot to the kids.

Shawn Buckley
Yeah, how did that make you feel to hear that story?

Michele Tournier
Well, very angry. Very angry that— But the kids shouldn't be scared like that. I mean, they shouldn't be scared. It scared them enough that they might think their mother is going to go to jail or something, or get a ticket for being in the vehicle with their own child. I mean it's, I don't know, it's just so absurd.

Shawn Buckley
Now, you had shared with us earlier about the Black Lives Matter protests, that they were allowed. Do you know whether or not—because it was illegal to have gatherings. What was the number in Saskatchewan at the time?

Michele Tournier
Well, at that time, when the Black Lives Matter happened in Calgary,

[00:15:00]

there was I think zero public events. Like, nothing. But they did allow that.

Shawn Buckley
Okay. Are you familiar whether or not there was police presence and fines with these Black Lives Matter protests?

Michele Tournier
Not that I heard. And I know there wasn't in Saskatchewan when— Like, I was at quite a few protests and fines were involved, police presence. And other protests were left alone.

Shawn Buckley
So can you can you share with us, you said that you went to other protests. What types of protests did you go to? And please describe in detail the police presence that was there.

Michele Tournier
I went to quite a few here in Saskatoon at the Vimy Memorial. And they were just about freedom: defending our rights, the rights to choose, leave the children alone, this type of thing. So the police would know we were kind of the Saturday group. And sometimes there was a large group, sometimes smaller. But the police presence was— There were marked cars in many places. A lot of times the roads were blocked off, so no traffic.

In the beginning, they didn't block the roads because they weren't sure. But then they started to block the roads and that way anybody driving by couldn't honk, couldn't see our signs. There were undercover vehicles in many places. You could see police with cameras. You could see cameras mounted taking pictures. It was quite eerie in a way actually, to see all that. And knowing we've basically always been law-abiding citizens. I would be shocked if too many at these protests actually weren't pro-police before.

And so, the one day we came, we were going to— I knew it was all blocked off. So I knew there was a Free Palestine protest by City Hall. So I says, "Let's go drive by there. I'm going to video." So I videoed and sure enough there was, I don't know, at least 200 people there.

And at the time, it was no more than 10 people outside. And then they had their sign and they were chanting, "Free, free Palestine," which I'm fine with that. But then you came our way and there was no traffic allowed, there was heavy police presence. Many people got fined for being at those protests, public gathering over 10 people. So.

Shawn Buckley
Was there a police presence at the Free Palestine?

Michele Tournier
I saw one policeman on a pedal bike when we drove by, that's all I saw.

Shawn Buckley
So completely different.

Michele Tournier
Whole different, same day.

Shawn Buckley
What were you guys protesting for, or assembling for?

Michele Tournier
Well, the mandates, the masks, the gatherings. Just— The government, we were protesting the government is what we were protesting. And protest in Regina, tickets were given there and they were the government mandates, is what basically they were doing.

And we knew the police were getting paid very well, overtime, because our nephew was a former Saskatoon policeman. And when he was still working, they'd say, "Why don't you take some shifts? You know, it's good money." And he says, "Well, I can't. Like, I agree with the people. We shouldn't be— People shouldn't be controlled like this." So we knew there was a lot of taxpayer money spent on that when, you know, actual criminals are wandering around.

Shawn Buckley
What do you think the purpose was of this heavy police presence at, basically, freedom rallies?

Michele Tournier
I think it was to intimidate, to make you feel uncomfortable. Maybe you wouldn't come next time.

And then when you knew you were starting to get some fines, that was also a deterrent, because they were all $2,800 fines. And people don't want that. And I got stopped while I was walking and the police wanted my I.D. for just walking towards there. So there was a lot of an intimidation factor too. "You shouldn't protest the government," was basically the message.

Shawn Buckley
Now did anything happen with Crime Stoppers?

Michele Tournier
Yes. A lot of people at this one event had their pictures taken by the police and put on Crime Stoppers. It also happened in Regina where people were in the mall without a mask, I think. People were seen with their faces on Crime Stoppers. It was put out: "If you know these people, contact the police." So some had their work, the place where they work, say, "I saw your picture on Crime Stoppers." And this is, really— Like, they're on Crime Stoppers? And then SGI [Saskatchewan Government Insurance] was contacted by a lot of pictures that were taken. That's when we realized how much SGI, our government insurance, worked with the police. And that's how they identified a lot of us from being who we were,

[00:20:00]

and sort of a facial recognition thing, to know where to send the tickets to.

Shawn Buckley
And how did that make you feel, realizing that, just for protesting outside, people's pictures would be put publicly in Crime Stoppers and the government's insurance agency would be used to identify people that were protesting outside?

Michele Tournier
Well, it was very— Like, you couldn't believe you were in Canada, that there was this level of government groups, agencies going against its citizens. It just—you really were shocked that this was happening in your own country, which was supposed to be free.

Shawn Buckley
And how did all of this experience affect you?

Michele Tournier
Well, I've lost a lot of faith in, well, many institutions, whether it's government— I've always been suspicious of government but it was raised quite a bit. The policing, the judicial, the medical system with the silence. Those that enforced, I guess they enforced, but a lot of people that stood idly by and allowed this to happen to their fellow citizens. I've lost trust in our institutions and even in the people around you that seem to be okay with it happening.

Shawn Buckley
Thank you. I have no further questions. I'll see if the commissioners have any questions.

And there are no questions. Michele, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your testimony with us today.

Michele Tournier
You're welcome.

[00:22:08]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

April 22, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 10:38:00–10:39:16
Source URL: https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html

[00:00:00]

Shawn Buckley
So that is going to conclude our third day of hearings at Saskatoon. We pick up in hearings next week in Red Deer. I think it'll be the Wednesday—in fact, I'm certain it is. And so I invite you to please join us.

I wanted to just leave one word with us and I believe it was on one of the slides that Dr. Havas had from Martin Luther King. I wrote down the quote as: "Our lives begin to end the day we become silent about things that matter." And I think that's a very appropriate way to end a set of three days of hearings when we've heard ordinary Canadians sharing their stories and getting a voice again.

I'll just read that again. "Our lives begin to end the day we become silent about things that matter."

Thank you so much for joining us at the National Citizens Inquiry.

[00:01:16]

Final Review and Approval: *Jodi Bruhn, August 21, 2023.*

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